



State Health Services Council Work Session

Department of State Health Services (DSHS)
Robert E. Moreton Building, Public Hearing Room
1100 W. 49th Street, Austin, Texas
February 24, 2016
1:00 p.m.

Minutes

Council Members Attending

Jacinto Juarez, Ph.D., Laredo – Chair
Rev. William Lovell, Dallas – Vice Chair
Dr. Kirk Calhoun, Tyler
Nancy Townes, Granbury
Carmen Pagan, McAllen, arrived at 1:40 p.m.
Dr. David Woolweaver, Harlingen, arrived at 2:05 p.m.
Dr. Lewis Foxhall, Houston, arrived at 2:40 p.m.
Dr. Jeffrey Ross, Houston, arrived at 2:50 p.m.

Council Members Not Attending

Jay Zeidman, Houston

Visitors:

John Seago – Texas Right to Life
Rachel Jun – Texas Pediatric Society
Kyle Mauro – HillCo
Julie Arneault – Accenture
Tom Valentine – TXINSIGHT.com
Beth Smith – Accenture
Elizabeth Sjoberg – Texas Hospital Association

Call to Order – Council Chair, Dr. Jacinto Juarez called the meeting to order at 1:45 p.m. when a quorum was present.

Dr. Juarez introduced Dr. John Hellerstedt, who joined DSHS as Commissioner since the last State Health Services Council meeting.

1. Rules Planned for Action at a Future Council Meeting
 - a. Amendments to rules concerning regulation of emergency medical services. Kathy Perkins introduced the rule, Joe Schmider provided the overview.

Council members had no questions or comments.

There was no public comment provided.

2. Rules Scheduled for Action by Council on February 25, 2016

- a. Amendments to rules concerning the distribution of tobacco settlement proceeds to political subdivisions. James Dawson provided the overview.

Council members had no questions or comments. After Dr. Foxhall arrived later in the meeting, he asked that this item be pulled from the consent agenda for the February 25 meeting, so that there could be discussion about how much of the fund is used for tobacco control. He asked that consideration be given to directing funds towards tobacco cessation and education.

There was no public comment provided.

- b. Repeal of rules concerning the Texas Women's Health Program – Lesley French provided the rule overview.

Council members had the following questions and comments:

- Dr. Calhoun – If we vote tomorrow on this rule, when will the rules be suspended?
Response: Rules will be suspended June 30 and the effective date of the Health and Human Services Commission rules will be July 1, 2016.

There was no public comment provided.

- c. Repeal of rules concerning the Family Planning Program – Lesley French introduced the rule, Travis Duke provided the rule overview.
Council members had no questions or comments.

There was no public comment provided.

- j. Amendments to rules concerning fee schedules for clinical testing, newborn screening, and chemical analysis – Janna Zumbrun introduced the rule, Grace Kubin provided the rule overview. The discussion of these rules was taken out of order since there were meeting attendees waiting to provide public testimony.

Council members had the following questions and comments:

- Dr. Calhoun – Newborn screening and HIV tests pricing is going up. Should we be concerned that the increased expense for certain tests will minimize their use?
Response: Newborn screening is the highest volume of testing in the lab. By increasing this fee, the lab fee will be ranked the 13th least expensive in the country; currently we are 10th. In the last assessment of fees, the second tier testing piece was missing. That has been added to this assessment. Also, there has been a dramatic increase in cost of testing supplies. Some have increased 20 percent. This year DSHS went from testing 29 disorders to testing 53 disorders on the newborn screening panel.

For HIV, one of the components has doubled in price. DSHS is working with partners to try a different methodology to bring the cost down. Also looking to see what the Centers for Disease Control and Prevention (CDC) recommends. When there is a decrease in a test

volume, this impacts how much it costs to do the test. For example, instead of spreading the cost to 80 tests, we are spreading it over 40 tests.

- Dr. Calhoun – DSHS has been aggressive in increasing HIV testing around the state. Do we expect the cost increase to impact testing?
Response: Most of the tests that the DSHS lab receives for HIV are paid by DSHS programs. Providers are not having to absorb the cost. We are looking at what we can do to bring this cost down. The strategy has changed over the years; DSHS has worked with partners and refined testing to target populations at high risk rather than testing larger groups.

