

Texas Statewide Health Coordinating Council (SHCC)
Minutes of Meeting Held Thursday, February 27, 2024 10:00 a.m.

Teleconference from Texas Health and Human Services Commission, 1100 W 49th
Street, Moreton Building, Room M-100, Austin, Texas 78751.
Webcasted at <https://texashhsmeetings.org/HHSWebcast>

Members Attending

Billie Bell, BSN, MBA
Jimmy Blanton, M.P.Aff.
Carol Boswell, Ed.D., RN, CNE, ANEF, FAAN
Lauren H. Day, MA, MS
Ken Holland
Emily Hunt, D.N.P, APRN, CPNP-PC/AC
David Lewis, CFA, CFP
Dakota Marks
Elizabeth Mayer, M.P.Aff.
Lucrece Pierre-Carr, MSW
Stephen Pont, M.D., MPH
Melinda Rodriguez, D.P.T, PT
Cheryl T. Sparks, Ed.D.
Cheletta Watkins, M.D.
Yasser Zeid, M.D.

Members Absent

Quincy C. Moore, Ph.D. (Excused)
Kimberly N. Haynes, D.M.D. (Excused)

Staff Present

Lisette Curry, Ph.D., Program Specialist, Health Professions Resource Center
James Farris, M.P.Aff., Director, Center for Health Statistics
Kristina Juarez, MPH, Research Specialist, Health Professions Resource Center
Pamela Lauer, MPH, Program Specialist, Texas Center for Nursing Workforce Studies
Clarisse Manuel, Research Specialist, Health Professions Resource Center
Isabel Schwartz, MPH, Research Specialist, Texas Center for Nursing Workforce
Studies

SHCC Meeting Minutes September 26, 2024

1. Chairman's Welcome and Introductions	<p>Dr. Yasser Zeid called the meeting to order at 10:00 a.m. Dr. Zeid welcomed Lucrece Pierre-Carr to the council as the Health and Human Services Commission representative, Billie Bell as nurse representative, Lauren Day as a public member, and Dakota Marks as a public member. Dr. Curry announced that members should state their name for the record when making comments and to mute themselves when not speaking. Dr. Curry reminded the Council to keep their cameras on to maintain quorum if attending virtually. Dr. Curry explained the evacuation plan for in-person attendees.</p>
2. Establish a Quorum – Roll Call and Possible Action to Approve Excused Absences	<p>A quorum was established. Dr. Kimberley Haynes and Dr. Quincy Moore, III requested an excused absence. A motion to approve all requested excused absences was made by Melinda Rodriguez and seconded by Cheryl Sparks. The motion carried.</p>
3. SHCC Discussion and Possible Action to Approve June 6, 2024 Meeting Minutes	<p>A review of the September 26, 2024 minutes elicited no revisions. A motion to approve the minutes was made by Carol Boswell and seconded by Ken Holland. The motion carried.</p>
4. eHealth Advisory Committee Presentation on Telehealth	<p>Nora Cox, CEO of the Texas E-Health Alliance and chair of the eHealth Advisory Committee (eHAC), presented the eHAC's recommendations on telemedicine.</p> <p>The presentation covered the role of the eHAC, which is charged with developing recommendation on three tasks related to telemedicine.</p> <p>The first task is to advise Health and Human Services (HHS) agencies on the development, implementation, and planning of health care information technology (HIT) and health information exchange (HIE). The eHAC's recommendations on this topic included adopting aligned clinical and electronic quality measures across programs, adopting a standardized naming framework to facilitate patient record matching, creating standard data exchange protocols, and developing a strategic plan to move from legacy behavioral health systems to a platform that allows for interoperability.</p> <p>The second task is to advise HHS agencies on incentives on increasing health care provider adoption of electronic health record (EHR) and HIE systems. Recommendations on this topic included adopting aligned clinical and electronic quality measures and standardized naming frameworks, connecting</p>

