Public Health Funding and Policy Committee Meeting

August 9, 2023

Minutes

Committee Members Attending

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

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

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

Julie St. John, DrPH, MPH, MA, CHWI – Texas Tech University

Lisa Dick, Brownwood-Brown County Health Department

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

Sharon Whitley – Hardin County Health Department

Attendees:

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| Aelia Ahktar | Jessica R Hyde | Nicole Knight |
| Amanda Ortez | Joanna Seyller | Noah A Chornyak |
| Ann Jacobo | John Villarreal | Rachel E Sonne |
| Angel Anco-Barrera | Katherine Layman | Rafael Alberti |
| Becky Earlie Royer | Kathryn Kaminsky | Ricky Garcia |
| Brenda Narro | Karla Bautista | Robert Kirkpatrick |
| Carlos Plasencia | Karnes Cliffton | Roberto Beaty |
| Carrie Bradford | Lacey Camp | Rocio Rodriguez |
| Christine Riley | Laura LaFuente | Sarah Hollister |
| Cristina Garcia | Lesley Brannan | Saroj Rai |
| Colin Crocker | Lillian Ringsdorf | Molly Fudell |
| Crystal Biggs | Lindsay Lanagan | Scott Milton |
| Dana Birnberg | Lisa Steffek | Sharonica White |
| David Gruber | Lucille Palenapa | Stephen Pont |
| Denise Grogan | Megan Wolfe | Steve Eichner |
| Desmar Walkes | Micheal DeLeon | Timothy Patterson |
| Emily Rocha | Mohib Nawab | Tom Valentine |
| Glenna Laughlin | Molly Fudell | Veronica Karam |
| Imelda Garcia | Monica Gamez | Yolanda S Cantu |
| Jennifer Smith | Moriah Hernandez | Walquiria Sanchez |
| Jennifer Shuford | Nicholas Ours |  |

Chair, Mr. Stephen Williams, called the meeting to order at 9:00 am and the committee members introduced themselves.

**April 12th Meeting Minutes**

Dr. Julie Griffith motioned to approve the minutes. Phillip Huang seconded. Minutes approved.

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

Ms. Imelda Garcia updated the committee on COVID-19 vaccine administration with a slide presentation. In June, the FDA recommended the XB 1.5 variant vaccine for the upcoming fall season. Formal approval from the CDC is still pending and expected in September. The COVID-19 vaccine is becoming more commercialized, and private providers will have their own private stock. As a result, local health departments and DSHS Regions' supply will need to be used for the eligible population. Centers for Disease Control and Prevention has recommended that COVID-19 vaccine be included as part of the overall The Advisory Committee on Immunization Practices (ACIP) recommended vaccines. Consequently, we patient eligibility will need to be documented for vaccines for children.

Once the vaccine is in stock, it will be available for ordering. It is important to note that privately purchased stock must be kept separate in refrigerators and freezers. Rider 40 stipulates that DSHS cannot advertise the COVID-19 vaccine exclusively. However, DSHS can promote all ACIP recommended vaccines to comply with federal funding requirements. COVID-only clinics are no longer allowed. When offering adult vaccines, COVID-19 can be offered in addition to others. This rule applies to DSHS funding only. If additional funding is received from sources outside of DSHS, it can be used for advertising as desired.

The remaining COVID-19 test kits in storage will be sent out to the Regions and local health departments to ensure full utilization. Funding for school testing has ended, but the contingency contract with the state remains in place in case there is a significant increase in cases.

**Update on Current Status regarding Mpox:**

Ms. Imelda Garcia provided an update on the status of Mpox within Texas, including information on spread, demographics, and other relevant data. Currently, the number of Mpox cases are low across the state. In the calendar year alone, there have been a total of 108 cases reported. Among these, 11 cases were reported in July, marking the first female case since March 2023. The demographics of those contracting Mpox have remained unchanged. The recommended clinical guidance for treating Mpox in patients with severe disease or at high risk for progression to severe disease is the use of TPOXX. It is advised to initiate TPOXX treatment early. Patients are encouraged to participate in the STOMP clinical trial to gather more information on the progression of the disease and the effectiveness of the medication. If a patient qualifies for the medication but chooses not to enroll in the clinical trial, they will still receive the medication. The CDC recently revised its recommendation on subcutaneous versus intradermal administration. It is crucial for patients to return for the second dose of the vaccine in 28 days to achieve full protection.