Public comment provided by:

- Rachel Jule, Texas Pediatric Society (TPS) – Provided comments about the increased newborn screening fees. Suggested DSHS coordinate with health plans to get 100 percent reimbursed for kits.
- Elizabeth Shofer, Texas Hospital Association (THA) – Provided comments about the increased newborn screening fees. Commented on the substantial lag time in reimbursement from health plans. DSHS play a substantial role in ensuring reimbursement is set.

Council members had the following additional questions and comments:

- Rev. Lovell – Have we responded to these requests?
Response: DSHS is working with counterparts at THA, TPS, Texas Association of Health Plans, and HHSC Medicaid to advocate that they provide the full reimbursement amount for newborn screening. We have just started this process, so we do not have any results to report at this time.
- Dr. Calhoun – Some costs going up, some going down, is this a wash? Is the amount of revenue the same as the expenditures?
Response: The fee changes will result in increased revenue for the lab overall, with funds going to support increased testing costs.
- Rev. Lovell – Concern about fee increase while reimbursement is being negotiated? What concerns do we have that we are going to be successful in negotiations?
Response: We have had conversations with stakeholders. We try to show why this is important, although there is no state mandate for them to do this.
- Dr. Calhoun – Concerned about the newborn screening testing because of the high volume of tests; concerned about the HIV testing because it affects the African American community. Do we absolutely need the revenue from these tests to move this forward?
Response: About 60 percent of births are covered by Medicaid. We are working with Medicaid colleagues and also with the 40 percent third party payers. The statute says we will set fees to cover costs but no more.
- Ms. Pagan – Have you noticed a decrease in people wanting the testing done? What has happened historically when we have raised fees?
Response: With the fee increase, we may see providers fall off, except for newborn screening and safe water testing. The majority of our testing is requested on behalf of DSHS programs and providers are not charged for the test; program absorbs the cost.
- Dr. Juarez – What impact will this have on future health-related costs? By charging more, there may be a greater impact if people stop taking the test, than if you had not charged more.
Response: Most providers will not see the fee increase, but rather our colleagues in DSHS. Newborn screening is state mandated. We will provide additional information at the February 25 meeting as to the potential impact on the fee increase on HIV testing. These rules will be removed from the consent agenda for further discussion before voting.

Before the rules related to advisory committees were discussed individually, Lisa Hernandez provided background on the rules revision process. Senate Bills 200 and 277, 84th Legislature, Regular Session, 2015, require the executive commissioner to establish and maintain advisory committees across all major areas of the health and human services system and set out the issue areas to be covered. The bills apply general law requirements governing advisory committees to the committees and require the executive commissioner to adopt rules in compliance with these requirements, addressing size and quorum requirements and membership provisions. A workgroup was convened to look at all advisory committees system-wide and make recommendations on whether they should continue, be abolished, or be reinstated under rule.

- d. New rules concerning the Maternal Mortality and Morbidity Task Force, the State Child Fatality Review Team Committee, and the Sickle Cell Advisory Committee – Evelyn Delgado introduced the rule and provided the rule overview.

Council members had the following questions and comments:

- Ms. Townes – How are members chosen to serve on these committees?
Response: Members of the Maternal Mortality and Morbidity Task Force come from specific disciplines. We reach out to stakeholders in a public way to solicit applications.
- Ms. Pagan – Which of these advisory committees are already in existence?
Response: The Maternal Mortality and Morbidity Task Force and the State Child Fatality Review Committee have both been meeting for several years. The Sickle Cell Advisory Committee will need to be appointed. It was previously in statute, but not operational.
- Rev. Lovell – Explain the stakeholder input regarding the State Child Fatality Review Committee rule text about participation in legislative activity.
Response: The language proposed in the rule text is standard for all advisory committees. The committee and its members may not participate in legislative activity in the name of the committee. Committee members are not prohibited from representing themselves or other entities in the legislative process.
- Rev. Lovell – Do current rules prohibit committee members from being involved in the legislative process?
Response: No. Committee members may be involved in the legislative process on their own behalf.

There was no public comment provided.

- e. Amendments to a rule concerning the Youth Camp Training Advisory Committee – Jon Huss provided the rule overview.