	<p>state mental health hospitals and local mental health authorities to interoperable systems so that data can be shared with community-based providers by the end of Fiscal Year (FY) 2026, and developing a one-time budget opportunity to allow psychiatric hospitals to purchase and implement an EMR platform with HIE connectivity.</p> <p>The third task is to advise HHS agencies on the development, use, and long-range plans for telehealth. Recommendations including monitoring state and federal changes for impact on the use of telehealth for Texas residents, developing strategies to address the digital divide and improve digital literacy, working with state partners to ensure appropriate communication in primary care provided via telehealth, and addressing complexities in remote patient monitoring billing and administrative procedures to encourage wider adoption by providers.</p> <p>Dr. Brett Moran and Ken Holland both thanked the council for the opportunity to present on the eHealth Advisory Committee's work and welcomed feedback from the council members.</p> <p>Comments:</p> <ul style="list-style-type: none">• Dr. Zeid asked what kind of infrastructure the state needs to invest in to bring these initiatives throughout the state, and what kind of enforcement would these recommendations have to ensure they are carried out.<ul style="list-style-type: none">○ Nora Cox answered that Texas hospitals are at 100 percent adoption of electronic medical recordkeeping, outside of psychiatric hospitals, and 78 to 90 percent adoption by physician practices. Ms. Cox stated that a question is if the state be investing general funds in institutions like psychiatric hospitals which did not receive federal funds to implement interoperable data infrastructure and added that such funding would benefit entities in other fields such as in the juvenile justice system. Dr. Moran agreed and noted that telehealth usage varies by provider, so his practice has shifted focus from adoption at the state level to utilization by individual providers, and that incentives for individual providers would be good. Dr. Moran also mentioned that there are opportunities for better interoperability at the state level.
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	<ul style="list-style-type: none">• Dr. Zeid asked a follow-up question regarding how the committee is addressing access to telehealth on the patient's end.<ul style="list-style-type: none">○ Ms. Cox responded that there are numerous initiatives to increase patient access, but that there are further opportunities to increase digital literacy among patients, specialist access for rural patients, and provider-to-provider infrastructure. Dr. Moran also added that the digital divide exists within major metroplexes, not just between rural and metropolitan areas. Dr. Moran also noted the importance of digital literacy and said that the patient's digital literacy should be measured, and the use of technology to facilitate language-concordant care.• Regarding the enforcement or implementation of eHAC's recommendations, Ms. Cox answered that the eHAC is bringing in national experts in dialogue with the agency to ensure best practices are used in crafting policy recommendations regarding telehealth and health information exchange. Ms. Cox also added that while some of these recommendations require legislative action, and while eHAC does not lobby, they do partner with external stakeholders working on these issues in the legislative forum.• Dr. Rodriguez asked if the eHAC's recommendations discuss the role of artificial intelligence in telehealth. Ms. Cox answered that the advisory committee has been told that artificial intelligence is outside of the scope of their charge, but that the committee's stakeholders have raised this issue. Dr. Moran added that the advisory committee has noticed the increasing role of artificial intelligence in electronic health delivery and is watching for opportunities.
5. TexasAIM	<p>Dr. Manda Hall, Deputy Commissioner of the Community Health Improvement Division (CHI), presented on TexasAIM, a maternal health and safety initiative.</p> <p>The Healthy Texas Mothers and Babies framework driving CHI's work involves individual and public awareness, professional education, community empowerment, community improvement, and the perinatal quality improvement network. The presentation focused on the perinatal quality improvement network, TexasAIM.</p>

