

Department of State Health Services Strategic Plan for 2027-2031 Part I

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Department of State Health Services

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DSHS Commissioner

June 2026



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Department of State Health Services

Strategic Plan for 2027–2031



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Jennifer A. Shuford, M.D., M.P.H.
DSHS Commissioner

5/13/2026

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Introduction

Vision

A Healthy Texas.

Mission

To improve the health, safety, and well-being of all Texans.

About

The Department of State Health Services (DSHS) is the state's public health agency and is dedicated to improving the health, safety, and well-being of all Texans. Our devoted public health professionals, in coordination with our local and regional partners, serve on the front lines, working tirelessly to safeguard all Texans from public health threats and reduce the burden of chronic disease. DSHS provides resources and services to individuals, communities, and healthcare providers to improve overall health outcomes across the state of Texas.

DSHS serves as Texas' leading public health agency, delivering programs and services at the state, regional, and local levels. The agency is structured across several key program areas, including the Public Health Laboratory, Infectious Disease Prevention, Regional and Local Health Operations, Consumer Protection, Public Health Policy and Practice, Community Health Improvement, and the Office of the Chief State Epidemiologist. Together, these areas advance our mission by:

- preventing, identifying, and responding to infectious diseases;
- coordinating public health and medical responses during disasters and emergencies;
- designing and implementing evidence-based public health interventions grounded in data and scientific analysis;
- monitoring, analyzing, and sharing critical public health information to support research, programs, and policy decisions;

- minimizing health risks by establishing and enforcing essential consumer protection standards; and
- promoting wellness and preventing disease and injury to support healthy communities.

Read about programs and more on the DSHS website (<https://www.dshs.texas.gov/services>).

The DSHS Strategic Plan provides long-term goals and objectives to improve public health in Texas over the next five years. It also outlines priority actions that DSHS will take during that time. The Strategic Plan guides DSHS employees, Texans, and partners towards a common vision for *A Healthy Texas*.

For the Fiscal Year (FY) 2027-2031 Strategic Plan, DSHS continues to improve on core public health priorities continued from the previous Strategic Plan, such as chronic and infectious disease prevention, tobacco and vaping prevention, emergency preparedness and response, and environmental health protection. The plan also prioritizes additional initiatives to address emerging health risks or threats, such as congenital syphilis, maternal morbidity and mortality, and Alzheimer’s disease. In addition, the plan fulfills legislative requirements and supports key improvements and advancements in public health for our state, such as the expansion of the DSHS Public Health Laboratory and continuing to provide reliable, accurate, and timely health data.

The scope of DSHS’ responsibility is broad. The mission and goals of the agency cannot be accomplished alone or in silos, which is why DSHS prioritizes effective relationships and collaboration. Public health can become stronger and more effective by partnering within the agency and with local health departments, communities, academic institutions, fellow state agencies, and other partner organizations. DSHS continues advancing and improving public health for Texans through its statewide strategic action plan. Some highlights of this progress from the FY 2025-2029 Strategic Plan are described under [Progress for Texas](#) within the following section.

Background

Texas Health Facts

DSHS provides accurate and timely statewide, regional, and county data illustrating the current health and well-being of Texas. This information is provided through the Texas Health Data Website (<https://healthdata.dshs.texas.gov/>) and is intended to educate the public and provide reliable data to legislators, researchers, public health and healthcare partners, and community organizations to support informed policy and program decision-making. The website provides up-to-date and understandable data on birth, injuries, and deaths; diseases; drugs and alcohol; health care; maternal and child health; and many other topics. A highlight of information is provided below, along with how DSHS is tackling related public health concerns.

Chronic Disease

Chronic disease burden is a leading concern for Texans. Chronic diseases are defined broadly as conditions that last one year or more and require ongoing medical attention or limit activities of daily living or both.¹ Chronic diseases such as heart disease, cancer, diabetes, asthma, chronic obstructive pulmonary disease (COPD), and other chronic lower respiratory diseases are the leading causes of death and disability in Texas and in the United States. They are also leading drivers of the nation's \$4.9 trillion annual health care costs.¹⁻²

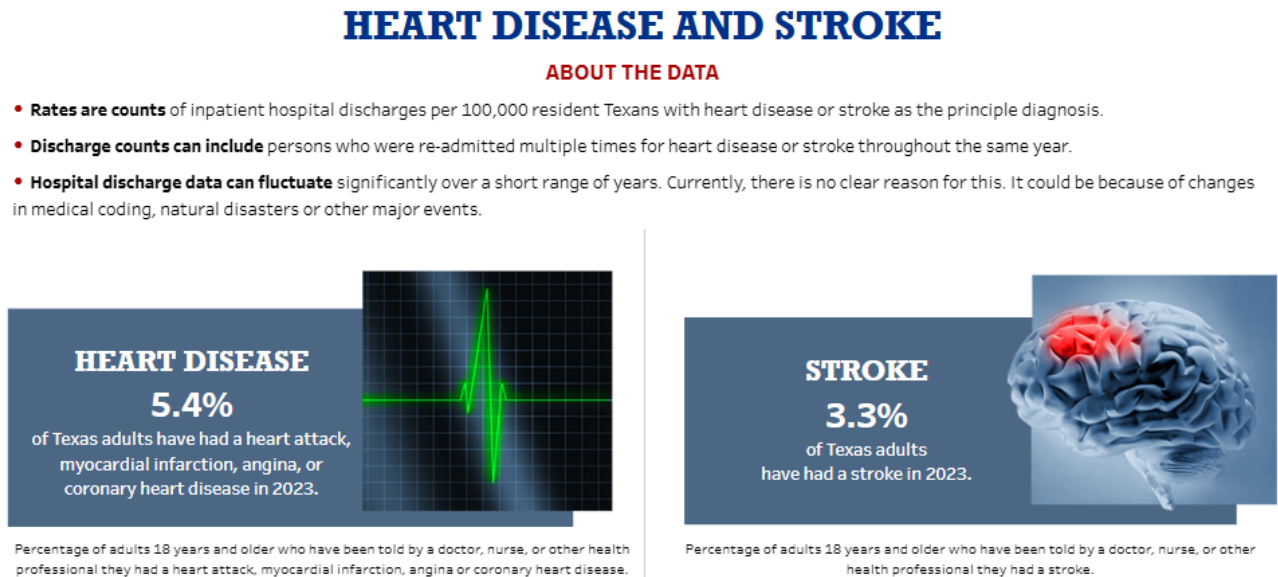
Statewide and county data about chronic disease are available on the Texas Health Data Website (<https://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/health-facts-profiles/chronic-disease>). DSHS spearheads multiple statewide programs to address and prevent chronic disease in Texas and improve the health of our state. A few examples are provided below.

¹ Center for Disease Control (CDC). About Chronic Diseases. <https://www.cdc.gov/chronic-disease/about/index.html>. Last updated March 4, 2025. Accessed January 26, 2026.

² Center for Disease Control (CDC). Fast Facts: Health and Economic Costs of Chronic Conditions. <https://www.cdc.gov/chronic-disease/data-research/facts-stats/index.html>. Last updated August 8, 2025. Accessed January 26, 2026.

DSHS works together with stakeholders across Texas in the Texas Asthma Control Collaborative to implement strategies from the 2025-2028 Strategic Plan for Asthma Control in Texas.³ The DSHS Diabetes Prevention and Control Program oversees programs that focus on diabetes education for the public and professionals and supports the Texas Diabetes Council in developing a plan for diabetes prevention and control in Texas.⁴

Figure 1. Heart Disease and Stroke Rates in Texas, 2023



Data Source. Texas Behavioral Risk Factor Surveillance System, Texas Health Data Website, <https://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/health-facts-profiles/chronic-disease>. Accessed March 16, 2026.

The Texas Heart Disease and Stroke Program at DSHS aims to reduce death and disability from heart disease and stroke in Texas (Figure 1) by providing leadership and facilitating collaboration among stakeholders who are working to address heart disease, stroke, and related risk factors in healthcare, community, and worksite settings.⁵ DSHS oversees the Texas Council on Cardiovascular Disease and Stroke to develop effective plans and advise on legislation to reduce morbidity, mortality,

³ Texas Asthma Control Collaborative, DSHS Website. <https://www.dshs.texas.gov/texas-asthma-control-collaborative>. Accessed January 26, 2026.

⁴ Diabetes Prevention and Control Program, DSHS Website. <https://www.dshs.texas.gov/diabetes/about-diabetes-prevention-control-program>. Accessed January 26, 2026.

⁵ Heart Disease and Stroke, DSHS Website. <https://www.dshs.texas.gov/heart-disease-stroke>. Accessed January 26, 2026.

and economic burden of cardiovascular disease and stroke in Texas.⁶ In addition, DSHS leads the Texas Cardiovascular Disease Learning Collaborative, a volunteer network of partners that coordinate statewide efforts and leverage successes and resources to improve health outcomes for priority populations.⁷

Preventative Health Behaviors

Preventative health behaviors, like cancer screenings, vaccines, exercise, and dental cleanings, can help Texans prevent certain conditions and diseases or get early treatment when needed.

Statewide data about preventative behaviors for cancer, flu shots, physical activity, alcohol use, and health care access are available on the Texas Health Data Website at <https://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/health-facts-profiles/health-behaviors>. DSHS leads multiple statewide initiatives to provide reliable data, accurate education, helpful resources, and other prevention opportunities to support the health and well-being of all Texans. A few examples are provided below.

