



**Legislative Budget Board Hearing  
Department of State Health Services  
September 29, 2022**

**Testimony submitted on behalf of:**

Texas Medical Association; Texas Pediatric Society; Texas Academy of Family Physicians; American College of Physicians Services, Texas Chapter; Texas Association of Obstetricians and Gynecologists; American College of Obstetricians and Gynecologists - District XI (Texas); and the Texas Public Health Coalition

On behalf of the more than 56,000 members of the Texas Medical Association (TMA), more than 30 public health stakeholder organizations within the Texas Public Health Coalition, and the above named medical organizations, we appreciate the opportunity to provide comment on the Department of State Health Services’ (DSHS) 2024-25 legislative appropriation and exceptional items request. In regard to the agency’s Legislative Appropriation Request, we support the agency requests to maintain existing services required to carry out the public health activities critical to the state. Thus we fully support **Exceptional Item 1: Maintain Agency Operations and Infrastructure**, to ensure full funding of the base budget. The backbone of a strong health care system is a robust public health infrastructure; and, given rising costs –budget adjustments and increases should be made appropriately. We also support each of the department’s requests for other exceptional item funding that expands services and addresses identified gaps as proposed.

**Exceptional Item 2: Supporting Businesses and Economic Needs**

We support this exceptional item to ensure Texas has a reliable vital statistics unit that is key to DSHS’ public health mission and the state businesses dependent on valid marriage, divorce, birth, and death data. We support investments to help the agency fulfill its statutory responsibilities and encourage innovation that can simplify TxEVER, the state’s death certificate registry, by using funds to make upgrades that can make the account renewal process less onerous for physicians and other TxEVER users, as well as send 14 day advance notice prior to account password expiration and account deactivation, among other reforms.

In addition, we are aware of the unfunded mandates that exist with the agency's requirement to manage the Medical Advisory Board (MAB). The requested funds are long overdue as public safety is dependent on unimpaired drivers and other license holders. Tragedies stemming from those behind the wheel who lack the sensory or cognitive skills may only be prevented with timely reviews by medical experts on the MAB.

Dependence on medical technology using radioactive elements for improved diagnosis and treatment has placed even greater importance on ensuring the department has the best Radiation Control Program with skilled health physicists and environmental protection specialists. The requested funding should enable the department to recruit and retain highly trained individuals who conduct investigations and inspections of radioactive material licensed operations, such as nuclear pharmacies, chemical companies, and hospitals.

### **Exceptional Item 3: Driving Public Health Response through Technological Tools**

We fully support this exceptional item as a crucial component to keep Texas's public health IT infrastructure functional and efficient. The COVID-19 pandemic called for an unprecedented demand for critical public health data to assess how the disease was impacting our state and what was needed from our public health, hospital, and health care systems. DSHS was able to successfully use federal funds to improve and modernize crucial IT systems used to process a large amount of data in a timely manner. This success helped physicians and health care professionals in Texas submit data more easily at the clinic and hospital level, allowing for better disease response. Notably, the facilitation and optimization of electronic reporting for lab, case, vaccine, and therapeutic data immensely improved upon systems that historically required outdated technology such as faxing or phoning in information to public health entities.

We would like to see a continued prioritization of streamlining disease reporting, including the integration of the Vaccine Allocation & Ordering System (VAOS) with other required reportable systems, so that physicians and other health care professionals can minimize the number of systems they need to interact with to diagnose and treat their patients. We also know the demand and usage of the National Electronic Disease Surveillance System (NEDSS) increased dramatically during the pandemic, making Texas' system the largest by volume of labs maintained. These new users will now permanently rely on NEDSS functionality to facilitate electronic exchange of public health data. Lastly, COVID-19 showed us the need to have real-time information about how hospital and health systems respond to surge capacity. The enhancement in these data systems allowed for an insight of where we were resource-limited, thus helping the state quickly direct needed support to our physicians and hospitals.

We acknowledge that appropriately responding to infectious diseases in our state requires investing in 21<sup>st</sup> century technological tools. Although the COVID-19 pandemic tested our public health IT capacity, one of the potential positive outcomes was the rapid scale-up of systems that can prevent future outbreaks and improve our public health response. The funding requested is necessary to keep our IT infrastructure ahead of our next infectious disease threat.

### **Exceptional Item 4: Ensuring Access to Frontline Public Health Services**

It comes as no surprise for Texans that in parts of our great state, you can get the best specialized state of the art health services and care in the world. And yet, alternatively, in rural or frontier

areas, the most basic essential services are not within reach. We support DSHS' efforts to add community access points such as mobile clinics to reach parts of the state with the greatest need. Providing access to core public health functions such as surveillance, treatment, and prevention of chronic disease in rural and frontier areas is important for the overall public health and finances of the state. So is continued support for local health entities (LHEs) that provide essential public health services, through effective local public health services grants. And though utilization of telehealth services has helped close the access gap to rural and frontier areas of the state, further investments should continue to be made in telehealth, which can save both time and money in the long term.