	<p>The Alliance for Innovation on Maternal Health, or AIM, is a national program for addressing maternal health and safety issues through public and provider education efforts in the areas of Readiness, Recognition & Prevention, Response, Reporting/Systems Learning, and Respectful & Supportive Care.</p> <p>TexasAIM's programming involves developing and launching "bundles" on topics related to maternal health and safety. Participating hospitals create response teams to enact the bundles. Programming includes quality improvement webinars, networking opportunities, technical assistance, and recognition of participation, with enhanced support through coaching and training calls, site visits, peer-to-peer mentoring, and other resources for those choosing to participate at a higher tier. TexasAIM faculty include physicians, nurses, family members impacted by maternal morbidity, and DSHS staff.</p> <p>TexasAIM's Bundles have included: Obstetric Hemorrhage (2018), Severe Hypertension in Pregnancy (2022 – originally launched in 2020, but TexasAIM temporarily shifted focus to assisting hospitals with the pandemic), and Opioid and Substance Use Disorder (2023).</p> <p>98 percent of Texas birthing hospitals, servicing nearly 380,000 Texas women, participated in TexasAIM's Obstetric Hemorrhage Bundle. Process, structure, and outcome measures are used to measure the success of the bundles. Participating hospitals saw improvements in stage-based management plans, risk level assessment, and the quantification of blood loss. Maternal morbidity was reduced by 8.6 percent overall from baseline in participating hospitals.</p> <p>92 percent of Texas birthing hospitals, servicing 350,000 women and over 9 percent of the nation's births, participated in the Severe Hypertension in Pregnancy Bundle. The TexasAIM team's approach in the development of this bundle was to integrate and center principles of addressing health disparities and center survivor voices in implementation planning, process improvement, and patient and family support. In process measures, participants saw improvement in unit-based drills and debriefs, policy and process on urgent maternal warning signs education for patients and their support networks, screening for pregnancy status in the emergency department as part of triage, developing patient and family support resources for complications, and fostering a culture of</p>
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	<p>respectful and supportive care. Participating hospitals also saw improvements in the timely treatment of obstetric patients with one or more persistent severe hypertension episodes, patient follow-up within 3 days of discharge for patients with births complicated by severe hypertension, and in follow-up within 7 days of patients with preeclampsia not complicated by severe hypertension.</p> <p>TexasAIM's next steps include developing its Sustainability and Readiness strategy, which will include learning networks for educating patient support networks, a blood pressure cuff project for blood pressure self-monitoring, and ongoing quality improvement mentoring and simulation training to promote practice and training before incidents occur to ensure ready responses. TexasAIM is also developing multiple continuing education strategies, including the Maternal Levels of Care Surveyor Training Series, the TexasAIM Summit Continuing Education Credit, the DSHS Perinatal Academy for refreshing bundles, TexasAIM On-Demand Continuing Education for Maternal Safety Readiness, and the Institute for Health Improvement.</p> <p>In terms of programming, TexasAIM launched its Sepsis Bundle in December of 2024, with the first learning session planned for June 2025. The Mental Health and Substance Use Disorder Bundle will launch its outpatient program in Spring 2026 and its inpatient program in Winter 2027. The Cardiac Conditions in Obstetric Care Bundle will launch in December 2028.</p> <p>Questions:</p> <ul style="list-style-type: none">• Dr. Zeid expressed appreciation for the provision of bundles but impressed the need for improvement, asking how the TexasAIM team planned to encourage more physicians to participate in the program.<ul style="list-style-type: none">○ Dr. Hall answered that TexasAIM hopes to address this through the DSHS Perinatal Academy to reinforce lessons through bundle implementation, sending doctors and nurses to hospitals, full implementation partnering through quality improvement network. Dr. Hall noted that while TexasAIM does not have a mandate, the program aims to prove its value to encourage as many health providers to participate as possible.
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	<ul style="list-style-type: none">• David Lewis asked how the program works, especially for younger patients, to alert patients of the importance of selecting hospitals participating in this network.<ul style="list-style-type: none">○ Dr. Hall answered that the list of hospitals participating in TexasAIM is available on the Texas Health Data website. Dr. Hall also brought up the Hear Her Texas campaign, a public education campaign uplifting the voices of patients and their families who have been impacted by severe maternal morbidity.• Dr. Cheletta Watkins asked what specifically is being done when discussing understanding symptoms and relating information to providers, and training, to address unconscious bias among providers.<ul style="list-style-type: none">○ Dr. Hall answered that Black women are disproportionately impacted by severe maternal morbidity and mortality, so this awareness has been incorporated into TexasAIM's framework through "Respectful Care." TexasAIM also works with organizations like The Preeclampsia Foundation that center on the experiences of patients. The Maternal Mortality Committee has a subcommittee on maternal health disparities, so TexasAIM is looking at the impact• Dr. Watkins asked, as an insurance representative, if TexasAIM is seeing buy-in from other insurance entities.<ul style="list-style-type: none">○ Dr. Hall answered that during the last legislative session, a managed care organization was added to TexasAIM's membership.○ Dr. Zeid added that it would be good to bring in managed care organization participation and that most births in Texas are covered by Medicaid.• Lauren Day asked for the number of Texas babies born last year outside of the hospital system, as well as how hemorrhage might affect home births and birthing centers.<ul style="list-style-type: none">○ Dr. Hall mentioned that TexasAIM focuses on hospitals, but that some work also looks at birthing centers and home births. Dr. Hall said she would bring this question to her team and get back to Ms. Day with statistics.○ Dr. Zeid agreed that his suspicion is that the number of births at birthing centers and home births is increasing, and that maternal safety should be examined in this setting as well.
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6. Congenital Syphilis	<p>Kelly Fegan-Bohm presented on the Congenital Syphilis team.</p> <p>The presentation described trends in congenital syphilis (CS) incidence, diagnosis, and treatment in Texas. Trends covered included data on the increases in CS cases and stillbirths and how rates of CS cases in Texas compare nationally. Demographic data on CS births indicated that CS rates among Black and Hispanic births remain above state rates. Data on the stage of diagnosis of CS cases indicated that efforts to address CS should involve facilitating early access to prenatal care, ensuring timely screening and diagnosis of CS, and providing adequate and early treatment of CS. Lastly, the presentation described strategies implemented by DSHS for CS prevention and provider education.</p> <p>Questions:</p> <ul style="list-style-type: none">• Dr. Watkins asked about high-risk areas.<ul style="list-style-type: none">○ Dr. Fegan-Bohm answered that the highest incidences of congenital syphilis are in metropolitan areas such as Dallas, Houston, and the Rio Grande Valley, but that counties with higher rates of congenital syphilis are across the state and not limited to one specific region.• Dr. Watkins also asked if there was an initiative to treat partners, and if partners are being educated to address the spread of congenital syphilis.<ul style="list-style-type: none">○ Dr. Fegan-Bohm answered that when a syphilis test is reported, DSHS's infectious disease team goes to interview the partner and identify their partners.• Dr. Sparks asked about public health education to at-risk young people, and if there are collaborations with the agency to educate young people with organizations like community colleges, childcare providers, or other organizations.<ul style="list-style-type: none">○ Dr. Fegan-Bohm answered that the Congenital Syphilis team works as a multiagency effort; maternal and fetal morbidity reviews bring together community organizations within the area such as managed care organizations (MCOs), providers, and other stakeholders to talk through cases and troubleshoot, exist in cities of San Antonio and Houston but also statewide. Dr. Fegan-Bohm also discussed the Hear Her Texas