DSHS oversees the Texas Cancer Registry, one of the largest cancer registries in the United States, which provides timely, complete, and accurate cancer data (Figure 2) to support cancer control and prevention efforts to improve the diagnosis, treatment, survival, and quality of life of all cancer patients.⁸ In addition, DSHS leads the Texas Comprehensive Cancer Control Program and the Cancer Alliance of Texas to coordinate cancer prevention and control activities identified in the Texas Cancer Plan with private and public partners to reduce the burden of cancer in Texas.⁹

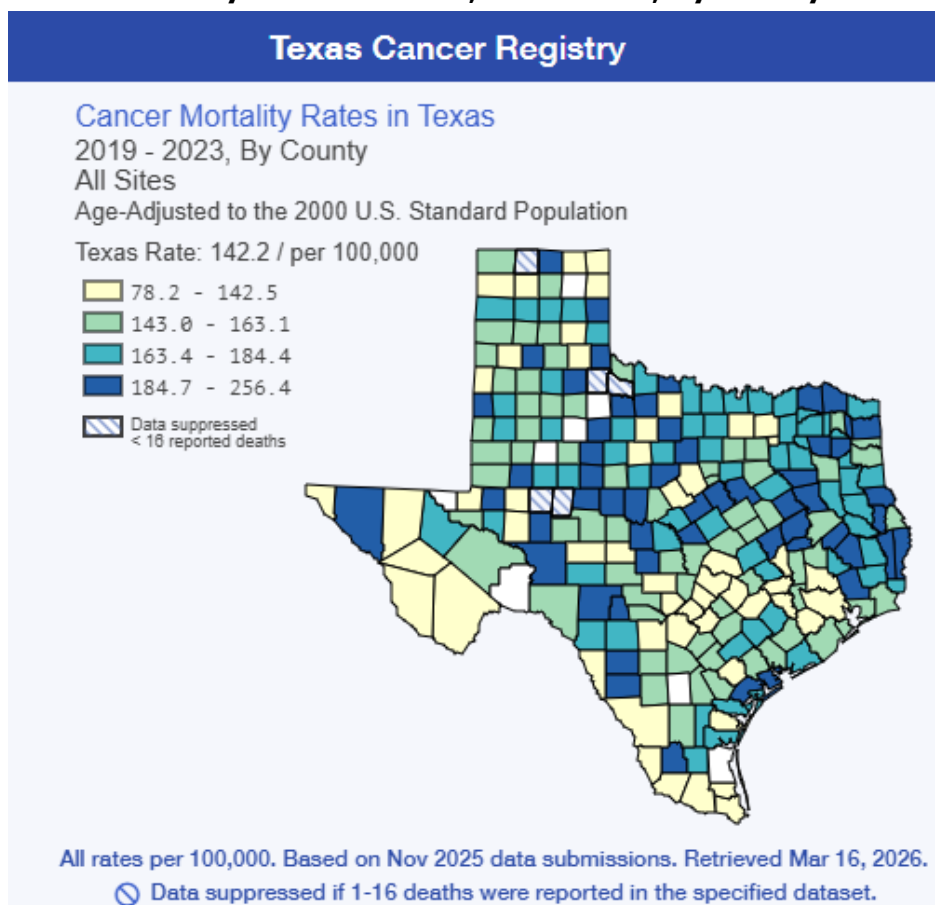
⁶ Texas Council on Cardiovascular Disease and Stroke, DSHS Website. <https://www.dshs.texas.gov/heart-disease-stroke/texas-council-on-cardiovascular-disease-stroke>. Accessed January 26, 2026.

⁷ Texas Cardiovascular Disease Learning Collaborative, DSHS Website. <https://www.dshs.texas.gov/heart-disease-stroke/tx-cvd-learning-collaborative>. Accessed January 26, 2026.

⁸ Texas Cancer Registry, DSHS Website. <https://www.dshs.texas.gov/texas-cancer-registry>. Accessed January 26, 2026.

⁹ Texas Comprehensive Cancer Control Program, DSHS Website. <https://www.dshs.texas.gov/texas-comprehensive-cancer-control-program>. Accessed January 26, 2026.

Figure 2. Cancer Mortality Rates in Texas, 2019-2023, By County All Sites



Data Source. Age-Adjusted Cancer Mortality Rates by County in Texas, 2019 - 2023. Based on Nov 2025 data submissions. Texas Cancer Registry. Cancer-Rates.info. Retrieved Mar 16, 2026, from <http://cancer-rates.info/tx/>.

There are more than 20 vaccines that have prevented countless cases of disease and saved millions of lives, including the flu shot. Vaccines are rigorously tested to ensure they are safe at every stage of life. DSHS vaccine programs, like the Adult Safety Net Program and Texas Vaccines for Children, help prevent disease and ensure the health, safety, and well-being of all Texans. DSHS provides the immunization public website to give Texans and their families comprehensive resources and information to empower their health decisions.¹⁰

Alcohol and substance use are complex problems with devastating and lasting effects across the lifespan, and DSHS is committed to addressing substance use to

¹⁰ Immunizations: What We Do, DSHS Website. <https://www.dshs.texas.gov/immunizations/what-we-do>. Accessed January 26, 2026.

protect the well-being of our entire state. Funded by the CDC in 2023, DSHS implemented the Texas Overdose Data to Action program and Naloxone Distribution Interactive Map to assist individuals in finding free naloxone close to them to reduce fatal drug poisonings through increased access to naloxone (<https://healthdata.dshs.texas.gov/dashboard/drugs-and-alcohol/all-drugs/naloxone-distribution-interactive-map>).¹¹ DSHS also continues successful implementation of the 2020-2022 Addressing Substance Use in Texas action plan to improve surveillance of substance use and to create and share helpful resources and education with medical professionals, communities, and the public.¹²

Understanding Leading Causes of Death

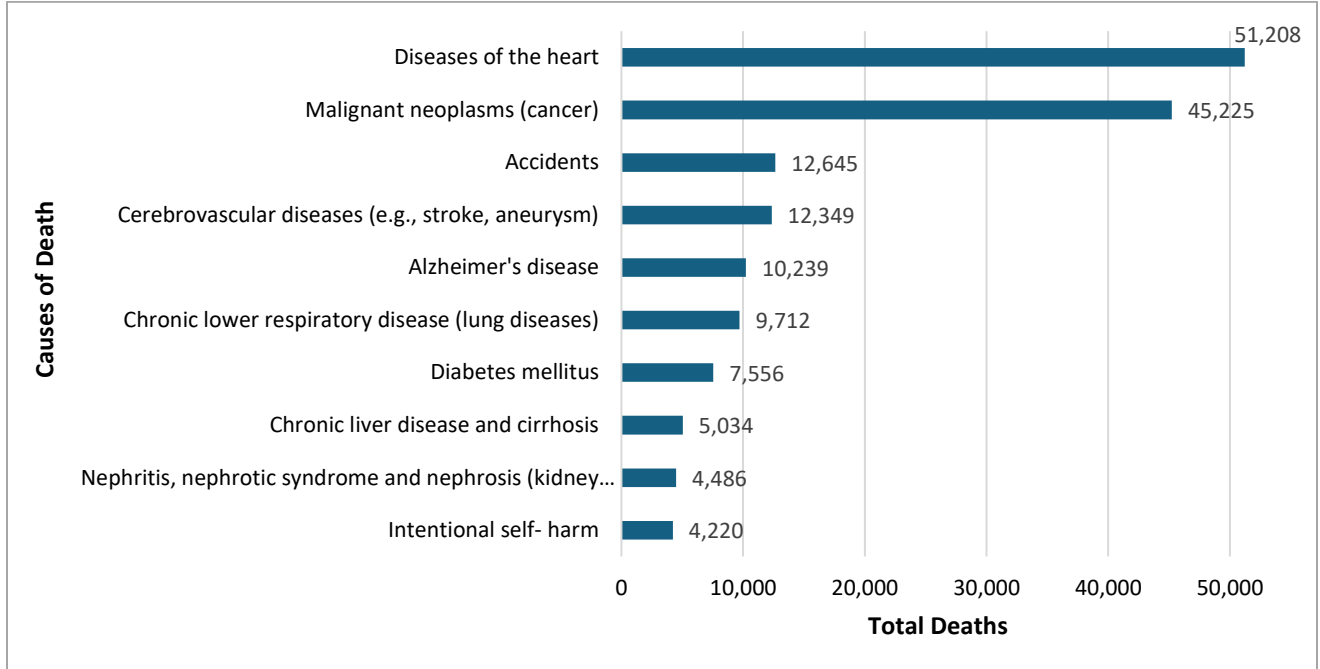
Data about the leading causes of death for Texas residents who died in state and out of state comes from death certificates. Leading cause of death data represents the most frequently occurring causes of death based on predefined lists of cause-of-death categories developed by the National Center for Health Statistics (NCHS).¹³ Understanding the leading causes of death can assist in focusing efforts to prevent or reduce them. In 2022, heart disease and malignant neoplasms (cancer) were the top two leading causes of death for Texas residents (Figure 3). DSHS shares this information with partners and the public to promote transparency, inform policy and program decisions, support prevention and intervention efforts, and strengthen collaboration across the public health and health care systems. Making timely, accurate data widely available allows communities, policy-makers, researchers, and organizations to identify disparities, track progress over time, and target strategies that improve the health, safety, and well-being of Texans.

¹¹ Naloxone Distribution Interactive Map, DSHS Texas Health Data Website. <https://healthdata.dshs.texas.gov/dashboard/drugs-and-alcohol/all-drugs/naloxone-distribution-interactive-map>. Accessed January 26, 2026.

¹² Agency Action Plan to Address Substance Use, DSHS Website. <https://www.dshs.texas.gov/substance-use-action-plan>. Accessed January 26, 2026.

¹³ Deaths, DSHS Texas Health Data Website. <https://healthdata.dshs.texas.gov/dashboard/births-and-deaths/deaths>. Accessed February 4, 2026.

Figure 3. Leading Causes of Death Per Year in Texas, 2025* (Deaths per 100,000 people) (*Provisional data)



Data Source. Texas data are calculated from the Texas death certificates, DSHS Texas Vital Statistics Section. Prepared by the Texas Department of State Health Services, Center for Health Statistics. 2025 data are considered provisional as of April 9, 2026.

Together, this demonstrates Texas’ commitment to understanding the health of its communities and taking meaningful action to improve it. By turning data and insights into coordinated strategies, DSHS and its partners are working every day to advance the well-being of all Texans for a healthier, more resilient Texas.

Progress for Texas

Services

DSHS Services improve and support health outcomes and well-being for individuals and families. This section provides an update on selected Strategic Plan initiatives that relate to DSHS Services. For more information, visit the DSHS Services website at <https://www.dshs.texas.gov/services>.

Texas Center for Infectious Disease

The Texas Center for Infectious Disease (TCID) is a DSHS public health facility for the treatment of Tuberculosis and Hansen’s Disease. As the only specialty tuberculosis hospital in the United States, TCID provides patient care, scientific investigation, and therapeutic and educational services in support of public health needs.¹⁴ In the past two years, TCID expanded the patient support program by increasing educational opportunities, e.g., General Educational Development (GED) support and adding life and vocational skill options, e.g., food handler certifications.

Health and Wellness

DSHS supports Texans on their journey to living well and being healthier. Many health and wellness public health programs offer the information and resources needed to embrace a healthier lifestyle. This section provides an update on selected Strategic Plan initiatives that relate to health and wellness for all Texans. For more information, visit the DSHS Health and Services website at <https://www.dshs.texas.gov/health-wellness>.

Tobacco and Vaping Prevention

The Texas Tobacco Prevention and Control Program aims to reduce the toll of tobacco and vaping use on the health, safety, and well-being of all Texans. Every year, DSHS meets or exceeds its target reach for the Texas Tobacco Quitline and tobacco and vaping prevention training – reaching tens of thousands of Texans annually. For more information, visit <https://www.dshs.texas.gov/tobacco>.

