Public Health Funding and Policy Committee Meeting

May 25th, 2022

Minutes

Committee Members Attending

Stephen Williams, MEd, MPA - Houston Health Department – Chair

Phillip Huang, MD, MPH – Dallas County Health and Human Services – Vice Chair

Emilie Prot, DO, MPH – DSHS, Public Health Region 11

Jennifer Griffith, DrPH, MPH – Texas A&M University

Julie St. John, DrPH – Texas Tech University

Lou Kreidler, RN, BSN - Wichita Falls – Wichita County Public Health District

Sharon Melville, MD, MPH – DSHS, Public Health Region 7

Todd Bell, MD - Health Authority, City of Amarillo Health Department

Attendees:

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| Aelia Ahktar | John Villarreal | Rafael Alberti |
| Ann Jacobo | Katherine Layman | Rekha Lashmanan |
| Andrea E Salcedo | Kathryn Kaminsky | Ricky Garcia |
| Angel Anco-Barrera | Karnes Cliffton | Roberto Beaty |
| Carrie Bradford | Lacey Camp | Rose Dunaway |
| Christine Riley | Laura LaFuente | Sarah Hollister |
| Christine Yanas | Lesley Brannan | Saroj Rai |
| Cristina Garcia | Lillian Ringsdorf | Scott Merchant |
| Colin Crocker | Lindsay Lanagan | Scott Milton |
| Crystal Biggs | Lisa Steffek | Sharonica White |
| Dana Birnberg | Lucille Palenapa | Shelle Tarbox |
| David Gruber | Megan Wolfe | Stephen Pont |
| David Leary | Micheal DeLeon | Steve Eichner |
| Desmar Walkes | Mohib Nawab | Timothy Patterson |
| Emily Rocha | Monica Gamez | Tom Valentine |
| Glenna Laughlin | Moriah Hernandez | Veronica Karam |
| Jennifer Smith | Nabeel Mulla | Yolanda S Cantu |
| Jennifer Shuford | Noah A Chornyak |  |
| Jessica R Hyde | Rachel E Sonne |  |

Chair, Mr. Stephen Williams, called the meeting to order at 9:07 am and the committee members introduced themselves.

**April 13th Meeting Minutes**

Dr. Phillip Huang motioned to approve the minutes. Dr. Emilie Prot seconded. Motion approved and carried. Minutes approved.

**Update on COVID-19 Vaccine Administration:**

Dr. Saroj Rai updated the committee on vaccine administration with a slide presentation. FDA Authorized booster for 5 to 11 years of age and a second booster set for people 50 years and older. Also, those that are moderately or severely immunocompromised should get a second booster dose to be up to date. Dr. Rai proceeded to go over the various populations eligible for booster doses using a series of tables varying from each type of vaccine. Both Moderna and Pfizer are going through the regulatory process with the FDA for their respective COVID-19 6-month to 4/5 years of age authorizations. Dr. Rai completed her presentation by showing some infographics of Texas's current booster dose rates and the total administered vaccines to date.

Dr. Huang asked for clarification on the age ranges. Dr. Rai answered anyone 50 years and older or 12 years and older immune compromised should get a second booster dose.

Dr. Prot asked if there was additional data on the effectiveness of the booster after the first population and its length of time. Dr. Rai answered that though she could not state the numbers right now, the data was used to tailor the current second booster dose guidance.

**Update on DSHS’ COVID-19 Health Disparities Grant Funded Activities:**

Ms. Aelia Ahktar gave an overview of hiring, coordination with grant partners, and an update on the Texas Public Health Fellowship Program. They continue to host monthly sharing sessions with grant partners. So far, five have been hosted with a count of 80 to 100 participants per session. A bulletin board has been created for better collaboration with partners. Between Local Health Entities (LHEs) and the Department of State Health Services (DSHS), 217 applications for the Texas Public Health Fellowship Program were received. Of the 217 applications, 36 fellow positions have been filled.