	campaign, which emphasizes the empowerment of mothers to exercise agency over their health.
7. SHCC Agency Representatives' Reports	<p>a. Texas Health and Human Services Commission (HHSC): Lucrece Pierre-Carr with HHSC gave an update on the Office of Mental Health Coordination:</p> <ul style="list-style-type: none">• The Office of Mental Health Coordination completed the Children's Behavioral Health Strategic Plan for Fiscal Years 2025-2029 and submitted it to the Governor's Office and Legislative Budget Board in December 2024. The plan provides recommendations to address gaps in behavioral health parity, rates of reimbursement for behavioral health services, behavioral health workforce, health data, and health care information technology, and crisis outpatient residential and inpatient care.• Ms. Pierre-Carr provided an update on activities related to the legislative session:<ul style="list-style-type: none">○ As of February 20, 2025, 3,467 House bills and 1,682 Senate bills had been filed.○ Behavioral Health Services completed 147 bill analyses and is tracking 104 bills.○ Bills of interest include those addressing recommendations for youth empowerment services. <p>Questions:</p> <ul style="list-style-type: none">• David Lewis asked if Ms. Pierre-Carr and the agency knew about the BRAIN Bill, as it was generating public interest.<ul style="list-style-type: none">○ Ms. Pierre-Carr made note of the bill, and Dr. Zeid requested that Dr. Curry send information about the bill to the council members. <p>b. Jimmy Blanton presented HHSC's Medicaid Program update.</p> <ul style="list-style-type: none">• House Bill 12, passed in 2023, provided 12 months of postpartum Medicaid coverage to pregnant women receiving Medicaid; the law has passed one year of implementation, so data on impacts and quality measurements should be available soon.• House Bill 1575, also passed in 2023, directed managed care organizations to screen pregnant women for non-medical health related needs, such

