



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

COVID-19 Legislative Update

Presentation to the Task Force on Infectious Disease Preparedness and Response

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Overview



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Legislative Overview

- SB1/HB1
- Exceptional Items
- COVID-19 Federal Funds
- Introduced Legislation Related to Infectious Disease and Response

HB1 and SB1

Comparing Legislative Appropriations Request to House and Senate budget bills



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Base Budgets – As Filed

Introduced Bills compared to FY20-21 and LAR					
		LAR	HB1	SB1	HB1 to SB1
	FY20-21	FY22-23	FY22-23	FY22-23	FY22-23
General Revenue	\$ 618.5	\$ 509.9	\$ 464.5	\$ 466.8	\$ (2.3)
General Revenue Dedicated	\$ 322.6	\$ 317.7	\$ 338.8	\$ 336.5	\$ 2.3
Federal Funds	\$ 2,450.8	\$ 719.3	\$ 779.3	\$ 726.9	\$ 52.4
Other Funds	\$ 242.3	\$ 217.9	\$ 235.5	\$ 235.5	\$ -
Total	\$ 3,634.2	\$ 1,764.8	\$ 1,818.1	\$ 1,765.8	\$ 52.3
FTEs (from yr 1)	3,182.1	3,389.9	3,327.9	3,327.9	0.0
*rounded to millions					

Budget Decisions

Exceptional Items					
EI Name	Biennial Amount (in Mil.)	FTEs		HAC	SFC
1 - HIV Medications	\$83.4			Article XI	\$35.0
1 - HIV Contracts	\$20.0			Article XI	
2 - Rural Clinics- 14	\$8.4	30.0		Article XI	Article XI
2 - Mobile Clinics- 3	\$4.6	6.0		Article XI	Article XI
3 - Food Safety 25 FTEs	\$5.9	25.0		Article XI	\$2.9M 13 FTEs
3 - Hemp 3.4 FTEs	\$0.6	3.4		see rider	see rider
3 - RAS Licensing and Registration System	\$1.2	1.0		Adopted in CSHB2, with ESF	Adopted
4 - Contract and Fiscal Management 25 FTEs	\$7.6	25.0		Article XI	Article XI
4 - Data Center Services	\$19.9			Adopted	Not Adopted
4 - Health Registries	\$5.4	1.0		Adopted	Article XI
Total	\$156.9	91.4			

Budget Decisions

Rider and Technical Adjustments

Items	HAC	SFC
Vital Statistics 10 FTEs	Adopted	Adopted
TCID Capital Authority \$880K		Adopted
Hemp 3.4 FTEs with Revenue Collections (rider 7)	Adopted	Adopted
Maternal Mortality adjust Federal Funds to All Funds (rider 22)	Adopted	Adopted
Transfer 10 FTEs SASH to TCID Security	Adopted	Adopted
Transfer from HHSC CAPPS \$915K	Adopted	Adopted
Remove accounts in which recommendations exceed projected revenue collections (rider 3)	Adopted as amended	
Reduce General Revenue-Dedicated Account No. 524 (rider 7)	Adopted	
Notification if DSHS expends HIV Care Formula Grants in excess of the appropriated amount (rider 27)	Adopted as amended	

Exceptional Items



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Updated DSHS Exceptional Items

Exceptional Item	Biennial GR/GRD	Biennial All Funds	2022 FTEs	2023 FTEs
DSHS FY 2022-2023 Base Request	\$803,299,432	\$1,765,770,154	3,327.9	3,285.9
1. HIV-STD Program Stabilization and Restructuring	\$103,358,765	\$103,358,765	11	11
2. Rural and Frontier Public Health Services	\$13,058,535	\$13,058,535	36	36
3. Consumer Protection and Safety	\$7,664,749	\$7,664,749	29.4	28.4
4. Effective Business Operations and IT Security	\$21,042,325	\$32,866,835	36	36
Total, Exceptional Items	\$145,124,374	\$156,948,884	112.4	111.4
Total, DSHS Base + Exceptional Items	\$948,423,806	\$1,922,719,038	3,440.3	3,397.3

EI 1: HIV-STD Program Stabilization & Restructuring

- ◆ **Maintain THMP Medication Program, \$83.4 M:** Support increased medication costs, the continued high level of program enrollment due to COVID-19, and allow the program enrollment to stabilize. Without funding, clients would be on a waiting list. This could be one-time funding while program enrollment declines and DSHS implements program restructuring. Even with this funding, DSHS will continue to make program changes to improve program sustainability.
- ◆ **Maintain HIV/STD Contracts, \$20.0 M:** Restore FY2022-23 contracts to the FY2020 levels. This is an ongoing expense and would not be impacted by the federal supplemental grant.
- ◆ Additional federal funds may be available to reduce requested state funding.