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

Mr. Steve Eichner presented an update regarding technology and interoperability. A new company called Inductive Health has partnered with DSHS support the syndromic surveillance. A national virtual syndromic surveillance symposium is scheduled in December. There is no cost for registration, and the registration information will be shared with local health departments. At the national level, the Office of National Coordinator for Health IT has released the annual proposed rule change for promoting interoperability. There seem to be very minor changes made to public health reporting. In 2024, the reporting period for participating providers is being changed from 90 days to 180 days.

Ms. Lucille Palenapa presented an update on electronic case reporting (eCR). DSHS is preparing to announce readiness for electronic case reporting on September 1st. The declaration was intentionally delayed, allowing hospitals enough time to prepare their in-house systems. eCR was first introduced as an optional measure to the Centers for Medicare and Medicaid Services (CMS) promoting interoperability program around 2018-2019. It was then made a requirement in 2020 from CMS. Hospitals will have six months to prepare their systems and then be subject to the requirement of having their systems ready to report to DSHS. There are 40 disease conditions currently in production with the National Electronic Disease Surveillance System (NEDSS). All available conditions will be in production by the end of August 2023. The eCR Operational update shows that 45,000+ eCRs have been processed so far, with the majority of those being COVID, followed by vaccine preventable diseases and high consequence infectious diseases. As they expand to more hospitals, they anticipate more conditions to come through. Recent eCR work has been expanded to the Birth Defects Program. Texas is one of two states in the nation to implement eCR for birth defects. The CDC is highlighting this work as a model for eCR expansion to other states. There is discussion of expansion into the newborn screening program. Environmental Injury and Toxicology and Cancer programs have also expressed interest. NEDSS has successfully upgraded to the latest version of 6.0.14.1 on July 7th.

The impact on the local health departments with eCR should not be an issue. There is an increased volume and no change in the format of the data. The goal down the line is to reduce paper reporting or manual reporting for healthcare providers, but that timeline is still being worked on.

Dr. Phillip Huang inquired about the utilization of environmental and birth defect or chronic disease data when implemented, as it will not be incorporated into NEDSS.

Ms. Palenapa explained that the program will process the messages and transfer the data to our State Health Analytics Reporting Portal (SHARP) environment. Additionally, she mentioned that in the future, other programs lacking the capability to process their own messages can utilize the same method.

Dr. Phillip Huang asked if other chronic conditions will also be included.

Ms. Palenapa clarified that currently, DSHS is collaborating with programs that possess the authority to access such data at the state level. Presently, these programs have staff members who physically retrieve medical records on-site. Furthermore, she added that there is assistance available for programs with limited funding that do not have personnel available to visit the sites and collect the records.

Dr. Philip Huang inquired whether the state planned to implement Time Boxing.

Ms. Palenapa stated that there are currently five available conditions for Time Boxing, with the Mpox component already implemented. She mentioned that the other conditions were not applicable now, but DSHS was actively monitoring the expansion of Time Boxing conditions.

Mr. Philip Huang then asked for updates on TWICES being integrated into NEDSS.

Ms. Palenapa replied that there were no updates at present, but the HIV/STD team was making plans for communication. However, she deferred to the program to make any official announcements.

Dr. Philip Huang further inquired about any updates on ImmTrac2 data.

Mr. Steve Eichner responded that currently there was no significant information to report.