	<p>as food, transportation, housing, and childcare, and report that data to HHSC. The bill also recognized community health workers and doulas as new provider types for the Case Management of Children and Pregnant Women program. A legislative report, including pilot data from managed care organizations, was published in December 2024.</p> <ul style="list-style-type: none">• Advisory Committees in HHSC have issued reports and recommendations ahead of the legislative system. The Value-Based Payment Committee has recently published a report, identifying community health workers as a focus point in public health promotion, rural providers, and health improvement.• Mr. Blanton provided an update on activities related to the 89th Texas Legislative Session:<ul style="list-style-type: none">○ Medicaid and CHIP Services is currently monitoring over 300 bills, last day to file legislation is March 14 so a greater number of bills may be filed between now and March 14.○ Medicaid and CHIP Services will be providing input on impact of bills.○ Key Medicaid themes in monitored bills include: adding benefits, populations, and provider types who are not otherwise eligible for Medicaid, Medicaid expansion, and bills supporting the workforce such as through increasing reimbursement.• Aligning Technology by Linking Interoperable Systems for Client Health Outcomes Program: This program provides incentives for managed care organizations to move towards interoperable systems for their providers and using health information exchange in standard formats.<ul style="list-style-type: none">○ The first phase has just ended, so results from data collection will likely be shared mid-year.• HHSC will be entering the Sunset Advisory Commission process and undergoing review. HHSC is undergoing its self-evaluation process and gathering data to provide to the Sunset Committee for review. <p>Questions:</p> <ul style="list-style-type: none">• Dr. Zeid asked if Mr. Blanton would be willing to expand his presentation to provide an overview of the status of bills regarding Medicaid in the SHCC
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	<p>meeting scheduled for May 22, which will take place towards the end of the legislative session.</p> <ul style="list-style-type: none">• Mr. Blanton noted that changes to Medicaid may be coming from the federal level, and that the office will provide updates as available. <p>c. Department of State Health Services (DSHS): Dr. Stephen Pont with DSHS gave an update on the agency:</p> <ul style="list-style-type: none">• DSHS presented its appropriations request at the legislature.• One bill DSHS is tracking is SB 25 regarding nutrition, which Lt. Governor Patrick flagged as a priority.• The DSHS Commissioner's priority areas are bird flu, congenital syphilis, and the measles outbreak.<ul style="list-style-type: none">○ The agency is currently listing twice-weekly updates on the measles outbreak. Most recently, there were 244 cases and 18 hospitalizations, 5 of whom were vaccinated. The first measles death of a child was reported last week. <p>Questions:</p> <ul style="list-style-type: none">• Dr. Zeid asked about the measles outbreak and if the origin of the outbreak has been identified.<ul style="list-style-type: none">○ Dr. Pont said that this information has not been validated yet, but that the outbreak is currently centered around Gaines County. Dr. Pont also noted that measles has a higher mortality rate than diseases like COVID-19 and chicken pox.• Dr. Watkins asked about the efficacy of historical measles or measles, mumps, and rubella (MMR) vaccines and recommendations for those who may have received an older vaccine.<ul style="list-style-type: none">○ Dr. Pont responded that the agency's recommendations regarding the MMR are undergoing review and that concerned parties should consult their general practitioner.• Ms. Day asked what year the sole measles vaccine was outlawed in Texas.<ul style="list-style-type: none">○ Dr. Pont responded that he did not have the exact date on hand.
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	<p>d. Texas Higher Education Coordinating Board (THECB): Elizabeth Mayer with THECB gave an update on the agency:</p> <ul style="list-style-type: none">• At base, the below grants have all received the same amount they were funded with.• In the 83rd legislative session, several grants were created to address the shortage of first-year residency slots. The initial effort started in 2014.• Ms. Mayer provided the following updates on THECB's completed grant programs:<ul style="list-style-type: none">○ The Graduate Medical Expansion Program was funded with \$344 million, an increase from the previous year.○ The Emergency and Trauma Care Education Partnership Program provides support for graduate medical and nursing programs in expanding emergency and trauma care education. 2 graduate nursing programs were awarded a total of \$1.6 million. Graduate medical education awards, announced in May 2024, totaled \$4.3 million in funding for 19 programs, supporting 158 fellow and resident positions.○ The Family Practice Program received \$16.5 million, an increase from previous biennium. 34 residency programs with 991 total residents received funding, with a per resident amount of \$8,129.○ The Forensic Psychiatry Fellowship Grant Program to support the expansion and administration of accredited forensic psychiatry fellowships and training programs, was put in rider as opposed to statute. 9 institutions were selected to receive an award, and \$5 million in grant awards were disbursed.• The following updates were provided regarding programs in progress:<ul style="list-style-type: none">○ The Professional Nursing Shortage Reduction Program's RFA closed in January, with 68 applications received.○ The Rural Resident Physician Grant Program received 9 applications for \$3 million in awards. Awards are being finalized.○ The Nursing Innovation Grant Program supports innovative nursing education programs and research to increase state's nursing workforce.
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	<p>Awards are currently being finalized, with 27 applications for \$5.4 million in awards.</p> <ul style="list-style-type: none">○ The Nursing, Allied Health, and Other Related Program, formerly known as the Nursing Innovation Grant Program and originally funded by Tobacco Funds, has posted its RFA which will close February 28. \$5.4 million will be awarded.○ The GME Planning and Partnership Grant Program will release its RFA in Spring 2025. <ul style="list-style-type: none">• THECB is also conducting bill analysis and providing feedback to the legislature on relevant bills. <p>Questions:</p> <ul style="list-style-type: none">• Dr. Zeid asked about the potential expansion of funding for graduate medical resident programs to for-profit hospitals.<ul style="list-style-type: none">○ Ms. Mayer responded that THECB has not seen a specific bill regarding this issue.• Dr. Zeid asked if there is a mechanism for hospitals to get more funding from the state once they have reached the cap on GME funding.<ul style="list-style-type: none">○ Ms. Mayer was unsure, but it is not under the authority of THECB.
8. Health Professions Resource Center and SHCC coordinator's report.	<p>Kristina Juarez provided an update for HPRC.</p> <ul style="list-style-type: none">• The following updates were provided on HPRC's completed projects:<ul style="list-style-type: none">○ HPRC completed 2024 licensure data ingestion and processing for 60 professions. Data on 42 professions was ingested through SHARP.○ HPRC created an electronic Texas Healthcare Provider Assessment to collect provider data for submission to HRSA.• The following updates were provided on HPRC's in-progress projects:<ul style="list-style-type: none">○ HPRC is assisting the TPCO with the development of the 2024 Primary Care Needs Assessment.○ HPRC is continuing work on its development of Allied Health Professions Projections.○ HPRC will attend Nurse Day at the Capitol on March 3, the Texas Public Health Association Annual Education Conference on May 13-15, and submitted abstracts to the National Forum of State Nursing Workforce Centers.• Legislative update:

	<ul style="list-style-type: none">○ HPRC is monitoring HB 1295 and SB 641, which are identical. The bill would require the SHCC to develop a long-range plan for improving health literacy in Texas to be submitted each even numbered year. The bill would also require that the State Health Plan address the prevalence of low health literacy among health consumers as a health concern and propose strategies to address health literacy. <p>Questions:</p> <ul style="list-style-type: none">• Dr. Zeid asked for confirmation that the Conrad 30 J-1 Visa Waiver Program offers 30 slots and if this number has changed since the program's inception.<ul style="list-style-type: none">○ Ms. Juarez confirmed that there are 30 slots offered and added that more information on the program is available on the Texas Primary Care Office website.
9. Texas Center for Nursing Workforce Studies Report	<p>Isabel Schwartz provided an update on the Texas Center for Nursing Workforce Studies (TCNWS):</p> <ul style="list-style-type: none">• Projects completed:<ul style="list-style-type: none">○ All 2024 Nurse Staffing Studies have been reviewed and approved by the TCNWS Advisory Committee (TCNWSAC).○ Results of the Clinical Training Needs Survey have been published. This brief, exploratory study was distributed to nursing education programs exploring program capacity.○ Results of the 2024 Workplace Violence Against Nurses Survey of Individual Nurses have been published.○ 2024 Nursing Education Program Information Survey (NEPIS) reports for VN and RN education programs were approved by the Nursing Advisory Committee.• Updates on projects in progress included:<ul style="list-style-type: none">○ TCNWS is working on completing the 2024 NEPIS reports from graduate level nursing programs.○ The Early Career Nurses Survey will launch in April 2025. Results will be presented to the TCNWSAC.○ NEPIS survey materials for 2025 data collection will be updated.○ Existing dashboards will be updated with the most recent data available.