Method of Finance	FY 2022	FY 2023	Biennium
General Revenue	\$55.6 M	\$47.8 M	\$103.4 M
All Funds	\$55.6 M	\$47.8 M	\$103.4 M

FTEs	
FY 2022: 11	FY 2023: 11

El 2: Rural and Frontier Public Health Services

- ◆ **Rural and Frontier Clinic Services, \$13.1 M and 36 FTEs:** Provide essential public health services to underserved rural communities that lack adequate access.
 - ◆ 14 additional rural and frontier satellite field offices, to provide much-needed services related to core public health functions including surveillance, treatment, and prevention of infectious diseases.
 - ◆ 3 Mobile Clinic vehicles and support staff to serve harder-to-reach areas.

Method of Finance	FY 2022	FY 2023	Biennium
General Revenue	\$8.4 M	\$4.7 M	\$13.1 M
All Funds	\$8.4 M	\$4.7 M	\$13.1 M

Program Data	
Counties with DSHS as the Main Public Health Provider	194, or 85%
Annual DSHS Clinic Visits	30,000

EI 3: Consumer Protection and Product Safety

- ◆ **Food Safety FTEs, \$5.9 M:** Increase the number of meat safety inspectors in DSHS regions in response to audit findings and provide targeted equity adjustments to prevent costly turnovers.
- ◆ **Consumable Hemp Program, \$0.6 M:** Better align the program based on anticipated license and registrations, as well as product testing and enforcement activities required by statute.
 - ◆ The revenue generated by the license and registration fees are expected to cover the cost of the additional FTEs.
- ◆ **Customer Service Efficiency, \$1.2 M:** Increase the functionality of the existing online licensure and registration system (RAS) to streamline processes, increase security, and improve inspection processes.

Method of Finance	FY 2022	FY 2023	Biennium
General Revenue	\$1.1 M	\$1.1 M	\$2.2 M
All Funds	\$3.8 M	\$3.9 M	\$7.7 M

FTEs	
FY 2022: 29.4	FY 2023: 28.4

Program Data	
Food Safety Licenses Overseen by DSHS	38,700
Estimated Hemp Licenses and Registrations	5,000
RAS Customers	439,000

El 4: Effective Business Operations and IT Security

- ◆ **Business Infrastructure, \$27.5 M:** Increase the number of fiscal management FTEs in response to State Auditor Office findings, provide targeted equity adjustments to prevent costly turnovers. Cover increasing Data Center Services costs.
- ◆ **Registry System Viability Assessment, \$5.4 M:** Obtain a third-party vendor to conduct an assessment of long-term IT needs of critical public health registries: EMS/Trauma, Birth Defects, Blood Lead, and TB/HIV/STD registries.
- ◆ **Vital Statistics Services (FTEs Only):** Partially restore FTE cap to maintain a low backlog. Revenue is available to support this request.
- ◆ **Texas Center for Infectious Disease (capital only):** \$0.8 Million in Capital Budget Authority for TCID Hospital Equipment replacement/repairs.

Method of Finance	FY 2022	FY 2023	Biennium
General Revenue	\$10.2 M	\$10.9 M	\$21.1 M
All Funds	\$16.6 M	\$16.3 M	\$32.9 M

FTEs	
FY 2022: 36	FY 2023: 36

Program Data	
Applications in DCS	82
Records in Registry System	40.4 M

COVID-19 Federal Funds



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COVID-19 Pandemic Expenditures (Estimated)

Category	How much we spent
Medical Surge Staffing	\$5.2 Billion
Local Response	\$324.0 Million
Disease Surveillance	\$168.0 Million
Local Contracts	\$67.0 Million
Lab Costs	\$28.5 Million
Repatriation	\$5.5 Million
Other Costs	\$0.5 Million
Total	\$5.8 Billion

*as of April 5, 2021

Federal Grants to Support COVID-19 Expenses (1)