### **Exceptional Item 5: Reducing the Impact of Preventable Disease**

We support this exceptional item as a way to extend access to effective HIV treatment and address the threat of youth tobacco usage in Texas. According to the Texas Department of State Health Services (DSHS), over 100,000 people were living with HIV in Texas as of December 2020 . While this is representative of an increase of 13% over the last five years, the number of Texans diagnosed annually with HIV has remained relatively constant, meaning that increased access to highly effective treatments has enabled those diagnosed to live longer. However, HIV disproportionately impacts the state's population, with Black and Hispanic Texans bearing more burden of disease than other populations. And though DSHS does not use income in their epidemiological profiles of the disease, research has found prevalence rates of HIV are disproportionately higher in areas with lower socioeconomic statuses.

By providing access to medication for low-income individuals, the Texas HIV Medication Program (THMP) not only helps reduce disparity in disease burden but also helps in reducing the overall number of individuals living with viral loads high enough to infect others. Cabenuva (cabotegravir/rilpivirine), the most recently FDA-approved HIV treatment, is different from other treatment options in that it is an injectable version that lasts 30 to 60 days instead of a daily pill. This is a significant incentive for populations who may have limited access to medical services due to distance or income and is likely to increase the number of individuals that can receive effective treatment.

We also support this exceptional item's focus on preventing tobacco-related diseases. Texas physicians and other health care professionals remain concerned with the high rates of e-cigarette use among youth and the impact on their current and future health. In 2021, 11.3% of U.S. high school students and 2.8% of middle school students reported current use of e-cigarettes.<sup>i</sup> According to DSHS, nearly 40% of teens have vaped at least once.<sup>ii</sup> E-cigarettes are the most used tobacco product among teens, and have been since 2015.<sup>iii</sup> In 2021, almost 40% of Texas high school students reported they had previously used an electronic vapor product at least once; 18.7% indicated use within 30 days of the survey; and 5.7% reported near daily use.<sup>iv</sup>

Vaping exposes adolescents to a variety of health risks both in the present and in the future. First, the nicotine in these devices is not benign. Nicotine is a psychoactive drug that is incredibly addictive and requires higher doses as the body becomes more tolerant. Research has shown that adolescent brains are uniquely susceptible to nicotine addiction,<sup>v</sup> and nicotine exposure alters developing brains with long-term effects into adulthood.<sup>vi</sup> Almost all e-cigarettes sold in the US contain nicotine<sup>vii</sup> with an increasing number of products adding higher concentrations of the

drug.<sup>viii</sup>

Teens who vape are more likely to progress to cigarette smoking than their peers who do not – putting them at increased risk for a variety of tobacco-related illnesses that frequently lead to early death. We as a state are aware of the harmful effects of tobacco. Texas has made major progress in addressing tobacco-related deaths. However, with the increase in e-cigarette use and the progression from vaping to smoking, it is estimated that 498,000 Texas teens will die prematurely from smoking if we do not act.<sup>ix</sup>

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Our organizations commend DSHS for its resolute, data-driven efforts to improve the health of all Texans. We look forward to the opportunity to elaborate on any of our recommendations as well as to discuss ways in which we can ensure more robust health care professional and community engagement in the design, implementation, and roll out of DSHS initiatives.

Should you have any questions, please contact Christina Ly, associate vice president, Public Health, TMA, at [christina.ly@texmed.org](mailto:christina.ly@texmed.org), Matt Dowling, director, Public Affairs, TMA, at [matt.dowling@texmed.org](mailto:matt.dowling@texmed.org), or Kaavya Venkat, coordinator, Texas Public Health Coalition, at [kaavya.venkat@texmed.org](mailto:kaavya.venkat@texmed.org).

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<sup>i</sup> <http://dx.doi.org/10.15585/mmwr.mm7039a4>

<sup>ii</sup> <https://dshs.texas.gov/vaping/TimetoTalk/>

<sup>iii</sup> <https://sph.uth.edu/research/centers/dell/project.htm?project=eba3915a-f124-4b88-a045-a35b1f07a730>.

<sup>iv</sup> <https://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/youth-risk-behavior-survey>

<sup>v</sup> <https://tobaccocontrol.bmj.com/content/9/3/313>

<sup>vi</sup> <https://www.ncbi.nlm.nih.gov/books/NBK179276/>

<sup>vii</sup> <https://www.ncbi.nlm.nih.gov/pmc/articles/PMC5388940/>

<sup>viii</sup> <https://pubmed.ncbi.nlm.nih.gov/31386973/>

<sup>ix</sup> <https://www.tobaccofreekids.org/problem/toll-us/texas>