Ms. Lou Kreidler stated that they had been looking for diversity training for their department and have had some issues identifying one. Ms. Ahktar asked if Ms. Kreidler could email her to help assist with that request.

Dr. Jennifer Griffith asked if the numbers of the fellowship program could be shared. Ms. Ahktar stated that they could be provided.

Mr. George Roberts asked if there is any discussion about extending the grant. Ms. Ahktar answered that the grant currently ends on May 31st, 2023. CDC did release no-cost extension information and the agency is in the process of looking at the application and gathering all information for applying. Mr. Roberts added if there was any other discussion on a full extension of the grant. Ms. Ahktar responded that the grant is a priority and that the agency was looking for further funding streams.

Ms. Kreidler added that funding is needed to continue this grant because of the amount of progress that has been made.

**(Add-In) Public Health Workforce and Infrastructure Grant Follow-Up:**

Mr. Gruber presented a follow-up to the Public Health Workforce Grant (PHWG). The official follow on to the grant has not been released yet, but bits of information from the CDC may give us some indications. Previously, many of the other grants came out through the crisis cooperative agreement process which approved states and cities to receive grants. The Public Health Infrastructure Grant does not come under that process, and no one is preapproved. Mr. Gruber continued by going over the spending plan and process of the grant specifying which group could potentially apply to the grant on their own. What is not known is how much those entities would be able to receive. A temporary hiring freeze had taken place for DSHS to be sure that the positions we have already hired are fully funded. We also, do not know if CDC will mandate support for school nursing. We expect to hear more information soon.

Mr. Williams added he wanted Mr. Gruber to add in his comments because there might be some possibilities to look at LHE needs and use some of this money to respond to issues you deem appropriate.

Dr. Prot asked if she was unsure as to how the CDC was performing their population counts for the grants and if DSHS could advocate for some of the other counties. Mr. Gruber stated that he would take that back to check on it.

**Senate Bill 969, Section 4(c) (87th Texas Legislative, Regular Session) Stakeholder Outreach:**

Ms. Lucille Palenapa gave a brief update on Senate Bill 969 4(c). The charge for the bill addresses the need for standardized data and reporting, ncluding identifying challenges and barriers associated with this. Several experiences throughout the pandemic have helped in responding to this charge in terms of identifying best practices and challenges. Ms. Palenapa gave an overview of the early lessons of the pandemic and the continued learning practices that took place along its term.

**Update on Public Health Provider-Charity Care Program:**

Mr. Nabeel Mulla gave an update to the committee on the Public Health Provider-Charity Care Program. Dates have now been finalized for the program to give out reimbursements to qualified providers delivering healthcare services. Mr. Mulla went over a few dates regarding some of the informational webinars and pieces of training they are hosting for the program. Starting in Year 2 of the program, providers will be required to create a charity care policy which must be reviewed and approved by the Texas Health & Human Services Commission (HHSC).

**Update on Senate Bill 73 Managed Care Organization Implementation:**

Ms. Lesley Smart provided the committee with an update on Senate Bill 73 which requires HHSC to establish a separate provider type for LHEs. HHSC is in the process of working with the Texas Medicaid and Healthcare Partnership (TMHP) to determine the best way to implement this separate provider type into the system. At this time, it is planned for December 2022. The final analysis for TMHP will occur in June and July. Per TMHP, this is scheduled to start sprinting in August. Provider notification and training will be part of the implementation as will working with the Texas Association of City and County Health Officials (TACCHO) to determine which services will be billed under this new provider type. Initial efforts will focus efforts on those codes that are currently eligible for Texas Medicaid.

Mr. Williams asked about services that are outside those currently offered. Can we start discussions on those services now rather than wait? Ms. Smart answered Texas Medicaid has a standard process to request the addition of new medical benefits. When adding a new provider type, a matching process takes place to connect what is currently payable in the system with that new provider type. A new benefit goes through a rigorous assessment before this occurs and depends on the provider type. Mr. Williams followed by asking if the services that Centers for Medicare and Medicaid Services has already approved in other states still have to go through that same process. Ms. Smart responded that they do if they are not a current benefit. Ms. Smart offered to follow up on any specific codes.