Diseases and Conditions

DSHS provides information about diseases and conditions that may affect Texans, such as surveillance data, resources, and information to help keep Texans safe, healthy, and informed. For more information, visit the DSHS Diseases and Conditions website at <https://www.dshs.texas.gov/diseases-conditions>.

¹⁴ About TCID, DSHS Website. <https://www.dshs.texas.gov/regional-local-health-operations/texas-center-infectious-disease/tcid-mission-vision-core>. Accessed February 4, 2026.

Respiratory Viruses with Pandemic Potential Plan

In response to the COVID-19 pandemic, DSHS worked to merge the *Respiratory Viruses with Pandemic Potential Plan* within the *High Consequence Infectious Disease Annex* into a single *Infectious Disease Annex*. The new annex describes the actions DSHS will take to successfully respond to an infectious disease incident. This annex will be posted to the DSHS website once finalized to help Texas' swift and effective response to future events.

Human Immunodeficiency Virus (HIV)/Sexually Transmitted Disease (STD) Prevention

The DSHS HIV/STD Program is dedicated to preventing the spread of HIV and other STDs through education, counseling, testing, and the provision of medical and social services.¹⁵ Since 2024, the viral suppression rate increased from 80 percent to 83 percent for people living with HIV in Texas and served through the Ryan White Program (a grant program for uninsured, underserved, and low-income people living with HIV). Also, since 2024, the Texas HIV Medication Program (THMP) increased the percentage of Acquired Immunodeficiency Syndrome (AIDS) Drug Assistance Program participants who filled their medication prescriptions for at least four months out of a six-month period from 68 percent to 79 percent. Together, this means more people received successful HIV treatment, which improves health and well-being for those Texans and reduces the spread of HIV in Texas.

Syphilis and Congenital Syphilis

Since 2024, DSHS increased the percentage of people newly diagnosed with syphilis who receive adequate syphilis treatment from 66 percent to 71 percent and increased the percentage of women of childbearing age with syphilis receiving adequate treatment from 73 percent to 74 percent. This is a success because receiving adequate treatment for syphilis improves the patient's short- and long-term health outcomes, reduces the chance of

¹⁵ HIV/STD Program, DSHS Website. <https://www.dshs.texas.gov/hivstd>. Accessed February 9, 2026.

spreading the disease, and prevents syphilis from spreading from mother to baby (also called congenital syphilis).

Business and Compliance

DSHS keeps Texans safe through licensing, oversight, and compliance activities. For more information, visit the DSHS Compliance website at <https://www.dshs.texas.gov/business-compliance>.

Grantee Training

Fiscal monitoring supports DSHS grantees by making sure funds are used in accordance with state and federal requirements and the DSHS vision while safeguarding the public's trust, upholding transparency, and ensuring responsible resource utilization. DSHS provided 13 different training courses for grantees as a technical assistance initiative to improve and maintain grantee compliance and reduce risk, including training about equipment reporting, program income, and the federal Uniform Grant Guidance.¹⁶ For more information, visit the Fiscal Monitoring webpage at <https://www.dshs.texas.gov/grant-applications-funding/fiscal-monitoring>.

Data and Case Reporting

DSHS uses and shares reliable data, surveillance, and statistics to monitor public health. DSHS collects and monitors data to see trends and needs to help keep Texans healthy. For more information, visit the DSHS Data and Case Reporting website at <https://www.dshs.texas.gov/data-case-reporting>.

Texas Health Data Website

In FY2025, DSHS added two new dashboards to the Texas Health Data website and kept the website updated with the newest available data. New dashboards added to the Texas Health Data website were the EMS-Reported Non-Fatal Drug Poisonings (<https://healthdata.dshs.texas.gov/dashboard/drugs-and-alcohol/all-drugs/ems-reported-non-fatal-drug-poisonings>) and Naloxone Distribution

¹⁶ Fiscal Monitoring, DSHS Website. <https://www.dshs.texas.gov/grant-applications-funding/fiscal-monitoring>. Accessed February 9, 2026.

Interactive Map (<https://healthdata.dshs.texas.gov/dashboard/drugs-and-alcohol/all-drugs/naloxone-distribution-interactive-map>), both providing pertinent information for monitoring and addressing this public health priority at state and local levels. DSHS plans to continue adding new dashboards to the Texas Health Data website annually to enhance public health oversight and decision-making at all levels.

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Operational Goals and Action Plan

This section highlights the agency's four core operational goals, each with corresponding objectives and action items. This section also describes how each goal and corresponding action item supports the following five statewide objectives:

1. **Accountability:** Accountable to tax and fee payers of Texas;
2. **Efficiency:** Efficient by producing maximum results with minimal waste of taxpayer funds and by eliminating any function or provision considered redundant or not cost-effective;
3. **Effectiveness:** Effective by successfully fulfilling core functions, achieving performance measures, and implementing plans to continuously improve;
4. **Excellence in Customer Service:** Attentive to providing excellent customer service; and
5. **Transparency:** Transparent such that agency actions can be understood by any Texan.

Goal 1: Improve and support health outcomes and well-being for individuals and families.

Objective 1.1: Enhance quality of direct care and value of services.

- **Action Item 1.1.1: Newborn Screening.** Monitor updates to the Recommended Uniform Screening Panel and proactively develop plans for implementation of newly added conditions, including Metachromatic Leukodystrophy (MLD) and Duchenne Muscular Dystrophy (DMD). Testing implementation will be prioritized according to feasibility and infrastructure constraints to ensure readiness when space and equipment become available:
 - ▶ Assess feasibility for MLD testing and implement testing if feasible (December 2027); and,

- ▶ Assess feasibility for DMD testing in preparation for new laboratory (December 2029).

Objective 1.2: Prevent illness and promote wellness through public- and population-health strategies.

- **Action Item 1.2.1: Increase Tuberculosis (TB) Treatment Completion Rates.** Increase the percentage of TB cases completing treatment for clients requiring 12 months or less of treatment to 90 percent. (August 2029)
- **Action Item 1.2.2: Tobacco Quitline.** Provide statewide tobacco and vaping cessation services to 10,000 individuals via the Texas Tobacco Quitline per fiscal year. (August 2029)
- **Action Item 1.2.3: Tobacco and Vaping Prevention.** Provide tobacco and vaping prevention training and education to 25,000 youth and adults per fiscal year. (August 2029)
- **Action Item 1.2.4: Increase Childhood Immunizations.** Increase the statewide child immunization coverage rate from 66 percent to 73 percent for the 4:3:1:3:3:1:4 vaccine series, as reported by the CDC's National Immunization Survey-Child (NIS-Child), which ensures coverage for seven key vaccines: diphtheria, tetanus, and acellular pertussis; measles, mumps and rubella; *Haemophilus influenzae* type b (Hib); and pneumococcal conjugate. (August 2029)
- **Action Item 1.2.5: Prenatal Oral Health.** Promote dental cleaning during pregnancy by implementing DSHS Oral Health Improvement programs. (August 2029)
- **Action Item 1.2.6: Maternal Mortality and Morbidity Prevention.** Improve maternal and child health and reduce health care disparities in access to safe, evidence-based maternity care by promoting TexasAIM patient safety bundles with a goal of maintaining at least 90% enrollment of Texas birthing facilities. (August 2029)
- **Action Item 1.2.7: HIV Health Outcomes.** Increase viral suppression rate from 83 percent to 87 percent for people living with HIV in Texas and served through the Ryan White program. (August 2029)
- **Action Item 1.2.8: Adequate Syphilis Treatment Among Women of Childbearing Age.** Increase the percentage of women of childbearing age

with syphilis receiving adequate treatment from 73 percent to 80 percent. (August 2029)

- **Action Item 1.2.9: Documented Syphilis Treatment for New Diagnoses.** Increase the percentage of persons newly diagnosed with syphilis who receive adequate syphilis treatment from 71 percent to 76 percent. (August 2029)

Objective 1.3: Encourage self-sufficiency and long-term independence.

- **Action Item 1.3.1: Child Blood Lead Follow-up.** Provide guidance regarding referral and follow-up care to greater than or equal to 95 percent of all eligible children annually who show elevated blood lead levels. (August 2029)
- **Action Item 1.3.2: Alzheimer’s Disease.** Implement and support activities outlined in the goals for the 2024-2028 Alzheimer’s State Plan. (August 2029)
- **Action Item 1.3.3: Expand TCID Patient Access to Specialized Therapies and Skill Development Programs.** Expand the current support program for Texas Center for Infectious Disease (TCID) patients by adding specialized clinical therapies and structured life and vocational skill development programs that will enhance daily living and community transition preparation and promote self-sufficiency and long-term independence. (August 2031)

How Goal 1 and its Action Items Support Statewide Objectives

Accountability

DSHS is accountable for addressing major health issues that affect Texans and utilizes its resources to address them. By setting target measures for multiple action items such as *Action Item 1.2.7: HIV Health Outcomes* and *Action Item 1.3.2: Alzheimer's Disease*, DSHS supports solutions to reduce the burden of these health issues.

Efficiency

DSHS works to maximize resources and focus on efforts that achieve the greatest impact. The action items listed in this goal are selected based on identified priorities to invest in areas with demonstrated need.

Effectiveness

DSHS invests in evidence-based practices and programs. In addition, there is an effort towards continuous improvement to better serve the target populations of these programs. Effectiveness is reflected in several action items including increasing TB treatment completion rates (*Action Item 1.2.1*), increasing HIV viral suppression rates (*Action Item 1.2.7*), and increasing adequate treatment for people with syphilis diagnosis (*Action Item 1.2.8* and *Action Item 1.2.9*). Action items *1.2.7: HIV Health Outcomes*, *1.2.8 Adequate Syphilis Treatment Among Women of Childbearing Age* and *1.2.9 Documented Syphilis Treatment for New Diagnoses* achieved progress towards their target metrics since the last strategic plan, underscoring the effectiveness of these initiatives and resulting in improved health outcomes for Texans.

