



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

DSHS Post Session Update

Task Force on Infectious Disease Preparedness and Response

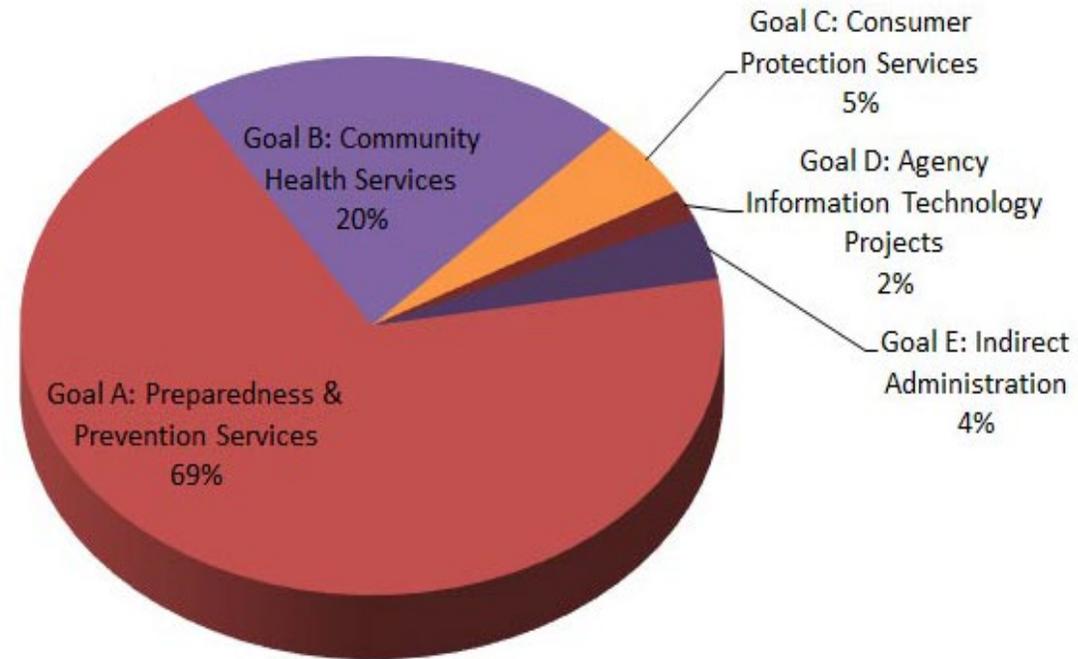
Donna Sheppard, Chief Financial Officer, DSHS