Grantor	Description	Total in Millions	Uses
CDC	Coronavirus Preparedness and Response Supplemental Appropriations (Crisis CoAg)	\$55.10	Crisis response and recovery, information and surge management, surveillance
CDC	CARES Act/Epi & Lab Capacity to Reopen America. (ELC)	\$39.10	Surveillance, epidemiology, lab capacity, data surveillance and analytics infrastructure, disseminating information about testing, and workforce support necessary to expand and improve COVID-19 testing.
CDC	Paycheck Protection Program and Health Care Enhancement Act/Epi & Lab Capacity for Testing (PPPHEA-ELC)	\$473.60	Develop, purchase, administer, process, and analyze COVID-19 tests, conduct surveillance, and related activities.
CDC	ELC /Healthcare-associated Infections/ Antimicrobial Resistance Program (ELC-HAI)	\$3.70	Funds support Project Firstline, a CDC training collaborative for health care infection prevention and control.
CDC	Paycheck Protection Program and Health Care Enhancement Act Epi & Lab Capacity	\$5.40	focus on genetic testing lab preparedness; and ensuring safe travel through optimized data sharing and communication with international travelers
CDC	Coronavirus Response and Relief Supplemental Appropriations Act/Epi & Lab Capacity (ELC) Enhancing Detection Expansion	\$1,535.40	Develop, purchase, administer, process, and analyze COVID-19 tests, conduct surveillance, and related activities.
CDC	American Recue Plan Act/Epi & Lab Capacity (ELC) for School Testing	\$803.50	Support for screening testing to reopen and keep schools operating safely.
Dept of Treasury	Coronavirus Relief Fund (CRF)- CARES Act	\$3,781.10	Various uses, funds allocated to DSHS for direct care medical staffing needs.

Federal Grants to Support COVID-19 Expenses (2)

Grantor	Description	Total in Millions	Uses
CDC	COVID-19 Supplemental via 2020 CARES ACT Round 1	\$14.40	Plan and implement COVID-19 vaccination services
CDC	PPPHEA National Center for Immunization and Respiratory Diseases	\$10.10	Enhanced Influenza-COVID19 response for staffing, communication, preparedness and vaccination, with emphasis on enrolling new vaccinators. Funds may not be used to purchase vaccines.
CDC	COVID-19 Supplemental via 2020 CARES ACT Round 2	\$10.10	Plan and implement COVID-19 vaccination services
CDC	Coronavirus Response and Relief Supplemental Appropriations Act/Implementation and Expansion of the Vaccine Program	\$227.10	Vaccine distribution and administration
CDC	American Recue Plan Act/Implementation and Expansion of the Vaccine Program	\$227.10	Funding equity and prioritizing populations disproportionately affected by COVID-19
ASPR	CARES Act - Hospital Preparedness Program Supplemental Award for COVID-19 (CARES HPP)	\$8.70	Urgent preparedness and response needs of hospitals, health systems, and health care workers on the front lines.
HUD	CARES Act - Housing Opportunities for Persons With AIDS COVID-19 Supplemental (CARES HOPWA)	\$0.70	Allowable activities authorized by the AIDS Housing Opportunity Act to maintain housing for low-income persons living with HIV (PLWH) and their households.
HRSA	CARES Act - Ryan White HIVAIDS	\$1.50	Infrastructure and practice improvement needed to prevent, prepare, and respond to COVID-19 for Texans living with HIV.
ASPR	CARES Act - Hospital Preparedness Program Ebola (CARES HPP Ebola)	\$0.30	Funds dedicated for Special Pathogen Hospital to increase the capability of health care systems to safely manage individuals with suspected and confirmed COVID-19.

Federal Grants to Support COVID-19 Expenses (3)

Grantor	Description	Total in Millions	Uses
ASPR	Paycheck Protection Program and Health Care Enhancement Act (PPPHEA) (PPP HPP Ebola)	\$0.40	Funds dedicated for Special Pathogen Hospital to increase the capability of health care systems to safely manage individuals with suspected and confirmed COVID-19.
USDA	Cooperative State Meat and Poultry Inspection – COVID-19	\$0.01	COVID-19 specific prevention and safety activities.
CDC	Rape Prevention & Education: Using the Best Available Evidence for Sexual Violence Prevention - COVID-19	\$0.30	The OAG will interagency cooperation contracts with Texas Association Against Sexual Violence and Texas A&M University Health Science Center to enhance existing activities that address the most pressing COVID-19 related violence issues including Intimate Partner Violence
HHS	ATSDR's Partnership to Promote Local Efforts to Reduce Environmental Exposure – COVID-19	\$0.20	Development of a training and educational module on safe ways to disinfect for COVID-19 at home-based child care facilities.
FEMA	Public Assistance - FEMA Category B	\$4,746.20	General disaster public assistance. The funds require a 25% state match. Additional funds can be requested.