Dr. Huang asked if they had ever looked at all the services and activities that were previously being funded and reimbursed with the Delivery System Reform Incentive Payment Program (DSRIP). Ms. Smart stated that they had looked at the services Dr. Huang mentioned but have not done an in depth analysis of them. Mr. Williams would like to look at the services that had come through the DSRIP and to put through the process mentioned above to get a head start.

**ImmTrac2 Data Accessibility Enhancement Effort**

Mr. Kevin Allen gave a presentation on ImmTrac2 Data Accessibility Reporting. This presentation gave an overview of the ImmTrac2 system for context and then addressedpost-COVID-19 activities in terms of updates and data dissemination.

Dr. Huang asked if putting in non-identifying summary statistics affects even those that are unconsented for five years. Mr. Allen stated that they would be unable to maintain unconsented administration. The disaster consented has just under 2 million individuals and that data will be maintained for a lifetime.

Dr. Huang asked if a consent system could be implemented so that we could avoid getting more unconsented. Mr. Allen answered that nothing can be done until the statute allows it. Work is being done to provide more awareness of the need for consent. Dr. Huang asked if there is anything that prohibits reaching out to those that are unconsented and requesting their consent. Mr. Allen stated that there would be a 5-year time to reach out to those individuals for this purpose.

Dr. Huang asked if purged data could be returned to the system and updated. Mr. Allen answered that it is possible if there are regular updates from the providers.

Dr. Huang followed by asking about Globalscape data and continuing to acquire immunization data from it. Mr. Allen stated that it is something they are continuing to work on.

**Update on Public Health Information Systems and Interoperability with Local Health Entities:**

Mr. Steve Eichner clarified the types of consent that flow into Immtrac2 and how DSHS works with the system, following the questions from the previous topic.

Dr. Huang proceeded to ask about the interoperability specific to the previous topic. Mr. Eichner stated that there is work on increasing the interoperability and facilitating workflows for providers so they can better track their efforts on following consent and the Immtrac2 system.

Dr. Prot added that awareness of access to the information within the Immtrac2 system is something that needs to be talked about.

Mr. Williams noted that further discussion on this topic is warranted. Dr. Huang stated that TACCHO would be continuing this discussion.

Mr. Eichner continued with his update. There is currently an opportunity to comment on the 2023 inpatient perspective system and promote interoperability rules. It is expanding microbial resistance reporting from a subset of hospitals to most Medicare hospitals. There are also some changing requirements in 2024 about reporting for health care providers extending their reporting period from 90 days to 180 days.

**Discussion of PHFPC Annual Report Recommendations:**

Mr. Rafael Alberti stated that the annual report is due in November as part of the annual duties of the committee. Mr. Williams stated that on the next agenda we can speak on specific recommendations. Mr. Alberti commented that an Immtrac2 recommendation had been discussed at the previous meeting. Mr. Williams asked Dr. Huang to draft a recommendation and connect with Mr. Alberti for the next PHFPC meeting. Mr. Williams requested that the committee identify any needed recommendations should be drafted and to set them as an item for the next meeting. Ms. Glenna Laughlin added that everything seems to be moving forward and that we could also review status on previous recommendations.

**Public Comment:**

No Public Comment at this time.

**Timelines, Next steps, Announcements, and Future Meeting Dates**

The next meeting date is scheduled for August 31st. A similar agenda is to be followed and Mr. Alberti will discuss it further with Mr. Williams.

**Adjourn**

Dr. Huang made a motion to adjourn the meeting. Dr. Griffith seconded the motion. Motion carried. Meeting adjourned.

Approved:

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Stephen L. Williams, Committee Chair Date