Excellence in Customer Service

DSHS works with the public and target populations. The DSHS Health Promotion and Chronic Disease Prevention (HPCDP) Section aims to reduce the toll of tobacco on the health of Texans by providing free, confidential, and convenient cessation services and excellent customer service through the Texas Tobacco Quitline (*Action Item 1.2.2*). Texans can get help by calling 877-YES-QUIT (877-937-7848) or visiting YesQuit.org. TCID will enhance excellence in customer service through person-centered services that address patients' medical, behavioral, and social

needs. By emphasizing collaboration, education, and patient empowerment, TCID improves the care experience for Texans with complex infectious diseases and supports successful transitions to greater independence and community reintegration (*Action Item 1.3.3*).¹⁷

Transparency

DSHS is a major resource for promoting health and wellness in our cities and communities, and working with community coalitions increases transparency. Health promotion-based action items such as Texas Tobacco Quitline (*Action Item 1.2.2*) and increasing tobacco and vaping prevention training (*Action Item 1.2.3*) involve community-based Tobacco Prevention and Control Coalitions. In 2023, DSHS sought input to revise the 2024-2028 State Plan for Alzheimer’s Disease from the Alzheimer’s Disease Partnership, the Texas Council on Alzheimer’s Disease and Related Disorders, the Aging Texas Well Advisory Committee, and additional stakeholders. Data gathered from cognitive decline-related questions added into the Texas Behavioral Risk Factor Surveillance System (BRFSS) is shared publicly via the DSHS Texas Health Data website (<https://healthdata.dshs.texas.gov/dashboard/surveys-and-profiles/behavioral-risk-factor-surveillance-system>) and with the Alzheimer’s Disease Partnership and the Texas Council on Alzheimer's Disease and Related Disorders.¹⁸

¹⁷ Paragraph partially written with Microsoft Copilot, DSHS Microsoft Enterprise License.

¹⁸ Texas State Plan for Alzheimer’s Disease 2024-2028, DSHS. Published September 2024. <https://www.dshs.texas.gov/sites/default/files/legislative/2024-Reports/2024-2028-Texas-State-Plan-for-Alzheimers-Disease-Report.pdf>. Accessed January 26, 2026.

Goal 2: Ensure efficient access to appropriate services.

Objective 2.1: Empower Texans to identify and apply for services.

- **Action Item 2.1.1: THMP Improved Continuous Enrollment and Medication Access.** Increase the percentage of Acquired Immunodeficiency Syndrome (AIDS) Drug Assistance Program participants who have been continuously enrolled in Texas HIV Medication Program (THMP) for the most recent six-month period and have had prescription fills for at least four of those months from 79 percent to 82 percent. (August 2029)

Objective 2.2: Provide seamless access to services for which clients are eligible.

- **Action Item 2.2.1: Case Management Family Needs Assessment.** For all children with special health care needs who meet eligibility requirements for case management, administer a family needs assessment within 30 days of opening the case and annually thereafter. (August 2029)
- **Action Item 2.2.2: Expanding TVFC Eligible Sites.** Increase the number of sites participating in the Texas Vaccines for Children (TVFC) program by one percent annually by retaining at least 95 percent of current sites and adding an additional four percent new sites. (August 2029)

Objective 2.3: Ensure people receive services and supports in the most appropriate, least restrictive settings based on individual needs and preferences.

- **Action Item 2.3.1: Community Resources for Children.** Promote *Help Me Grow Texas* Centralized Access Points to increase services and supports to four percent more children and their families. (August 2029)

Objective 2.4: Strengthen consumers' access to information, education, and support.

- **Action Item 2.4.1: Public Health Data.** Increase the access and timeliness of data available via the Texas Health Data (THD) website through publication of two new dashboards each year and maintain a 75 percent or higher dashboard refresh rate with updated publicly available data. In FY2025, two new dashboards were published to THD, and the refresh rate was 72 percent. (August 2029)

How Goal 2 and its Action Items Support Statewide Objectives

Accountability

DSHS provides various services to Texans, many being vital in collecting essential health data across the state, improving health outcomes for the communities, and promoting well-being for all Texans. All action items for Goal 2 show accountability by assigning a measure to track the quality and/or improvement of the initiative.

Efficiency

Seamless access to services reduces waste and allows for optimal interventions. This is particularly the case with *Action Item 2.2.1: Case Management Family Needs Assessment*, where the agency aims to ensure case management staff administer scheduled assessments with their target population.

Effectiveness

Action Item 2.3.1: Community Resources for Children focuses on continuing to leverage the Help Me Grow System Model. The model focuses on utilizing existing resources and increasing accessibility via the Help Me Grow Texas centralized access point, which helps eliminate redundancy of services within the community.

Excellence in Customer Service

As shown in several action items, DSHS makes programs available to the public and provides resources to empower the public to enroll in eligible services. In this strategic plan, DSHS added a measure to *Action Item 2.3.1: Community Resources for Children* to connect with more children and families demonstrating commitment to excellent customer service.

Transparency

Understanding data trends helps improve service delivery, informs policy decisions, and aids in research. DSHS recognizes the importance of transparently and responsibly sharing public health data and statistics to Texans to give greater insight into the health of our communities and provide access to information and education that help to support and develop solutions. *Action Item 2.4.1: Public*

Health Data will continue increasing ways to visualize and maintain this information via available public data dashboards and datasets on the agency website.

Goal 3: Protect the health and safety of vulnerable Texans.

Objective 3.1: Optimize preparation for and response to disasters, disease threats, and outbreaks.

- **Action Item 3.1.1: Health and Medical Emergency Response Logistics.** As part of DSHS’s responsibilities to prepare for and respond to health and medical emergency incidents, systems, and processes to support effective logistics must exist for supply inventory management, distribution, disposition, maintenance and replacement. DSHS will develop and/or revise logistical plans and procedures to ensure processes are in place to identify, review, dispose, replace, and/or maintain emergency response supplies and equipment. (August 2027)
- **Action Item 3.1.2: Strengthen Surveillance System.** Strengthen the surveillance systems and framework DSHS uses to systematically collect, analyze, investigate, and disseminate health data to inform public health action, such as informing policy and monitoring, controlling, and preventing the spread of diseases, in line with the DSHS Public Health Data Strategy. DSHS will utilize analytic and automated solutions to achieve these aims:
 - ▶ Identifying five priority conditions and their related surveillance processes and systems that are most important to response activities and identifying health threats (October 2026); and,
 - ▶ Assessing the processes and systems to identify areas of potential improvement with a focus on making provisional data more readily accessible. (August 2028)
- **Action Item 3.1.3: Long-Term Laboratory Needs.** Conduct an annual needs assessment at the start of every fiscal year to routinely assess the need for additional personnel, equipment, renovations of existing space, and/or acquisition of new space to ensure the DSHS Public Health Laboratory can meet the changing testing needs of the state’s populations and respond effectively to new or re-emerging public health threats and demands. (August 2031)

- ▶ Conduct assessment to analyze current and future needs (August annually)
- ▶ Evaluate results to determine if action is needed (October annually)
- ▶ If necessary, initiate steps to address needs (November annually)
- **Action Item 3.1.4: State Public Health Laboratory Optimization Planning.** Initiate a cross-functional Laboratory Executive Steering Committee with internal and external state agency and construction management representation to outline requirements, oversee planning activities, and ensure compliance during the multi-year construction of the new DSHS Public Health Laboratory. Planning milestones will occur over multiple years:
 - ▶ Establish Laboratory Executive Steering Committee (March 2026);
 - ▶ Define laboratory requirements and compliance standards (June 2027);
 - ▶ Develop multi-year laboratory construction plan (August 2027); and
 - ▶ Finalize planning phase for new laboratory construction (December 2027).

Objective 3.2: Prevent and reduce harm through improved education, monitoring, inspection, and investigation.

- **Action Item 3.2.1: Regulatory Outreach and Training.** Develop, deploy, and pilot training/education/outreach toolkits for applicable license types, with a focus on common compliance issues. (August 2027)

How Goal 3 and its Action Items Support Statewide Objectives

Accountability

DSHS is responsible for anticipating public health threats, responding effectively during outbreaks and emergencies, and continuously monitoring conditions to protect the health and safety of Texans.¹⁹ DSHS shows accountability by investing in preparation efforts for the agency during an emergency response (*Action Item 3.1.1*) and in analytic and automated solutions to strengthen surveillance of disease in Texas (*Action Item 3.1.2*).

Efficiency

DSHS recognizes the importance of anticipating future business needs given limited resources. *Action Item 3.1.3: Long-Term Laboratory Needs* puts this concept into action through an ongoing plan to proactively assess needs to better prepare for and address future public health needs.

Effectiveness

DSHS promotes effectiveness through continuous improvements of the systems and tools in place to protect the health and safety of Texans. The various surveillance systems used to measure factors related to human and environmental health will be assessed to identify those with the greatest impact and those with a need for improvement (*Action Item 3.1.2: Strengthen Surveillance System*).

Excellence in Customer Service

DSHS equips local entities with adequate resources to achieve regulatory compliance. To provide excellent customer service, DSHS continues to develop instructional manuals, toolkits, and trainings to provide information in a clear and comprehensive manner (*Action Item 3.2.1: Regulatory Outreach and Training*).

Transparency

In Goal 3, *Action Item 3.1.2* and *Action Item 3.2.1* clearly demonstrate transparency. *Action Item 3.1.2: Strengthen Surveillance System* emphasizes

¹⁹ First sentence written by Microsoft Copilot, DSHS Microsoft Enterprise License.

dissemination of health data and improving systems with a focus on making provisional data more readily accessible, which directly supports visibility into public health conditions. *Action Item 3.2.1: Regulatory Outreach and Training* supports transparency by clarifying how regulations are applied and what is expected in education and outreach to customers and the public.²⁰

²⁰ Paragraph written by Microsoft Copilot, DSHS Microsoft Enterprise License.

Goal 4: Continuously enhance efficiency and accountability.

Objective 4.1: Promote and protect the financial and programmatic integrity of HHS.

- **Action Item 4.1.1: Financial Integrity.** Enhance fiscal compliance reviews using in-depth data analytics, including TeamMate+ capabilities, to identify risks and review financial transactions of federal grant sub-recipients to ensure funds are expended consistently with the terms of the grant. (August 2028)
 - ▶ Analyze data to validate indirect cost and automate verification of allocated costs (December 2026)
 - ▶ Utilize in-depth data analytics to validate equipment tracking, payroll and fringe benefits, and contractual costs (August 2027)
 - ▶ Analyze financial data to enhance identification of high-risk indicators and strengthen risk assessment (February 2028)
 - ▶ Evaluate and identify alternative sampling methodologies to improve fiscal compliance reviews (August 2028)

Objective 4.2: Strengthen, sustain, and support a high-functioning, efficient workforce.

- **Action Item 4.2.1: Workforce Engagement in DSHS Early Career Programs.** Encourage greater staff participation in early career initiatives and hands-on, experiential learning opportunities as part of a targeted recruitment strategy to further develop a high-performing workforce. (August 2029)
- **Action Item 4.2.2: Academic Public Health Partnerships.** Create a collaborative strategy with academic public health partners to connect academic learning with real-world practice and enhance the capacity of both

the current and future workforce to meet evolving public health needs. (August 2029)

- **Action Item 4.2.3: Workforce Strategy.** Implement and advance workforce initiatives that strengthen organizational effectiveness by improving workforce processes, connecting employees with leadership development opportunities, and supporting efforts that enhance communication and collaboration across the agency. (November 2027)

Objective 4.3: Continuously improve business strategies with optimized technology, responsible AI adoption, and a culture of data-driven decision-making.