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

Ms. Sarah Hollister, the Director of Care Services in the Provider Finance Department, introduced Mr. Jeffery Woodall. Mr. Woodall reported that there were 77 individuals who attended the training for Public Health Provider – Charity Care Program (PHP-CCP). Out of those attendees, 45 submitted cost reports. The program had a total of six local health department participants last year. For this year's training,, 13 local health departments have signed up, leaving 26 that have not yet registered.

In response to this information, Mr. Stephen Williams inquired about the reasons behind the lack of registration from the remaining local health departments.

Mr. Jeffery Woodall stated that they had reached out to their partner Texas Council but had not received a response yet. He mentioned that they had 3 classes available for the PHP-CCP program, which would be using a different system this year. Instead of using an Excel format, they would be using the Fairbanks System, which is used for all other cost reports. The hope is that this new system will make it easier for people to participate and increase the number of participants.

Mr. Stephen Williams asked if this year would be when the actual cap on funding is set.

Mr. Jeffery Woodall confirmed that if there were a lower number of attendees this year, it would determine the funding moving forward. He emphasized the importance of having more people attend the program.

Mr. Stephen Williams inquired whether this policy was set at the Federal or State level.

Mr. Jeffery Woodall clarified that it was a CMS decision to limit the funding pool.

No further questions were asked.

**Public Comment:**

Ms. Sheila Hemphill from Texas Right to Know expressed gratitude to the committee for their endurance over the past three years. She resides in Brady, TX, which is located at the heart of Texas, and has been closely following the pandemic alongside global physicians, researchers, and lawyers since February 2020.

In March 2020, she conducted interviews with Italian individuals who were at Ground Zero, and at that time, they had recently obtained authorization to utilize ozone in 15 hospitals. On April 2nd, she issued a national press release on behalf of Texas Right to Know, urging the United States to consider the implementation of ozone.

After demonstrating promise in Italy with their ability to obtain negative test swabs within five days, reverse inflammation markers within eight hours, and successfully remove individuals from ventilators with a 75% success rate, it was observed that New York was facing an 80% fatality rate until a certain intervention was introduced. Due to her background in technology, Ms. Hemphill developed patient assessment software for the home healthcare sector, providing them with an intimate understanding of healthcare tracking.

Parameters and Ms. Hemphill also do graphic work in web development. When she communicates with researchers, she utilizes visual aids to convey information effectively to the committee. Ms. Hemphill expressed doubt about the committee's ability to perceive the visuals in the current setting.

In the document provided, there is a graphic image resembling an ice cream cone, sourced from the National Institute of Health. The document also includes a 3D representation of the image and a link to Aqua Little Clam, along with information about ace to receptors.

Ms. Hemphill has been actively monitoring and studying the actual functionality of this technology.

In July of 2021, Ms. Hemphill had been involved with various groups. During this time, Doctor David Martin, who had reviewed patents worldwide for 20 years, conducted an interview with the International Attorney. The interview was shocking as it delved into the 30 different federal charges identified by Doctor Martin. These charges revealed patterns of chemical, spy, and racketeering activities against the federal government found in patents.

In this document, the Omega brief, the green bar represents the verbatim interview, while the significant information is highlighted in black bold font. Shocking details are emphasized in red bold font, and alarming information is indicated by red bold font with an underline. Ms. Hemphill printed and distributed 50 copies to every office, as she believed that once people read the patent details, it would influence their perspective. The first underlined statement reveals that SARS was created and patented on April 19th, 2002, by the University of North Carolina, Chapel Hill, with funding from BALCI in 1999. The patent number associated with this discovery is 727-9327.

That was SARS, Covid-1. In the diagram, SARS/CoV-2 has another patented functional feature such as the cleavage site according to medicine and science. This is when Ms. Hemphill found out about the patents, but it didn't come together until she saw the American domestic bioterrorism program, which is a forensic review of the federal laws over decades under the declaration. This document will also be provided for those in the room.

In this document, on page one under the declaration of a public health emergency of international concern, it is stated that the use of EA products market, specifically COVID-19 vaccines, shall not be considered to constitute a clinical investigation.

