Response to the Public Health Funding and Policy Committee 2025 Report Recommendations

As Required by
Texas Health and Safety Code Section 117.151

November 2025

TEXAS
Health and Human Services

Texas Department of State Health Services

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Executive Summary

Texas Health and Safety Code (HSC), Chapter 117, established the Public Health Funding and Policy Committee (PHFPC) to meet and advise the Department of State Health Services (DSHS) on matters impacting public health from the perspective of local health departments (LHDs) as partners with DSHS in the state's public health system. HSC Section 117.151 requires DSHS to submit a report on the status of implementation of the recommendations included in the PHFPC's annual report to DSHS.

There was one new recommendation for 2025 regarding federal and state funding allocations to LHDs.

Introduction

HSC Section 117.103 requires PHFPC to submit a report annually that details the committee's activities and recommendations made to DSHS. DSHS is required to submit a report in response to any PHFPC recommendations.

According to HSC Section 117.151, a decision by DSHS not to implement a PHFPC recommendation must be based on:

- A lack of available funding;
- Evidence that the recommendation is not in accordance with prevailing epidemiological evidence, variations in geographic and population needs, best practices, or evidence-based interventions related to the populations to be served;
- Evidence that implementing the recommendation would violate state or federal law; or
- Evidence that the recommendation would violate federal funding requirements.

PHFPC's general duties are outlined in HSC Section 117.101. PHFPC shall:

- Define the core public health services an LHD should provide in a county or municipality;
- Evaluate public health in this state and identify initiatives for areas that need improvement;
- Identify all funding sources available for use by LHDs to perform core public health functions;
- Establish public health policy priorities for this state; and
- At least annually, make formal recommendations to DSHS regarding:
  - The use and allocation of funds available exclusively to LHDs to perform core public health functions;
  - Ways to improve the overall public health of citizens in this state;

- Methods for transitioning from a contractual relationship between DSHS and LHDs to a cooperative-agreement relationship between DSHS and LHDs; and
- Methods for fostering a continuous collaborative relationship between DSHS and LHDs.

Response to the PHFPC Recommendation

PHFPC Recommendation

The Public Health Funding and Policy Committee recommends that DSHS allocate 60% of state and federal funding resources directly to local health departments (LHDs) and allocate 40% to the state health department, with DSHS Public Health Regions (PHRs) included in the state 40%. This recommendation is made in light of ongoing reductions of state and federal funding for public health and to ensure the most effective use of state and federal public health funds distributed through state governments. As part of the allocation process, PHFPC recommends a review of current and historical service provision methods, considering the unique needs of local communities.

DSHS Response

An integrated public health system relies on each level of function being appropriately resourced to meet state public health requirements and priorities. Local public health agencies are on the front lines of disease prevention, health promotion, and emergency response. Their proximity to communities enables them to respond quickly to emerging health threats, build trust within communities, and tailor services to meet local needs. Strengthening local public health capacity is essential to improving health outcomes across Texas.

DSHS regional offices are the equivalent of LHD offices for 189 counties in Texas. DSHS must balance field operations with mandated centralized functions such as medication distribution, statewide disease surveillance, laboratory services, health data systems, and coordination during public health emergencies. A balanced and strategic allocation of resources is necessary to sustain both local services and statewide infrastructure. DSHS will continue to work with our local partners to assess and allocate resources to support an integrated public health system during this time of change.

Conclusion

DSHS continues to be responsive to recommendations made by PHFPC. LHDs and DSHS maintain good working relationships to leverage resources to better serve public health clients and stakeholders.

DSHS looks forward to continued work with PHFPC in creating positive change for public health in Texas, values PHFPC's work and appreciates that this collaborative effort is improving public health services in Texas.