- **Action Item 4.3.1: Public Health Data Strategy.** Develop a Texas Public Health Data Strategy to document the data-driven strategic goals and objectives for each goal. The goals include:
 - ▶ Strengthening the core of Texas public health data;
 - ▶ Accelerating access to analytic and automated solutions to support public health investigations and reduce health disparities among Texans;
 - ▶ Visualizing and sharing insights to inform public health action;
 - ▶ Advancing more open and interoperable public health data; and,
 - ▶ Implementing measures to safeguard data integrity and privacy and meet statutory requirements. (August 2028)

Objective 4.4: Fortify digital trust and resilience through advanced cybersecurity.

- **Action Item 4.4.1: Utilize information technology to strengthen security, increase value, and maximize organizational impact.** Implement modern information technology (IT) solutions throughout the agency by incorporating artificial intelligence (AI) to streamline operations, reinforcing cybersecurity to minimize external threats, and creating new program applications to increase efficiency and improve customer interactions and experiences. (December 2027)

How Goal 4 and its Action Items Support Statewide Objectives

Accountability

Action Item 4.1.1: Financial Integrity continues achieving accountability by ensuring funds are spent according to grant terms and enhancing the ability of DSHS to do fiscal compliance reviews, thereby increasing accountability for Texas.

Efficiency

DSHS develops processes and tools to reduce duplications and redundancies. *Action Item 4.2.3: DSHS Workforce Strategy and Roadmap* is implementing an agencywide coordinated workforce strategy to prioritize workforce development efforts efficiently. DSHS will also increase efficiency with modern IT solutions, including AI, to streamline operations and create new program applications to increase efficiency (*Action Item 4.3.2*).

Effectiveness

Action Item 4.3.1: Public Health Data Strategy will support effectiveness through data-driven strategy that will improve decision quality and program effectiveness for public health action throughout the state.

Excellence in Customer Service

All action items under Goal 4 support excellent customer service. Efficiency and strengthened cybersecurity generated through modern IT solutions (*Action Item 4.3.2*) can improve services and customer interactions and experiences, e.g., faster processing, reduced wait times, customer data protection, etc. Continual improvements to timeliness, accessibility, and usability of public health information provides understandable and accessible public health data for customers (*Action Item 4.3.1*). Improving workforce processes and supporting workforce initiatives across the agency and working with early career programs and academic public health partners to enhance public health workforce capacity will serve customers now and into the future (*Action Items 4.2.1, 4.2.2, and 4.2.3*). Enhanced fiscal compliance reviews will allow DSHS to continue providing excellent customer service to our grantees and to the Texans served by grantees (*Action Item 4.1.1*).

Transparency

To strengthen the future public health workforce in Texas, DSHS promotes transparency through action items related to directly providing experiential learning opportunities to early career professionals (*Action Item 4.2.1*) as well as fostering partnerships with academic institutions to expose learners to the role of DSHS in providing public health services to our communities (*Action Item 4.2.2*).

Transparency is demonstrated in *Action Item 4.3.1: Public Health Data Strategy*, which continues ongoing strategic coordination efforts to improve the timeliness and visualization of shared public health data.

Contract Manager Training

In collaboration with the Health and Human Services (HHS) Procurement and Contracting Services, DSHS complies with state training requirements. The Texas Comptroller of Public Accounts established and administers a system of training, continuing education, and certification for state agency purchasing personnel. The training and continuing education must include ethics training. State employees with functional responsibilities of a contract manager are required to take the training.

A state agency employee must be a Certified Texas Contract Manager (CTCM) to engage in contract management functions on behalf of a state agency.

The process begins with initial certification, which requires applicants to achieve a score of 80 percent or higher on the exam. Once certified, the credential is valid for a three-year period.

After obtaining certification, employees must complete 24 hours of Comptroller Statewide Procurement Division-sponsored continuing education hours (CEH) within each three-year certification cycle. Importantly, at least one of the 24 hours must be an Ethics course.

During the second and third year of the certification period, CTCMs are required to take a Legislative Renewal Refresher course. This course was required after the 86th Legislature, Regular Session, 2019. This course is necessary for renewal but does not count toward the 24 CEH. By following these steps and meeting the specified deadlines, DSHS contract managers maintain their certification and remain compliant with state requirements.

Redundancies and Impediments

List of Services and Programs

The Texas Department of State Health Services (DSHS) provides services and programs to the public in support of the Department's mission. A list of agency services and programs is provided below, as required in the *Instructions for Preparing and Submitting Agency Strategic Plans Fiscal Years 2027 to 2031*. Descriptions were taken from the agency's [self-evaluation report](#) submitted to the Texas Sunset Advisory Commission in September 2025 and reflect organizational changes that occurred after September 2025. For more information about any service or program listed, please visit the DSHS Program Directory online at <https://www.dshs.texas.gov/programs-directory>.

1. Regional and Local Health Operations Division

- **Texas Syndromic Surveillance (TxS2):** A statewide syndromic surveillance tool for use by DSHS, local health departments (LHDs), and data providers for early detection, situational awareness, and retrospective analysis for infectious disease trends.
- **Case Management and Investigation System (CMIS):** The system used by PHRs for clinical and case management services to improve care coordination, communication with clients, and data security.
- **Geographic Information Systems (GIS):** Creates maps, dashboards, and other products for day-to-day operations, emergency preparedness and response activities, and sharing with public health stakeholders.
- **DSHS Public Health Regions (PHRs):** Provide essential public health and necessary preventive services in jurisdictions without an LHD.
- **The Center for Health Emergency Preparedness and Response (CHEPR):** Works to prepare for, mitigate, respond to, and recover from emergencies and catastrophic events.
- **Texas Center for Infectious Disease (TCID):** A 75-bed hospital that provides medical, behavioral, and social services to facilitate the

treatment of individuals diagnosed with complex Tuberculosis and Hansen's disease.

- **Office of Border Public Health (OBPH):** Leads DSHS bi-national efforts to reduce community and environmental health hazards along the Texas-Mexico border.

2. Chief State Epidemiologist Division

- **Disease Surveillance and Epidemiology:** Works to reduce the occurrence and control the spread of preventable infectious diseases, including zoonotic diseases; emerging and acute infectious diseases; healthcare-associated infections; antimicrobial-resistant organisms, and preventable adverse events.
- **Center for Health Statistics:** Provides data and information for assessment of community health, public health planning, research, grant applications, and policy development.

3. Community Health Improvement Division

- **Environmental Epidemiology and Disease Registries:** Conducts investigations, health risk assessments, and ongoing disease surveillance, and maintains active disease registries. Oversees the Texas Birth Defects Registry; Texas Childhood Lead Poisoning Prevention Program; Texas Cancer Registry; Environmental and Poison Epidemiology Program; Occupational Health Surveillance Program; Health Assessment and Toxicology Program; Wastewater Surveillance Program; and Sickle Cell Data Collection Program.
- **Health Promotion and Chronic Disease Prevention:** Focuses on preventable chronic health conditions, including type 2 diabetes, Alzheimer's disease, high blood pressure, heart disease, stroke, and obesity. Oversees the Alzheimer's Disease Program; Texas Asthma Control Program; Community Health Worker Program; Texas Comprehensive Cancer Control Program; Diabetes Prevention and Control Program; FQHC Incubator Program; Heart Disease and Stroke Program; Obesity Prevention Program; School Health Program; Texas Healthy Communities Program; Texas Tobacco Prevention and Control Program; and Worksite Wellness Program.
- **Maternal and Child Health:** Supports the development of family-centered, community-based, coordinated systems of care to improve the health of various populations, including women of childbearing

age, adolescents, children, infants, and children and youth with special healthcare needs (CYSHCN). Oversees the CYSHCN Systems Development Group; Texas AIM Program; the Texas Collaborative for Healthy Texas Mothers and Babies Initiative; Help Me Grow Texas Program; School Physical Activity and Nutrition Survey; Texas Youth Action Network; Rape Prevention Education; Vision, Hearing, and Spinal Screening Program; Oral Health Improvement Program; and advanced Maternal and Child Health analytics across all Maternal and Child Health programs.

- **Vital Statistics:** Maintains vital records for the state of Texas, including birth and death certificates, marriage applications, and divorce records.
- **Data Analytics and Special Projects:** Provides oversight of daily operations for Congenital Syphilis Prevention and Surveillance programs, including the Congenital Syphilis Provider Consultation Hotline. Leads special projects as assigned and supports the division through IT project management, ensuring coordination, execution, and oversight of division initiatives. Enables informed decision-making by analyzing and interpreting public health data to identify trends, assess risks, and guide program improvements across the division.
- **Newborn Screening and Injury Prevention:** Oversees several programs that seek to improve the health and well-being of infants and newborns through the Newborn Screening Clinical Care Coordination Program and the Texas Early Hearing Detection and Intervention Program. Oversees everyday activities for the Injury Prevention programs, including Safe Riders; Child Fatality Review Teams; Texas Violent Death Reporting System; Emergency Medical Services and Trauma Registries; Texas Overdose Data to Action; and the Injury Prevention Analytics Branch.

4. Consumer Protection Division

- **Compliance:** Develops and manages enforcement actions that help ensure compliance with standards that promote consumer and environmental safety.
- **Emergency Management System (EMS)/Trauma Systems:** Develops, implements, and evaluates statewide EMS/Trauma systems, including disaster preparedness; licenses and certifies EMS personnel, EMS educators and education programs, and first responder

organizations; designates trauma, stroke, neonatal, and maternal facilities; and disseminates funds to hospitals and EMS/Trauma system partners.

- **Environmental Health:** Designs and implements risk assessment and risk management regulatory programs for consumer products, occupational and environmental health hazards, and public health sanitation. Oversees the Abusable Volatile Chemicals Program; Asbestos Program; Environmental Lead Program; Hazardous Substances Program; Public Health Sanitation Program; Public Interactive Water Features Program; Public Pools and Spas Program; Tattoo and Body Piercing Studios Program; Worker Right to Know (Hazard Communication for Public Employers) Program; and Youth Camp Program.
- **Food and Drug Safety:** Ensures food and consumer products entering commerce are safe for the public. Oversees the Food and Drug Licensing Program; Consumable Hemp Products Program; Drugs and Medical Devices Program; Food and Drug Rapid Response Team; Manufactured Foods Program; Milk and Dairy Program; Retail Food Establishment Program; Seafood and Aquatic Life Program; and the Texas Food Protection Task Force.
- **Meat Safety Assurance:** Ensures meat and meat food products bearing the Texas Mark of Inspection are produced from healthy livestock animals that are humanely handled and slaughtered, prepared in a sanitary manner, contain no harmful ingredients, and are truthfully labeled. Designs and implements regulatory programs related to meat and meat food products.
- **Radiation Control:** Protects the public from the harmful effects of radiation by regulating the possession and use of radiation sources, including nuclear medicine, industrial radiography, X-ray devices, nuclear power plants, and oil and gas well logging. Oversees the Radioactive Materials Licensing and Inspection Program; X-Ray and Laser Program; Radiological Emergency Response and Preparedness Program; and Mammography Facility Certification Program.