	<ul style="list-style-type: none">○ The next TCNWSAC meeting is planned for May 21, 2025. <p>Questions:</p> <ul style="list-style-type: none">• Dr. Zeid asked if the rate of departure from the nursing profession compared to the rate of entry into nursing is known.<ul style="list-style-type: none">○ Ms. Schwartz answered that the Center does have data available on nurse vacancy and turnover, which she could provide to Dr. Zeid after the meeting. Ms. Schwartz also noted that the Early Career Nurses Survey was developed in response to observed higher turnover among early career nurses.
10. SHP Update	<p>Dr. Lissette Curry provided an overview of the proposed timeline for the 2026 State Health Plan.</p> <ul style="list-style-type: none">• Dr. Curry provided an overview of the legislative mandate for the State Health Plan and its components. The next State Health Plan is due on November 1, 2026.<ul style="list-style-type: none">○ The State Health Plan must identify health concerns and provide recommendations to address access to care.• The SHP 2023-2028 recommendations concerned access to care, rural health, mental health and behavioral healthcare workforce, and teleservices and technology.• 2024 update recommendations concerned the health care workforce, the incidence and prevalence of substance use disorders, and non-medical health risk factors and access to care.• Next steps:<ul style="list-style-type: none">○ After this meeting, Dr. Curry will contact members to field ideas for recommendations.○ At the summer meeting on May 22, 2025, members will agree on recommendations so that background information can be gathered.○ At the fall meeting in September, ad-hoc subcommittees will be assigned.○ On March 5, 2026, members will review the SHP update draft.○ On May 14, 2026 the finalized SHP update draft will be sent to DSHS and HHSC for comment.

SHCC Meeting Minutes September 26, 2024

	<ul style="list-style-type: none">○ On September 17, 2026, the SHCC will approve the SHP update for submission to the Governor's Office.
11. Administrative Steps	The next SHCC meeting is tentatively scheduled for May 22, 2025.
12. Public Comment and Adjourn	<p>There were no public comments.</p> <p>Dr. Zeid welcomed the new members again: Lucrece Pierre-Carr, Billie Bell, Lauren Day, and Dakota Marks.</p> <p>Dr. Pont responded to Dr. Watkins' prior question on the measles vaccine by noting the measles recommendations by DSHS – a renewed dose if exposure is expected may be appropriate for certain patients. People with concerns should consult their primary physician.</p> <p>Dr. Zeid entertained a motion for adjournment. A motion to adjourn the meeting was made by David Lewis and seconded by Melinda Rodriguez. The motion carried.</p> <p>The meeting adjourned at 12:48 p.m.</p>