Jordan Hill-Shepherd, Director – Government Affairs, DSHS

SB1 Conference Committee Summary

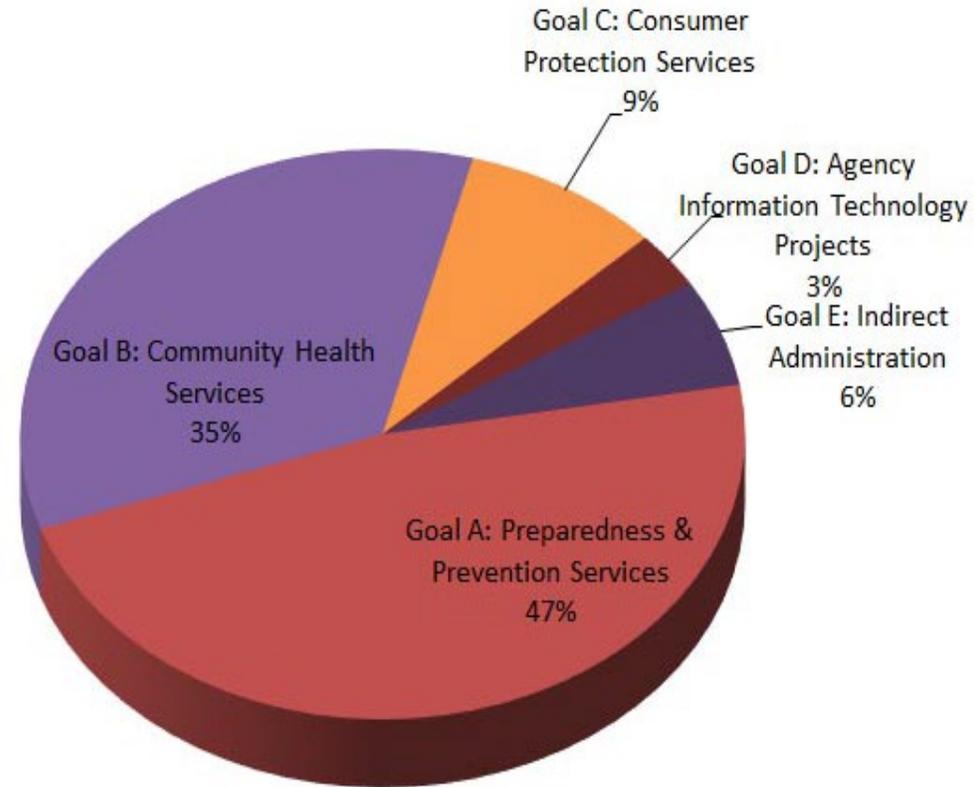


2022-2023 Biennial Budget: All Funds by Goal



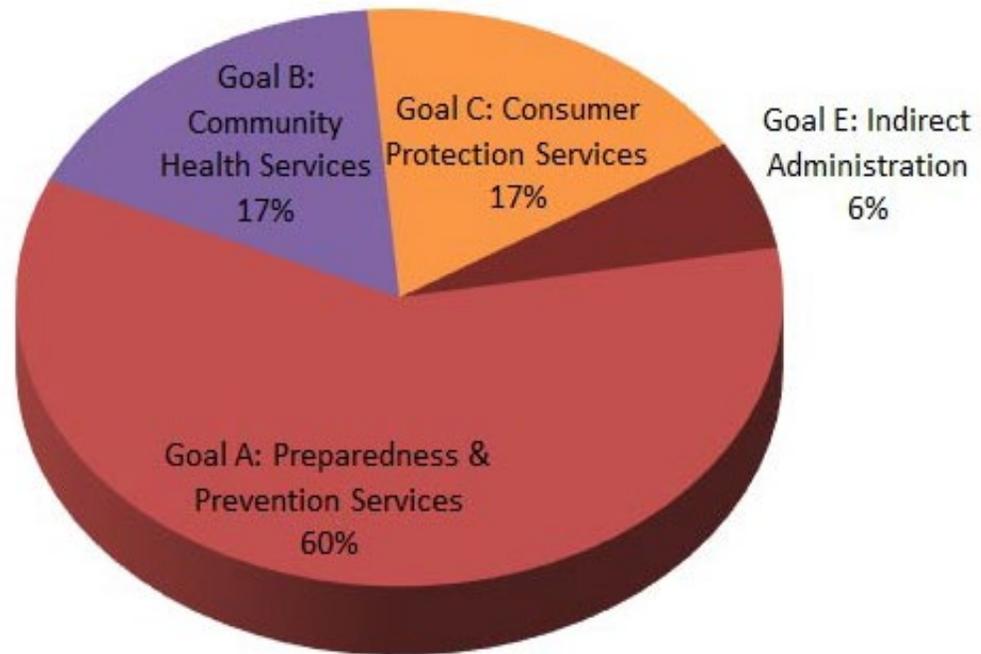
Total = \$1.9 Billion

2022-2023 Biennial Budget: General Revenue by Goal



Total = \$850.5M

2022-2023 Biennial Budget: FTEs by Goal



Total = 3,318.9 FTEs

Exceptional Items

EI Name	Biennial Amount (in Mil.)	FTEs	Conference Committee
1 - HIV Medications	\$83.40		\$36.3M
1 - HIV Contracts	\$20.00		
2 - Rural Clinics- 14	\$8.40	30	Not Adopted
2 - Mobile Clinics- 3	\$4.60	6	Not Adopted
3 - Food Safety 25 FTEs	\$5.90	25	\$2.9M 13 FTEs
3 - Hemp 3.4 FTEs	\$0.60	3.4	see rider 27
3 - RAS Licensing and Registration System	\$1.20	1	Adopted in HB2
4 - Contract and Fiscal Management 25 FTEs	\$7.60	25	Not Adopted
4 - Data Center Services	\$19.90		Adopted in HB2
4 - Health Registries	\$5.40	1	Not Adopted
Total	\$156.90	91.4	