5. Infectious Disease Prevention Division

- **HIV/STD Program:** Reduces the prevalence of HIV, STDs, and Hepatitis C by administering treatment and services to eligible clients, as well as prevention and surveillance activities. Oversees the Texas

HIV Medication Programs; HIV Care Services; HIV/STD Prevention Program; HIV/STD/Hepatitis C Surveillance Program; and Hepatitis C Prevention Coordination Services.

- **Immunization:** Reduces the spread of vaccine-preventable diseases by increasing vaccine coverage, raising awareness of diseases, sharing information about vaccine safety, and supporting providers to improve vaccine uptake. Oversees the Texas Vaccines for Children Program; Adult Safety Net Program; Texas Immunization Registry (ImmTrac2); Perinatal Hepatitis B Prevention Program; and School Compliance Program.
- **DSHS Pharmacy:** Stores and distributes vital medications, supplies, and vaccines as needed for various DSHS programs and provides oversight to 89 Class D Pharmacies across Texas's Public Health Regions. Oversees the statewide Prescription Drug Donation Program.
- **Tuberculosis and Hansen's Disease:** Reduces the prevalence of Tuberculosis (TB) and Hansen's disease and provides case management and treatment for individuals infected with TB or Hansen's disease. Oversees the Binational TB Program; Correctional TB Program; and Hansen's Disease Program.

6. Public Health Laboratory Division

- **DSHS Public Health Laboratory and South Texas Laboratory:** Provides analytical laboratory services in support of public health program activities, LHD partners, TCID, healthcare providers, and the South Texas Health Care System.
- **Newborn Screening Program:** Tests all Texas newborns for 59 disorders. Newborn screening is essential for early identification and treatment of genetic and congenital conditions.
- **Blood Lead Screening:** Detects lead exposure in human whole blood specimens.
- **Safe Drinking Water:** Provides analytical chemistry testing in support of state and federal safe drinking water requirements.
- **Radiation Control:** Analyzes environmental samples from nuclear power plant sites and the Pantex Weapons Facility.
- **Environmental Testing:** Analyzes consumer products and environmental samples for contaminants.

- **Food, Dairy, and Meat Safety Testing:** Tests food, dairy, and meat products for the presence of biological organisms and other toxic substances.
- **Infectious Disease Testing:** Provides microbiological laboratory testing in bacteriology, mycology, mycobacteriology, parasitology, serology/immunology, virology, molecular biology, and entomology in support of DSHS programs.
- **Clinical Testing:** Provides certain clinical testing in support of TCID and the outpatient clinic at the South Texas Health Care System, including basic blood chemistry testing such as metabolic panels, electrolyte levels, and TB drug monitoring.

7. Center for Public Health Policy and Practice

- **Office of Preventive Medicine:** Manages the DSHS Preventive Medicine Residency Program, public health internships and early-career programs that aim to cultivate the next generation of public health leaders. Operates Capitol Health Services, a clinic that delivers preventive and acute medical services to Capitol staff.
- **Office of Public Health Research Advancement:** Facilitates collaborative and innovative research, program evaluation, and training to advance the translation of research to public health practice. Oversees the DSHS Institutional Review Board (IRB), Medical and Research Library, and Audiovisual Library.
- **Office of Workforce and Partnership Advancement:** Enhances public health by connecting academia and practice, fostering cross-sector partnerships, and developing a skilled workforce through tailored learning, continuing education, and data-driven training. Oversees the Grant Development Center, Public Health Workforce Training Center, and Academic Public Health Consortium.
- **Office of Public Health Policy:** Advances public health policy through researching the efficacy and impact of current and potential public health policy interventions across Texas and compiles and distributes best practices on public health policy.
- **The Center for Public Health Policy and Practice Medical Director:** Provides strategic direction for the Center, executive leadership for special projects, and assists with requests for and from the Commissioner (e.g., technical briefs, public speaking, committee participation).

- 8. Office of Public Health Data Strategy and Modernization:** Provides leadership across DSHS to improve the availability and use of public health data to inform decision-making and action. Houses Data Governance and the Public Health Informatics and Data Unit. Oversees National Electronic Disease Surveillance System (NEDSS); State Health Analytic Reporting Platform (SHARP); and, Electronic Laboratory Reporting and Electronic Case Reporting (eCR) onboarding and validations from laboratories and healthcare providers.²¹

DSHS Rules Review and Audit Process

Rules are developed to show how the Texas Health and Human Services system implements state and federal law. Rules are often needed for a state agency to carry out its statutory duties. Rules hold the force of law and are a state agency's opportunity to give the public more detail about how the agency will implement law.²² Adopted rules are listed in the Texas Administrative Code (TAC). DSHS ensures each rule or requirement is necessary and effective for the agency to administer its services and programs. The process for creating and reviewing rules is outlined in this section as required in the *Instructions for Preparing and Submitting Agency Strategic Plans Fiscal Years 2027 to 2031*.

There are several drivers for the agency rule review process, shown in Table 1. The drivers are ways the DSHS review and approval process is initiated.

²¹ Self-Evaluation Report, Texas Department of State Health Services. September 2025. <https://www.dshs.texas.gov/sites/default/files/legislative/sunset/DSHS-SER.pdf>. Accessed April 21, 2026.

²² Health and Human Services Rulemaking. <https://www.hhs.texas.gov/regulations/policies-rules/health-human-services-rulemaking>. Accessed April 21, 2026.

Table 1. DSHS Rule Review Process Drivers

Drivers	Internal vs. External	Description
Legislature	External	The state or federal legislature can direct DSHS to create or edit a rule based on legislative, stakeholder, or public input, or advisory committee direction.
Litigation	External	A pending or completed lawsuit or other legal action can require DSHS to make changes to TAC.
Biennial Strategic Plan	External/ Internal	This process is established by Texas Government Code, Chapter 2056 . During the two-year strategic plan cycle, DSHS requests internal review of state or agency redundancies and impediments. The agency reviews internal submissions for priority and decides how to address an issue, e.g., rulemaking process, legislative process, or other avenues.
Four-Year Rule Review	External	<p>This process is established by Texas Government Code, Chapter 2001, Section §2001.039, which requires all state agencies to review and consider their rules for reoption every four years. HHSC Rules Coordination Office (RCO) tracks the schedule of which rules have been reviewed and when rule reviews are due. RCO documents all changes made to rules. Changes may include but are not limited to:</p> <ul style="list-style-type: none"> • Changes to how a program operates; • Changes to how the public or providers access a program; • Changes to related TAC rules or codes to reflect recent updates; • Changes to make a rule reflect plain language or appropriate reading levels; and, • Changes to eliminate unnecessary or ineffective rules or requirements that negatively impact the public, agency, or other affected parties.

Agency Initiative	Internal	Outside of the normal four-year review cycle, DSHS may submit a proposed rule change due to various reasons including actions to eliminate or reduce inefficiency or ineffectiveness, or to initiate regulator reform.
Fiscal Changes	Internal	Outside of the normal four-year review cycle, DSHS may submit a proposed rule change due to cost reductions or cost increases to programs or services.

During the rulemaking process, DSHS prepares a request to create or change an agency rule and completes internal review and approval of all proposed rules. DSHS then coordinates with the Health and Human Services Commission (HHSC) Rules Coordination Office (RCO) to complete legal review, fiscal review, advisory committee review, Office of the Governor review, and review by the HHS Executive Council. The proposed rule is filed with the Texas Register to gather public input and finally receives approval from the HHS Executive Commissioner before being adopted and made effective.

After a rule is adopted by the HHS Executive Commissioner, the adopted rule is published in the *Texas Register*. The *Texas Register* is a weekly publication of the Texas Secretary of State that includes proposed, adopted, withdrawn and emergency rule actions; notices of state agency review of agency rules; and, other notifications and announcements. Once effective, rules are [codified into the Texas Administrative Code \(TAC\)](#), which is maintained by the Secretary of State.²²

Proposed rules are reviewed monthly during HHS Executive Council scheduled meetings to better manage the large volume of rules. The Council now meets in a hybrid setting where Council members attend in person, and external stakeholders can choose to join virtually or in person. The HHS Executive Council conducts meetings in accordance with the requirements of the Open Meetings Act and is broadcast online and archived on the [HHS Executive Council website](#). HHS Executive Council members provide updates on their agencies on a quarterly basis, or more frequently if needed. Other meetings focus on presenting and receiving comments on rules under consideration.²¹ Executive Council information sharing focuses on keeping the public apprised of key agency highlights, including updates on:

- Financial and appropriation;
- Legislative session;

- Agency and programmatic updates;
- Proposed and adopted agency rules; and
- Advisory committees.²¹

The HHS Executive Council seeks and receives public comment on proposed rules; advisory committee recommendations; legislative appropriations requests; operation of health and human services programs; and other items of importance to the Executive Commissioner or Council.²¹ Executive Council Members have the following responsibilities:

- Attend regular HHS Executive Council meetings, and delegate attendance as needed;
- Provide agency remarks and updates on a quarterly basis;
- Submit rule projects for formal public comment;
- Hear and receive public comments on rule projects;
- Announce updates or recommendations from advisory committees; and
- Share information on the status of rules projects.²¹

To be good stewards of public trust, DSHS takes into account stakeholder input when rules are being written or updated to ensure interested parties have a chance to contribute to the process.²² In accordance with the Open Meetings Act, the agendas are shared with the public ahead of time to give the public an opportunity to engage on agenda topics. In some instances, stakeholders may submit informal comments prior to the meeting. Stakeholders may also provide public comments at HHS Executive Council meetings. HHS Executive Council member agencies then review public comments and incorporate feedback as appropriate.²¹

DSHS audits its existing rules primarily through the statutorily required four-year rule review process, which requires a review of each rule no later than the fourth anniversary of its effective date and every four years thereafter to decide whether to readopt, readopt with amendments, or repeal the rule based on whether the original reasons for adopting it still exist. Within the HHS system, the HHSC Rules Coordination Office (RCO) tracks the review schedule and supports DSHS programs in documenting review decisions and identifying needed changes. As part of this audit, DSHS assesses how rules function in practice, including whether they remain necessary and effective for administering programs and whether they create avoidable burden on the public and affected parties. The process is documented through notices filed with the Texas Register, including a standard public comment period, and DSHS considers feedback from the public and advisory committees

when determining whether rules should be retained as-is, targeted for amendment, or proposed for repeal.