Filed Legislation

Addressing Infectious Disease and Response Matters



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Themes

- **Bills DSHS Monitoring Likely Filed Related to COVID Response: 153**
- **Common Themes in Filed Legislation:**
 - Extent of Emergency Powers: Governor declared disasters, Extent of Public Health Disasters, Defining Public Health Emergencies
 - Infectious Disease Reporting – Incoming and Outgoing Data: Enhanced reporting into DSHS (e.g. by schools) and out of DSHS (for the public, by Regional Medical Directors acting as LHAs, etc.)
 - Immunization Administration: Streamlining process for certain occupations able to administer immunizations (e.g. home health and pharmacists)
 - Public Health Follow Up: prohibiting involuntary cell phone data tracking

Themes

- **Common Themes in Filed Legislation, Continued:**
 - *Infection Control in Facilities*: requiring more preparedness actions by individual facilities
 - *Caregiver/Clergy Access*: related to in-person visitation
 - *Funding Infectious Disease Research Consortium*: CPRIT style approach to infectious disease research
 - *Immunization Registry*: opt-in to opt-out
 - *PPE Stockpile*: for healthcare workers and essential personnel
 - *Pandemic Planning*: regarding supply chain, emergency management
 - *Review of Pandemic Response*: by the task force and/or Preparedness Coordinating Council

CSSB 966 by Kolkhorst

- **Relating to:** legislative oversight during a public health disaster or public health emergency, including the establishment of a legislative public health oversight board
- **Definitions:**
 - Amends definition for public health disaster
 - Defines public health emergency
- **Updated categories include:**
 - communicable disease,
 - health condition, or
 - chemical, biological, radiological, or electromagnetic exposure

CSSB 966 by Kolkhorst

- **Public Health Disaster** (Following Governor disaster declaration, Commissioner declared):
 - Immediate threat from updated categories that
 - Pose a high risk of death or serious harm to the public (previous: long term disability to a large number of people); and
 - Creates a substantial risk of harmful public exposure (previous: substantial risk of public exposure because of the disease's high level of contagion or the method by which the disease is transmitted)
- **Public Health Emergency** (Commissioner declared):
 - Immediate threat from update categories that
 - Potentially poses a risk of death or severe illness or harm to the public; and
 - Potentially creates a substantial risk of harmful exposure to the public

CSSB 966 by Kolkhorst

- **Disaster/Emergency Renewal Process**
 - Must be renewed by the legislature (if in session) or by the oversight board
 - Maximum 30 days per renewal
 - Exception: if the board is unable to meet (e.g. due to the disaster, etc.), declaration remains in effect until board able to meet/decide
 - DSHS must notify/collaborate with standing legislative committees within primary jurisdiction over public health within 7 days of initial declaration
- **Composition of Oversight Board – 6 members**
 - Senate: Lt. Governor, Chair of Senate HHS, Member appointed by Lt. Gov
 - House: Speaker, Chair of House Public Health, Member appointed by Speaker
- **Status:** voted unanimously out of Senate Health and Human Services

HB 3366 by Klick

- **Relating to:** authorizing the electronic transmission of certain communications related to the prevention of communicable diseases.
- **Conditions:**
 - **Adds Health & Safety Code Sec. 81.016 re:** e-mail transmission with read receipt allowed in lieu of personal/certified mail delivery of documents related to control measures/orders, including:
 - Control Measures to Individual (c) and (l)
 - Control Measures to Property
 - Hearing notices
 - **Adds Health & Safety Code Sec. 81.213 re:** allowing electronic or faxed signatures re: court orders for Management of Persons with Communicable Diseases
- **Status:** scheduled for House Public Health hearing (4/14)

SB 984 by Schwertner

- **Relating to:** public health disaster and emergency preparedness and response, including the operation of the Task Force on Infectious Disease Preparedness and Response
- **Scope:**
 - Data collection for RACs/TSAs – deidentified “health care data” to plan for and respond to public health disasters and communicable or infectious disease emergencies
 - PPE Reserve
 - Adds requirement to select at least one epidemiologist to serve on task force
 - Requires at least annual meetings
- **Status:** considered in Senate Health and Human Services Committee

HB 1234 by Campos

- **Relating to:** the Duties of the Task Force on Infectious Disease Preparedness and Response
- **Scope:** Specifically adds COVID-19 to the scope of the Task Force
- **Recommendations Recipients:** Expands recipients of any written recommendations (to include Gov, Lt. Gov, Speaker, and all members of the legislature)
- **Report Requirement:**
 - Requires the Task Force to evaluate the state's preparedness and response to a declared public health disaster
 - Submit a written report containing findings and recommendations, including any legislative recommendations
 - Due date: not later than the second anniversary of the date a public health disaster is declared
- **Status:** referred to House Public Health

Thank you

Presentation to the Task Force on Infectious Disease Preparedness and Response

Donna Sheppard, DSHS Chief Financial Officer

Jordan Hill, DSHS Government Affairs, Director

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