Rider and Technical Adjustments

Items	Conference Committee
Vital Statistics 10 FTEs	Adopted
TCID Capital Authority \$880K	Adopted
Restore funding from 5% reduction to EMS	Adopted \$406K
Transfer 10 FTEs SASH to TCID Security	Adopted
Transfer from HHSC CAPPS \$915K	Adopted
System-related items at HHSC	Adopted \$632K
Reduce General Revenue-Dedicated Account No. 524 (rider 7)	Adopted
Maternal Mortality adjust Federal Funds to All Funds (rider 22)	Adopted
Hemp 3.4 FTEs with Revenue Collections (rider 27)	Adopted
Emergency Medical Task Force, and \$5M in General Revenue. Additional money for current activity, management functions and equipment (rider 28)	Adopted \$5M
Federal Funds Reporting Requirement on Public Health Emergency Preparedness, Bioterrorism and Immunization (rider 29)	Adopted
Notification if DSHS expends HIV Care Formula Grants in excess of the appropriated amount (rider 30)	Adopted as amended
Report on Federal Public Health Funding to Local Health Entities (rider 32)	Adopted
Report on COVID-10 Immunization Distribution Equity (rider 33)	Adopted
Texas Center for Nursing Workforce Studies Funding Unexpended Balance Authority (rider 34)	Adopted
Alzheimer's Disease Program (rider 35)	Adopted \$1M

Contingency Rider

Items	Conference Committee
Sec. 18.09 HB 1033 Prescription Drug Price Disclosure	\$1.3M and 3.7 FTEs
Sec. 18.34 SB 73 Providing access to Local Public Health Entities and Certain Health Service Regional Offices under Medicaid	Final Version removes DSHS \$347K of this \$245K is capital
Sec. 18.46 SB 968 Public Health Disaster and Public Health Emergency Preparedness and Response; providing a civil penalty	Adopted
Sec. 18.47 SB 969 Reporting procedures for and information concerning Public Health Disasters	Adopted
Sec. 18.48 SB 984 Public Health Disaster and Public Health Emergency Preparedness and Response	Adopted
Sec. 18.51 HB 133 Children and Pregnant Women Case Management	Reduced \$704K and 20.6 FTE's in FY23

Unfunded Bills

Items	Biennial Impact
HB 1011 Expedited death certificates for religious purposes in certain counties.	\$1.2M and 7 FTEs
SB 184 Reports on the prevalence of eating disorders and eating disorder-related deaths in this state.	\$38K
SB 475 State agency and local government information security, including establishment of the state risk and authorization management program and the Texas volunteer incident response team; authorizing fees.	\$270K
SB 799 Contracting procedures and requirements for governmental entities	\$504K

DSHS Bills of Note



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DSHS Bills of Note

- **Prescription Drug Price Disclosure – HB 1033**
 - Transfers program to DSHS (from HHSC); requires a fee for reporting process to sustain program; and provides for enforcement mechanism. Reporting required for annual cost and certain price increases within the calendar year.
- **Compassionate Use Program – HB 1535**
 - Raises level of allowable THC to 1.0%
 - Expands applicable conditions to include post-traumatic stress disorder
 - Additional conditions allowed if affiliated with an Institutional Review Board process – DSHS directed to establish rules by December 1, 2021
- **Enhancing Levels of Care – HB 1164**
 - Requires placenta accreta care-related protocols to be incorporated into maternal levels of care facility designation process

Pandemic Response Bills



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Highlights of Pandemic Bills now Law