In addition to the four-year cycle, DSHS uses its biennial strategic plan process to identify and prioritize potential rule changes that reduce or eliminate unnecessary or ineffective requirements. This biennial review complements the four-year review by identifying intermittent challenges for programs and stakeholders and addressing them through rule projects. When warranted, DSHS initiates rule updates either within the scheduled review window or outside it (e.g., through an agency initiative or fiscal-driven rule project), and then works through the established HHS rulemaking governance and public transparency steps to implement changes that improve clarity, align with current operations, and eliminate rules or requirements that no longer add public health and safety value.

DSHS is committed to reducing unnecessary administrative and regulatory burden while maintaining compliance with state laws and protection for the public health, safety, well-being of all Texans. Through regular review of statutes, rules, and internal processes—along with stakeholder engagement, advisory committees, and the use of clear, plain language—DSHS works to streamline regulatory requirements, improve clarity, and remove barriers for Texans and other regulated entities. These efforts support transparency, compliance, and continuous improvement, ensuring agency operations and rules remain efficient, understandable, and focused on essential public health outcomes.²³

Services or Programs Requiring Improved Efficiency or Effectiveness

DSHS currently has no considerations for services or programs that do not align with the overall statewide mission of efficiency and effectiveness. All DSHS services and programs align with the overall statewide mission of efficiency and effectiveness. DSHS makes every effort to assess and improve efficiency and effectiveness of its programs on a regular basis and implements activities to address any concerns that may arise through legislative action, rule modifications, changes to internal policy and procedures, stakeholder and inter-agency collaboration, and other formal process improvement projects.

²³ Paragraph revised by Microsoft Copilot, DSHS Microsoft Enterprise License.

State Laws, Statutes, or Regulations Requiring Executive and Legislative Review

DSHS identified state laws, statutes, or regulations that merit additional executive and legislative review, which are outlined below.

1.	
<p>Service, statute, rule, regulation, program or state operation (provide specific citation if applicable)</p>	<p>House Bill 2844 (89th Legislature, Regular Session), Health and Safety Code (HSC) Ch. 437B (https://statutes.capitol.texas.gov/?tab=1&code=HS&chapter=HS.437B&artSec=)</p>
<p>Describe why the service, statute, rule, or regulation is resulting in inefficient or ineffective agency operations</p>	<p>House Bill 2844 created HSC Ch. 437B to preempt local permitting for mobile food vendors (MFVs) in favor of a statewide DSHS license. This includes approximately 18-19K food trucks, food trailers, pushcarts, and roadside food vendors that have been permitted by Local Authorities operating under Texas Home Rule as retail food establishments. Per HSC § 437B.051(a), an MFV cannot operate in Texas without an MFV license issued by DSHS. The bill becomes effective on July 1, 2026, with DSHS not allowed to enforce the statewide licenses prior to that date. Prior to July 1, 2026, each MFV must maintain local permits for each jurisdiction in which they operate. The bill provides no mechanism for a smooth and orderly transition between local permits and statewide licenses, such as grandfathering local permits until their natural expiration dates. This causes a potential waste of permit fees on the part of MFV owners if Local Authorities are not willing to prorate to account for the July 1 cut-off. It also likely creates a logjam for DSHS Licensing and Inspection personnel when thousands of MFV License applications with fees hit the system at the same time, beginning mid-June and forward, for actions that include processing, pre-licensing inspection, and issuance. In addition, due to the immediate cutoff and inability to transition through grandfathering, this logjam will occur on or about July 1 every year as MFVs renew their annual licenses with DSHS.</p>

Provide agency recommendation for modification or elimination	Future legislation might alleviate the problem by (1) allowing DSHS to issue two-year licenses for MFVs as done for other Food and Drug programs and (2) giving DSHS the flexibility to spread out the annual expiration dates by prorating licenses over a corresponding two-year time frame.
Describe the estimated cost savings or other benefit associated with recommended change	This recommended change would result in a more efficient implementation of the new law, benefitting both license holders and DSHS by evenly spreading the large volume of work over a two-year period, rather than all at once, each July.
Natural disaster-related (Y/N)	N

2.	
Service, statute, rule, regulation, program or state operation (provide specific citation if applicable)	Texas Health and Safety Code, Section 141.007(f) (https://statutes.capitol.texas.gov/?tab=1&code=HS&chapter=HS.141&artSec=141.007)
Describe why the service, statute, rule, or regulation is resulting in inefficient or ineffective agency operations	Texas Health and Safety Code, Section 141.007(f) (https://statutes.capitol.texas.gov/?tab=1&code=HS&chapter=HS.141&artSec=141.007) for Youth Camps inspections states, "An employee or agent of the department performing an investigation and inspection under this section may not report a violation that is significant under the department's rules if the violation is corrected during the investigation and inspection." This statute impedes DSHS' ability to document findings and ensure that the same violations are not repeatedly observed during subsequent inspections.
Provide agency recommendation for modification or elimination	DSHS recommends this statute be eliminated.
Describe the estimated cost savings or other benefit associated with recommended change	This change would benefit all parties, including licensed youth camps, youth camp attendees, and DSHS by increasing transparency of findings, identifying trends in violations, assuring corrective actions are effective to

	prevent recurrence, and ensuring that appropriate enforcement actions are pursued when corrective actions are not effective.
Natural disaster-related (Y/N)	Y

3.	
Service, statute, rule, regulation, program or state operation (provide specific citation if applicable)	<ul style="list-style-type: none"> • Texas Health and Safety Code (HSC), Section 141.0091(a) (https://statutes.capitol.texas.gov/?tab=1&code=HS&chapter=HS.141&artSec=141.0091) • HSC Ch. 762 (Title 9, Sub A, Ch. 762 Campground Safety; https://statutes.capitol.texas.gov/?tab=1&code=HS&chapter=HS.762&artSec=) • HSC Section 762.003 (https://statutes.capitol.texas.gov/?tab=1&code=HS&chapter=HS.762&artSec=762.003)
Describe why the service, statute, rule, or regulation is resulting in inefficient or ineffective agency operations	As a result of House Bill 1 and Senate Bill 1 from the 89 th Legislature, Second Called Session, Texas Health and Safety Code (HSC), Section 141.0091(a) requires Youth Camps to comply with HSC Chapter 762 (Title 9, Sub A, Ch. 762 Campground Safety). HSC Section 762.003 requires a campground to comply with the National Fire Protection Association 1194, Standard for Recreational Vehicle Parks and Campgrounds, 2021 Edition, other than Sections 1.1.1 and 5.1.1.1. The fire standards listed in HSC Section 762.003 are specific to RV parks and campgrounds and have little applicability to typical youth camp facilities.
Provide agency recommendation for modification or elimination	The Texas State Fire Marshal's Office (SFMO) has recommended that, instead of this standard, the youth camps could be required to obtain an annual fire and life safety inspection (from a local or state fire marshal or equivalent fire safety inspector). Camps can request a fee-based inspection from SFMO if they do not have a local county Fire Marshal.
Describe the estimated cost savings or other	This would benefit licensed youth camps, camp attendees, and DSHS, as it would ensure that each camp receives a fire inspection, consistent with current SFMO standards, and

benefit associated with recommended change	conducted by a professional fire inspector. DSHS Registered Sanitarians are trained in many types of sanitation and safety inspections but are less equipped to conduct an appropriate fire inspection that ensures that current SFMO standards are met.
Natural disaster-related (Y/N)	Y

State Rules or Regulatory Requirements Requiring Agency Review

DSHS identified rules or regulatory requirements that merit agency review, which are listed below. For each, a description is included about why the item is problematic, and the agency recommended change, or a justification for retaining any rule or requirement that imposes a hardship on the public or affected parties. The items identified are being addressed through the DSHS rules review process or interagency collaboration to reduce or eliminate all unnecessary or ineffective rules or requirements that will reduce burden on the public and affected parties.

1.	
Service, statute, rule, regulation, program or state operation (provide specific citation if applicable)	Texas Radiation Advisory Board Consolidation: New rule in the Texas Administrative Code (TAC) 25, §3.7, and repeal of §289.130.
Describe why the service, statute, rule, or regulation is resulting in inefficient or ineffective agency operations	The DSHS committee, council, and board rules are currently located in multiple TAC locations. This makes it difficult for the public and stakeholders to find related information and difficult for agency staff to monitor.
Provide agency recommendation for modification or elimination	All DSHS Advisory Committees will be combined into a new rule adopted under 25 TAC, Chapter 3.

Describe the estimated cost savings or other benefit associated with recommended change	There is no expected increase or decrease in cost or revenue for the agency or local government. This rule project will improve agency coordination to ensure all agency advisory committees comply with Texas Government Code 2110 and reduce potential stakeholder and public confusion.
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2.	
Service, statute, rule, regulation, program or state operation (provide specific citation if applicable)	State Child Fatality Review Team Committee: New rule in 25 TAC §3.5, and repeal of §37.410.
Describe why the service, statute, rule, or regulation is resulting in inefficient or ineffective agency operations	The DSHS committee, council, and board rules are currently located in multiple TAC locations, making it difficult for agency staff to keep track of them and challenging for stakeholders and the public to locate.
Provide agency recommendation for modification or elimination	The rule will be updated to align with the Rules Coordination Office advisory committee rule template and relocated to a single central location.
Describe the estimated cost savings or other benefit associated with recommended change	There is no expected increase or decrease in cost or revenue for the agency or local government. This rule project will improve agency advisory committee coordination and reduce potential stakeholder and public confusion.

3.	
Service, statute, rule, regulation, program or state operation (provide specific citation if applicable)	Bulk Milk Regulations: Amendments to 25 TAC §§217.61 – 217.65.
Describe why the service, statute, rule, or	The rules do not currently align with federal requirements found in the Grade “A” Pasteurized Milk Ordinance, causing

regulation is resulting in inefficient or ineffective agency operations	stakeholder confusion and an increase in inquiries to the agency regarding the misalignment.
Provide agency recommendation for modification or elimination	The rules will be updated to align with state and federal regulations and standards.
Describe the estimated cost savings or other benefit associated with recommended change	There is no expected increase or decrease in cost or revenue for the agency or local government. The change will reduce stakeholder confusion and inquiries to the agency.

4.	
Service, statute, rule, regulation, program or state operation (provide specific citation if applicable)	<ul style="list-style-type: none"> • 22 TAC, Part 9, Chapter 180, §180.1 (https://texas-sos.appianportalsgov.com/rules-and-meetings?\$locale=en_US&interface=VIEW_TAC_SUMMARY&queryAsDate=05%2F01%2F2026&recordId=223523) • 22 TAC, Part 9, Chapter 175, §175.3 (https://texas-sos.appianportalsgov.com/rules-and-meetings?\$locale=en_US&interface=VIEW_TAC_SUMMARY&queryAsDate=03%2F02%2F2026&recordId=223499) • Texas Occupations Code, Chapter 111, §111.006 (https://statutes.capitol.texas.gov/?tab=1&code=OC&chapter=OC.111&artSec=111.006)
Describe why the service, statute, rule, or regulation is resulting in inefficient or ineffective agency operations	Post-Exposure Prophylaxis (PEP) is a time-sensitive treatment that helps stop the spread of communicable diseases after exposure. Physicians prescribe PEP to infected patients and, when possible, to their close contacts to reduce further transmission. Previously, Texas Medical Board rules (22 TAC §190.8) clearly allowed physicians to prescribe PEP to a patient’s close contacts without establishing a practitioner-patient relationship with each contact for certain diseases and for any disease DSHS identified as an immediate public health threat. These clear exceptions gave physicians the authority to act quickly without concern about licensing violations. In 2025, the Texas Medical Board revised the Texas Administrative Code and removed the

	<p>explicit exceptions, which led physicians and other practitioners to believe that they must have an established relationship with a patient to provide this care based on other existing laws. As a result, DSHS physicians and other healthcare providers are now uncertain whether prescribing PEP to close contacts remains compliant with licensure requirements. This uncertainty creates a public health risk by potentially delaying or preventing rapid access to PEP for exposed individuals. Prior to 2025, Texas law required practitioners to have an established relationship with a patient, and the initial encounter had to be performed in person. In 2025, the legislature amended the Texas Occupations Code to allow the initial visit to be performed through a telemedicine visit to establish the practitioner-patient relationship. While this reduces the burden of an in-office visit on practitioners and patients in establishing the relationship, the requirement to have an established relationship still creates barriers in the timeliness of PEP delivery and risks the effectiveness of the treatment.</p>
<p>Provide agency recommendation for modification or elimination</p>	<p>DSHS will collaborate with the Texas Medical Board to discuss and clarify language that could be adopted in rule or statute by the Texas Medical Board and other relevant licensing agencies to clearly articulate the authority physicians and other licensed providers have to prescribe Post-Exposure Prophylaxis (PEP) to close contacts without establishing an individual practitioner-patient relationship with each person.</p>
<p>Describe the estimated cost savings or other benefit associated with recommended change</p>	<p>This interagency collaboration will benefit all physicians in Texas and provide clarity and consistency statewide to support timely, appropriate prescribing practices. Clear authority would allow physicians to prescribe PEP quickly to close contacts, helping to prevent the spread of disease, reduce the risk of avoidable outbreaks, and possibly reduce healthcare-related costs associated with the additional disease burden and outcomes.</p>
<p>Natural disaster-related (Y/N)</p>	<p>N</p>

In addition, DSHS identified rules and regulations that are necessary for the agency to administer its services and programs, although they may cause a burden on the public and affected parties. The justification for retaining the rule(s) or regulation(s) is provided for each item.

1.	
Service, statute, rule, regulation, program or state operation (provide specific citation if applicable)	Youth Camps Safety and Health and Youth Camp Advisory Committee (YCAC): Amendments to 25 TAC §§265.11, 265.18, 265.23, 265.24, 265.28, and 265.30. Repeals to 25 TAC §265.29. New rule in 25 TAC §§265.29, 265.31-265.35, and 3.8.
Describe the rule or regulation including any potential hardship on the public or affected parties	The rule creation and amendments were made to implement Senate Bill (SB) 1 and House Bill (HB) 1, 89th Legislature, Second Special Session. The bills amend Health and Safety Code (HSC) Chapter 141 by updating definitions, prohibiting licensure of youth camps within floodplains, requiring additional inspections, requiring emergency plans, requiring notices for structure modifications, and changes to the renewal application, and adding new sections for Emergency Preparedness, License Prohibited, a new Youth Camp Safety Multidisciplinary Team, Minimum Overnight Camper to Counselor Ratios, Online Youth Camp Registry, and Additional Inspection Required; Parental Complaints. The youth camp rules set the requirements for youth camp safety and health. Amendments have been incorporated into the youth camp rules to comply with the new requirements in HSC Chapter 141. Amendments also include fee changes to meet the cost of administering the program. Entities required to comply with the rule(s) will likely increase costs. The new or amended rule(s) could have an adverse economic effect on small businesses, micro-businesses, or rural communities.
Provide justification for retaining any rule or requirement that may impose a hardship on the public or affected parties	The amendments to the youth camp rules increase the agency's revenue necessary to implement SB 1 and HB 1. The costs that will be incurred by the youth camps were anticipated during the legislative debate. Stakeholders are aware of the need to increase fees to cover program costs. Smaller day camps may respond negatively to the fee

	increases, but they have the alternative option to adapt their program to obtain the HHSC childcare summer program license, which has a lower fee.
Describe the estimated cost savings or other benefit associated with recommended change	The public will benefit from the new and amended rules because of new safety requirements, such as emergency plans, to improve the health and safety of campers at licensed youth camps in Texas. The public will also benefit from improved access to DSHS committee, council, and board rules. The rules will be easier for the public to locate in one chapter of TAC.

2.	
Service, statute, rule, regulation, program or state operation (provide specific citation if applicable)	Manufacture, Distribution, and Retail Sale of Consumable Hemp Products: Amendments to 25 TAC §§300.100-103, 300.201-203, 300.301-300.303, 300.402-404, 300.501, 300.502, and 300.602-606. New rules in 25 TAC §§300.204, 300.205, 300.206, 300.207, 300.208, 300.405, 300.406, 300.407, 300.701, and 300.702.
Describe the rule or regulation including any potential hardship on the public or affected parties	Executive Order GA-56, issued by Governor Abbott, directed DSHS to immediately revise 25 TAC Chapter 300 to create restrictions on sales to minors and implement age verification measures. The amendments limit sales to minors, enforce age verification, revise testing protocols, increase licensing fees, update record-keeping standards, clarify labeling requirements, and establish that sale to minors will be considered sufficient cause for revoking a consumable hemp license or retail hemp registration. DSHS must also coordinate the rules and further enforcement with the Texas Alcoholic Beverage Commission. Entities required to comply with the rule(s) will likely incur increased costs. Some retailers may incur costs connected to compliance with §300.701(b) and (c), depending on the methodology and equipment used for verifying identification to determine age. The new or amended rule(s) may have an adverse economic effect on small businesses, micro-businesses, or rural communities. Licensees and registrants, many of whom are small businesses, will pay significantly increased fees, as mandated by the executive order. The increased costs,

	updated regulations, and restrictions may adversely impact these small businesses.
Provide justification for retaining any rule or requirement that may impose a hardship on the public or affected parties	The amendments to 25 TAC Chapter §300 are required to implement Executive Order GA-56 and to protect public health by preventing minors’ access to intoxicating hemp products. While the rules may impose increased costs on licensees and registrants, including small and rural businesses, those impacts are the result of mandates in the Executive Order and are necessary to establish uniform statewide standards for age verification, product safety, labeling, and enforcement, and are necessary to address an imminent public health concern involving minors’ access to intoxicating hemp products. The rules provide clarity for regulated entities, ensure coordination with the Texas Alcoholic Beverage Commission, and equip DSHS with effective enforcement tools. The public health benefits of safeguarding minors and ensuring safe consumable hemp products outweigh the economic impacts, and the rules are essential to carrying out the Governor’s directive.
Describe the estimated cost savings or other benefit associated with recommended change	The changes to 25 TAC Chapter 300 will align the rules with the Governor’s Executive Order GA-56 prohibiting access of intoxicating hemp products by minors and benefiting from uniform standards that ensure the production of safe consumable hemp products. The public will benefit from preventing youth access to intoxicating hemp products, improving consumer safety, and supporting effective statewide enforcement.

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Appendix A. Glossary of Acronyms

Acronym	Full Name
AI	Artificial Intelligence
AIDS	Acquired Immunodeficiency Syndrome
ASN	Adult Safety Net Program
BRFSS	Texas Behavioral Risk Factor Surveillance System
CDC	Centers for Disease Control and Prevention
CFO	Chief Financial Officer
CHEPR	Center for Health Emergency Preparedness and Response
CHS	Center for Health Statistics
CLPPP	Texas Childhood Lead Poisoning Prevention Program
CMIS	Case Management and Investigation System
COPD	Chronic Obstructive Pulmonary Disease
CPD	Consumer Protection Division
CS	Congenital Syphilis
CTCM	Certified Texas Contract Manager
CYSHCN	Children and Youth with Special Healthcare Needs
DMD	Duchenne Muscular Dystrophy
DSHS	Department of State Health Services
eCR	Electronic Case Reporting
EEDRS	Environmental Epidemiology and Disease Registry Section
EMS	Emergency Management System

FQHC	Federally Qualified Health Center
FY	Fiscal Year
GED	General Educational Development
GIS	Geographic Information Systems
HB	House Bill
HHS	Health and Human Services
HHSC	Health and Human Services Commission
HIV	Human Immunodeficiency Virus
HPCDP	Health Promotion and Chronic Disease Prevention
HSC	Health and Safety Code
HTMB	Healthy Texas Mothers and Babies
ICD	International Statistical Classification of Diseases and Related Health Problems
ImmTrac2	Texas Immunization Registry
IRB	Institutional Review Board
IT	Information Technology
LHDs	Local Health Departments
LHEs	Local Health Entities
MAB	Medical Advisory Board
MCH	Maternal and Child Health
MLD	Metachromatic Leukodystrophy
MMMRC	Texas Maternal Mortality and Morbidity Review Committee
NBS	Newborn Screening Program

NCHS	National Center for Health Statistics
NEDSS	National Electronic Disease Surveillance System
NIS-Child	National Immunization Survey-Child
OBPH	Office of Border Public Health
PCS	Procurement and Contracting Services
PHRs	DSHS Public Health Regions
PO	Program Operations Division
RCO	HHSC Rules Coordination Office
RLHO	Regional and Local Health Operations
SB	Senate Bill
SFMO	State Fire Marshal's Office
SHARP	State Health Analytic Reporting Platform
STD	Sexually Transmitted Disease
TAC	Texas Administrative Code
TB	Tuberculosis
TCID	Texas Center for Infectious Disease
TexasAIM	Texas Alliance for Innovation on Maternal Health
THD	Texas Health Data Website
THMP	Texas HIV Medication Program
TPCCs	Tobacco Prevention and Control Coalitions
TPHDS	Texas Public Health Data Strategy
TxS2	Texas Syndromic Surveillance
TVFC	Texas Vaccines for Children Program

TYTAP Texas Youth Tobacco Awareness Program

YTS Texas Youth Tobacco Survey

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