The products are exempted from laws that regulate the use of investigational experimental devices on human beings. Required standards for Product Safety do not exist. The only standard for efficacy is a declaration made by the HHS Secretary. There are no requirements for informed consent.

There are no labeling requirements and there is no consumer fraud. In April 2022, the Pfizer of Brooke Jackson vs. Ventana (whistleblower) case was presented. In this case, discovery was successfully obtained, and the highlighted areas in these screenshots provided are from Pfizer’s motion to dismiss documents.

The document clearly states that such agreements are executed under the Department of Defense (DoD) and are not subject to federal acquisition regulations, which are primary regulations used by government agencies. Therefore, the contract itself is considered special. The statement of work describes a large-scale vaccine manufacturing demonstration that does not impose any requirements related to good clinical practices or FDA regulations. It explicitly mentions that Pfizer's clinical trials are not within the scope of the agreement and are not related to it.

The Department of Defense had ordered a specific number of doses, and Pfizer was to be paid $19.50 per dose. The clarity that emerged from this situation stemmed from Ms. Hemphill’s work with physicians who practiced integrative care. If any of them were to mention anything that was not approved, they would receive a notice from the Attorney General, stating that they were violating 15 USC 41 of the Federal Trade Commission regulations. This was because only approved drugs were allowed to claim safety and efficacy for their clients. Initially, she found it difficult to comprehend the situation, as the statement clearly indicated that the drug was not FDA approved, yet it was being promoted as safe and effective. However, her understanding improved after going through a comprehensive report that outlined all the relevant laws and regulations.

Further statements in these laws state that federal laws prohibit oversight of the HHSC unilateral pandemic decision 42 years 8247D6DB7. No court in the United States or any state shall have subject matter jurisdiction to review, whether by mandamus or otherwise, any action by the Secretary Authority of State, local and tribal governments, and individuals to manage public health, emergency, and medical countermeasure classifications and regulations outside of their control is preempted. It is further stated that there is no authorization for Congress to override HHSC declarations, determinations, and decisions.

Mr. Stephen Williams stated that their role is advisory to the Commissioner. The question posed was, what are they being asked to do?

Ms. Sheila Hemphill stated the necessity of providing education on the signs and symptoms of blood clots. She explained that unlike deep vein thrombosis, where one can easily notice swelling in the leg as an indication of a problem, blood clots in microcirculation are not easily detectable. She mentioned that the test used to determine blood clotting in microcirculation is called the D dimer test.

If Texans, started watching for signs and symptoms of blood clots, this would not be abnormal because all they would have to do is watch and listen.

Ms. Glenna Laughlin stated that they must comply with the Public Open Meeting Act and the committee cannot make any decisions or address the comment. Glenna concluded by stating, Ms. Hemphill will have 30 seconds left to complete her comments.

Ms. Hemphill expressed her gratitude for the opportunity to convey her message in a 10-minute segment, as it had been extremely difficult to communicate effectively within the limited period of two-minute sections during the previous two sessions. Sheila found it amusing during the last session when all the vaccine bills were grouped together, resulting in her being called upon consecutively. The poster shared by Ms. Hemphill provided the updated number of injuries on the vaccine adverse Events Reporting system as of July 28, 2023. There have been one million problems, 79,004 and 16 adverse events, 35,000 deaths.

No other public comments.

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

Mr. Williams stated that the next subject on the agenda was to discuss announcements for future meetings.

Ms. Glenna Laughlin stated that the next meeting would be on the 2nd Wednesday in October.

Ms. Jennifer Smith, representing the Texas Association of City and County Health Officials (TACCHO), wanted to update that the TACCHO meeting would take place on October 19th, which would be the third week of the month.

Ms. Glenna Laughlin mentioned that due to the potential conflict in the meetings, the next PHFPC Meeting may move.

**Adjourn:**

DR. Julie St. John made a motion to adjourn the meeting. Dr. Philip Huang seconded the motion. Motion carried. Meeting adjourned.

Approved:

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Stephen L. Williams, Committee Chair Date