- **SB 437** – PPE reserve advisory committee (TDEM lead)
- **SB 464** – Reporting on deaths from reportable diseases to county health authorities and LHDs
- **SB 930** – Reporting occurrence of communicable diseases in residential facilities
- **SB 966** – Defining Public Health Disasters/Public Health Emergencies, legislative oversight of PHDs
- **SB 967** – Length of local public health orders (15 days)
- **SB 968** – Defining PHDs/PHEs, legislative oversight of PHDs, collaboration with TF on Infectious Disease during PHDs and PHEs, COVID response study
- **SB 969** – COVID-related data bill (e.g. additional collection/reporting duties during a public health disaster)
- **SB 984** – Adds Epidemiologist to TF on Infectious Disease, requires annual meetings – hospital data collection at RAC level outside a pandemic
- **SB 1780** – Texas Epidemic Public Health Institute established

Powers/Functions Addressed

- **Primary bills involved: SB 966/968/969/984**
 - **Public Health Emergencies:**
 - Defines public health emergencies for future response needs for more limited, isolated, or emerging situations
 - **Public Health Disasters:**
 - Requires legislative oversight for renewing public health disasters
 - Requires lab/hospital reporting during a public health disaster with related public compliance reporting by DSHS
 - **Applicable to both:**
 - Requires legislative collaboration during public health disasters and emergencies
 - Requires collaboration with the Task Force on Infectious Disease Preparedness & Response during public health disasters and public health emergencies
 - Codifies the Office of the Chief State Epidemiologist
 - **Requires hospital reporting to regional advisory councils – including non-disaster situations**

Task Force-Specific Bills/Functions

- **During Public Health Disasters & Emergencies:** DSHS required to collaborate with the Task Force on Infectious Disease Preparedness & Response and related subcommittees, as applicable
- **Structure of the Task Force:** requires at least one epidemiologist to be appointed to the Task Force
- **Meeting Frequency:** requires at least annual meetings

Review/Reports/Studies

- **Review/Study Sources – SB 966/968/969/Rider 33**
 - **COVID-19 Response Review:** by the Preparedness Coordinating Council/State Emergency Management Council
 - **Study of DSHS Regions:** in collaboration with the Public Health Funding and Policy Committee and other stakeholders
 - **Study of Healthcare System – Planning and Response Capabilities:** in collaboration with HHSC and other stakeholders
 - **Study of Data Standardization:** in collaboration with the Public Health Funding and Policy Committee and other stakeholders
 - **COVID Immunizations Equity Report:** regarding access and distribution

Effective Dates

- **SB 966/968:** effective immediately, with important notes:
 - COVID-response report pushed to September 1, 2023 or 9 months following termination of public health disaster, whichever is earlier
- **SB 969:** effective September 1, 2021, with important notes:
 - 3 Studies have September 1, 2022 due dates
 - Lab compliance reporting requirements are limited to public health disasters but would be effective 9/1/2021 if a public health disaster is in effect
 - Hospitals/labs required to report via electronic format requirement for public health disasters occurring after January 1, 2023

How do they work?

- **Public Health Emergencies:**

- **Definition:**

- Determination by the commissioner that there exists an immediate threat from a communicable disease, health condition, or chemical, biological, radiological, or electromagnetic exposure 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

- **Public Health Disasters:**

- **Definition:**

- Declaration by the governor of a state of disaster +
- Determination by the commissioner that there exists an immediate threat from a communicable disease, health condition, or chemical, biological, radiological, or electromagnetic exposure that:
 - Poses a high risk of death or serious harm to the public
 - Creates a substantial risk of harmful public exposure

How do they work?

- **Public Health Emergencies:**

- **Duration:** 30 days, renewable
- **Renewal:** Can be issued/renewed without legislative oversight
- **Actions:** legislative collaboration within 7 days + TFID collaboration

- **Public Health Disasters:**

- **Duration:** 30 days, renewable upon approval
- **Renewal:** Must be renewed with approval of lege oversight
- **Actions:** legislative collab within 7 days + TFID collaboration
- **Other:** requires data collection and related hospital/lab compliance reporting out on DSHS website to be in effect

Thank you