Council members had no questions or comments:

There was no public comment provided.

- f. New rule concerning the Healthcare Safety Advisory Committee – Janna Zumbrun introduced the rule, Shawn Tupy provided the rule overview.

Council members had no questions or comments.

There was no public comment provided.

- g. Repeal of a rule concerning the Worksite Wellness Committee – Janna Zumbrun introduced the rule, Brett Spencer provided the rule overview.

Council members had the following questions and comments:

- Dr. Ross – Through the Worksite Wellness Committee, Mayor’s Wellness Councils were developed under a previous administration. The Sunset Commission advises abolishment of this program. How much does it cost to advance wellness at the worksite? What will we lose if this goes away in terms of providing guidance for wellness activities?
Response: There is a distinction between the advisory committee and the program for worksite wellness. Positions have been added through United Health Care and the program for wellness activities. We work with the largest state agencies and the Employee Retirement System (ERS). ERS just added a new position advising agencies and the health plan. This is augmented with two positions who are employees of United Health Care and who support wellness coordinators and agencies.
- Dr. Hellerstedt – Was the Worksite Wellness Committee advising state agencies?
Response: It actually involved DSHS, and we used liaisons to advise other agencies on activities.
- Dr. Ross – Texas Roundup led to Mayor’s Wellness Councils throughout the state. When the council went away, initiative was lost. Surprised that there was no public comment from American Heart Association, American Cancer Society, or other stakeholders.
- Ms. Pagan – Has this advisory board met recently?
Response: They were meeting quarterly to every six months until last September.
- Dr. Foxhall – Since this was abolished through the Sunset process, do you feel you receive adequate advice through other groups?
Response: We work with other state agency partners and CDC. There is a substantial network that is still working.
- Dr. Foxhall – Will you be able to put the same or greater emphasis on services as in the past?
Response: Our core mission work is still there; this section is connected to the community. We still have many partners that give advice and feedback.
- Dr. Ross – You now have to reach out to them rather than them all coming together. Instead of being proactive, it is reactionary.
- Dr. Calhoun – These areas have been sunsetted; it was not our decision. Do we keep a set of rules around for an entity that no longer exists?
- Dr. Juarez – Correct, the program is taking the appropriate action to complete the direction given.
Response: We can provide information at the February 25 meeting on what the program is actively doing to be proactive in the area of worksite wellness.
- Rev. Lovell – What is the difference between an advisory council established by statute and one established by rule?
Response: The workgroup looked at all committees to determine which ones could be abolished or which would live on in rule even if abolished in statute. Public comment was sought on the recommendations. No input was received to recreate this committee in rule.
- Rev. Lovell – Can DSHS decide to continue the committee under rule?

Response: Under statute we are required to establish advisory committees in rule. DSHS can develop committees, but the statute requires that we have a rule that establishes their support and function.

- Rev. Lovell – If the Council wanted to suggest that this committee be continued under rule, can that happen?

Response: Yes, the recommendation would go to the executive commissioner for approval.

- Dr. Calhoun – Can Dr. Ross make this motion tomorrow?
- Response: Yes, you would have to vote on the rule, then vote again on the action for the rule.

There was no public comment provided.

- h. Repeal of rules concerning the Inpatient Mental Health Services Advisory Committee and the Mental Health Planning and Advisory Council and a new rule concerning the Joint Committee on Access and Forensic Services – Lauren Lacefield-Lewis provided rule overview.

Council members had no questions or comments:

There was no public comment provided.

- i. Amendments to rules concerning the Youth Empowerment Services (YES) Waiver program – Lauren Lacefield-Lewis introduced the rule, and Trina Ita provided the rule overview.

Council members had no questions or comments:

There was no public comment provided.

- 2. General Public Comment - Dr. Juarez asked for general public comment. There was no general public comment.

Adjourn - Dr. Juarez called for a motion to adjourn. Motion made by Dr. Woolweaver, and seconded by Rev. Lovell. Dr. Juarez adjourned the meeting at 3:27 p.m. The Council will reconvene at 9:00 a.m. on Thursday, February 25, 2016.

Approved:



May 19, 2016

Jacinto Juarez, Ph.D., Chair

Date: