



TEXAS
Health and Human
Services

**Texas Department of State
Health Services**

Session Wrap-up

Public Health Funding and Policy Committee – June 9, 2021

T. Jordan Hill

Director, DSHS Government Affairs

Outline

- Legislative Statistics
- Budget Highlights
- Bills of Note
- Pandemic Response Bills

Legislative Statistics



TEXAS
Health and Human
Services

Texas Department of State
Health Services

Legislative Statistics

- 7,148 Bills Filed
- 1,081 Bills Passed
- 341 bills signed into law as of 6/7/2021
- Veto period: ends June 20th
 - Bills that aren't signed or vetoed by June 20th become law
 - 1 bill vetoed as of 6/7/2021

DSHS Statistics

- 672 filed bills assigned for analysis/monitored
- 49 assigned bills passed *as of 6/7/2021
- 17 bills signed into law *as of 6/7/2021
- Veto period: ends June 20th

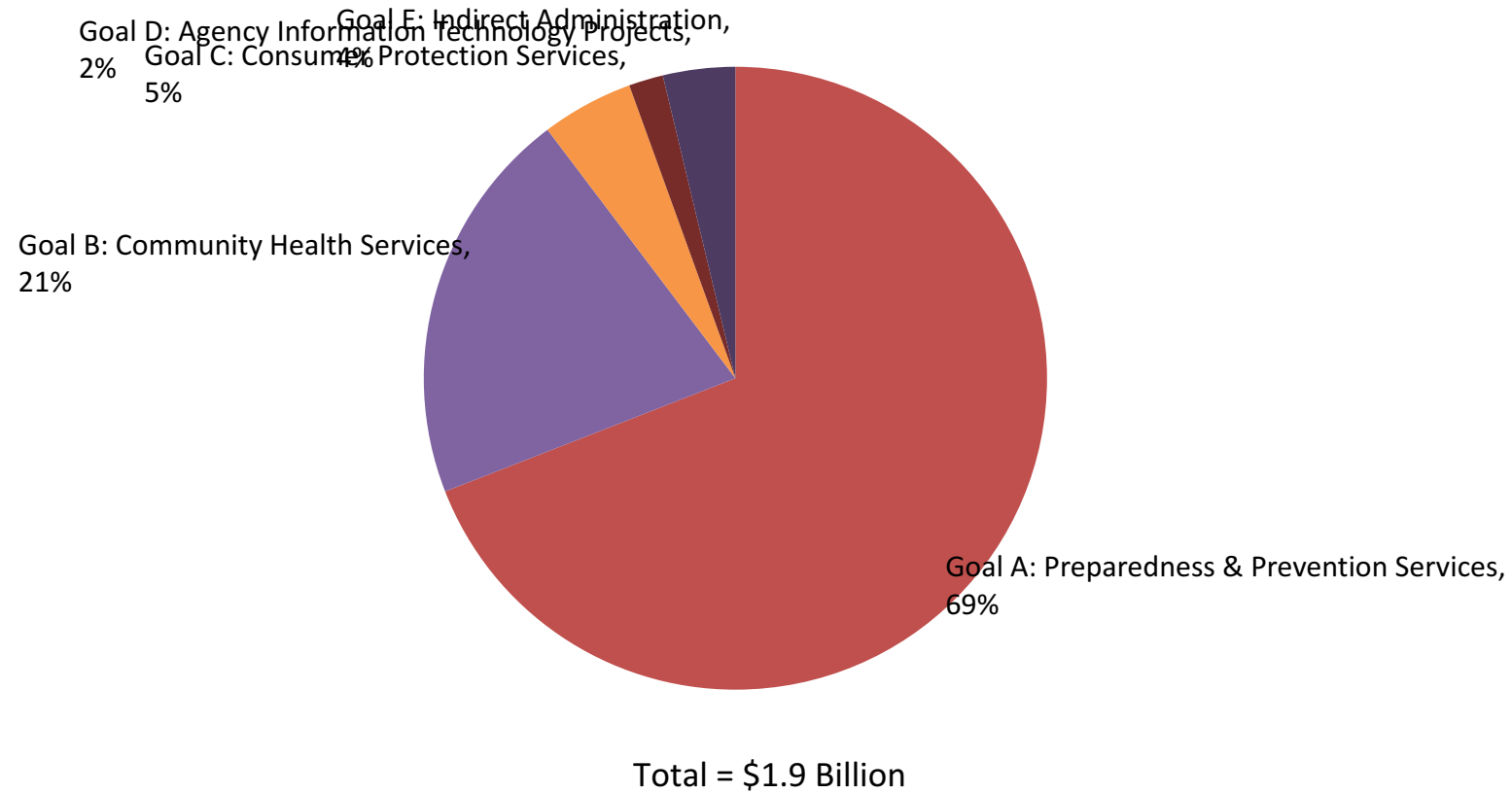
Budget Highlights



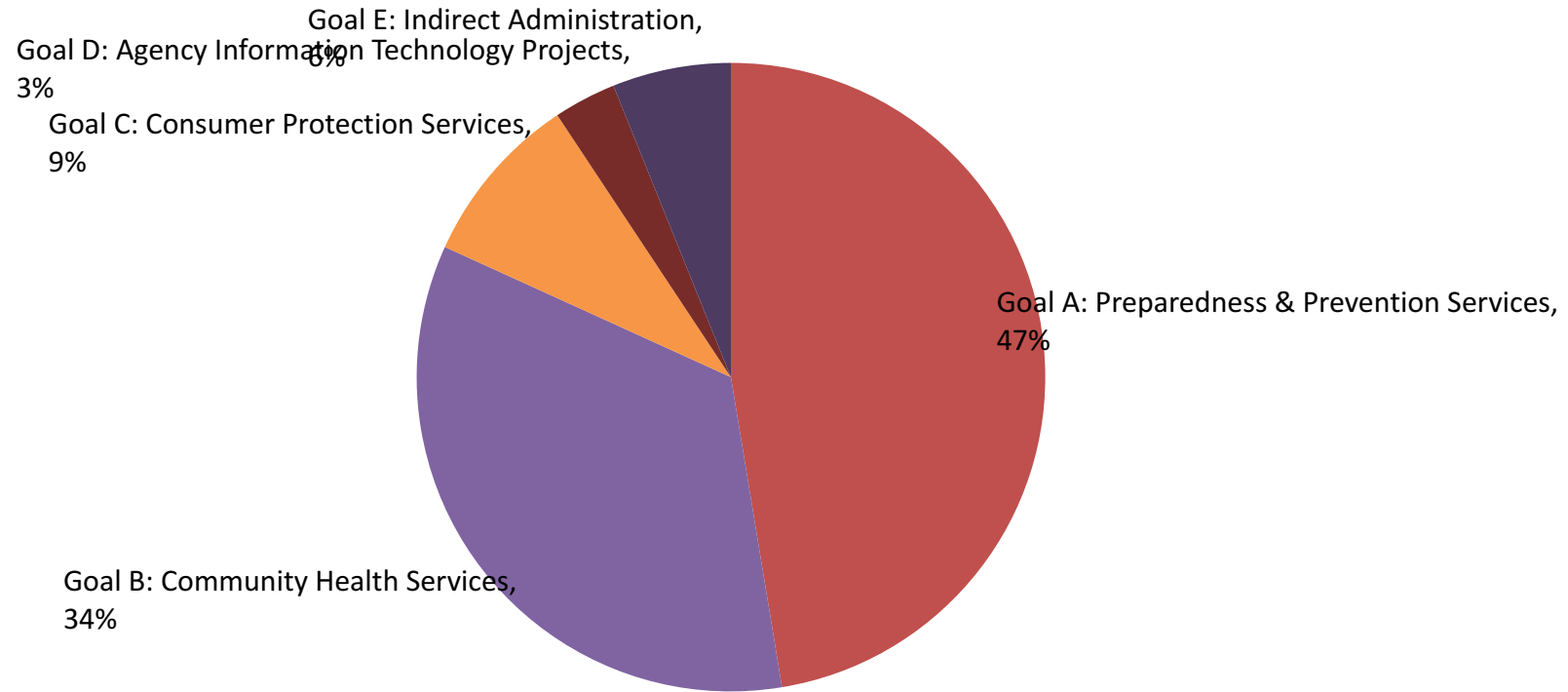
TEXAS
Health and Human
Services

Texas Department of State
Health Services

2022-2023 Biennial Budget: All Funds by Goal

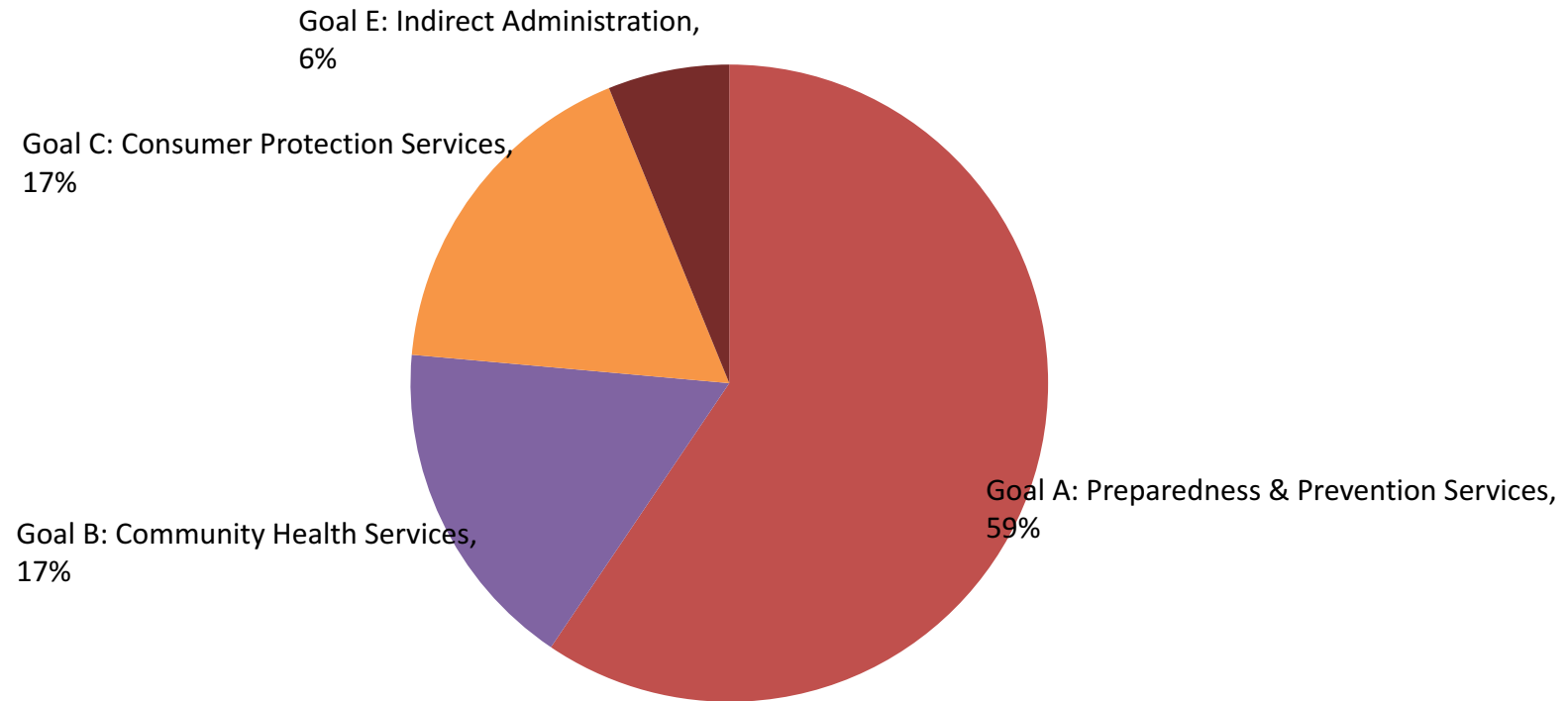


2022-2023 Biennial Budget: General Revenue by Goal



Total = \$850.5M

2022-2023 Biennial Budget: FTEs by Goal



Total = 3,318.9 FTEs

*Goal D does not have FTEs

Exceptional Items

EI Name	Biennial Amount	FTEs	Conference Committee
	(in Mil.)		
1 - HIV Medications	\$83.40		\$36.33; Rider states Insurance addition not allowed
1 - HIV Contracts	\$20.00		
2 - Rural Clinics- 14	\$8.40	30	Not Adopted
2 - Mobile Clinics- 3	\$4.60	6	Not Adopted
3 - Food Safety 25 FTEs	\$5.90	25	\$2.9M 13 FTEs
3 - Hemp 3.4 FTEs	\$0.60	3.4	see rider 27
3 - RAS Licensing and Registration System	\$1.20	1	Adopted in HB2
4 - Contract and Fiscal Management 25 FTEs	\$7.60	25	Not Adopted
4 - Data Center Services	\$19.90		Adopted in HB2
4 - Health Registries	\$5.40	1	Not Adopted
Total	\$156.90	91.4	

Rider and Technical Adjustments

Items	Conference Committee
Vital Statistics 10 FTEs	Adopted
TCID Capital Authority \$880K	Adopted
Restore funding from 5% reduction to EMS EI	Adopted \$406K
Transfer 10 FTEs SASH to TCID Security	Adopted
Transfer from HHSC CAPPS \$915K	Adopted
System-related items at HHSC	Adopted \$632K
Reduce General Revenue-Dedicated Account No. 524 (rider 7)	Adopted
Maternal Mortality adjust Federal Funds to All Funds (rider 22)	Adopted

Rider and Technical Adjustments

Items	Conference Committee
Hemp 3.4 FTEs with Revenue Collections (rider 27)	Adopted
Emergency Medical Task Force, and \$5M in General Revenue. Additional money for current activity, management functions and equipment (rider 28)	Adopted \$5M
Federal Funds Reporting Requirement on Public Health Emergency Preparedness, Bioterrorism and Immunization (rider 29)	Adopted
Notification if DSHS expends HIV Care Formula Grants in excess of the appropriated amount (rider 30)	Adopted as amended
Report on Federal Public Health Funding to Local Health Entities (rider 32)	Adopted
Report on COVID-10 Immunization Distribution Equity (rider 33)	Adopted
Texas Center for Nursing Workforce Studies Funding Unexpended Balance Authority (rider 34)	Adopted
Alzheimer's Disease Program (rider 35)	Adopted \$1M

Contingency Rider

Items	Conference Committee
Sec. 18.09 (HB 1033) - Prescription Drug Price Disclosure	\$1.3M and 3.7 FTEs
Sec. 18.34 (SB 73) - Providing access to Local Public Health Entities and Certain Health Service Regional Offices under Medicaid	Final Version removes DSHS \$347K of this \$245K is capital
Sec. 18.46 (SB 968) - Public Health Disaster and Public Health Emergency Preparedness and Response; providing a civil penalty	Adopted
Sec. 18.47 (SB 969) - Reporting procedures for and information concerning Public Health Disasters	Adopted
Sec. 18.48 (SB 984) - Public Health Disaster and Public Health Emergency Preparedness and Response	Adopted
Sec. 18.51 (HB 133) - Children and Pregnant Women Case Management	Reduced \$704K and 20.6 FTE's in FY23

Unfunded Bills

Items	Biennial Impact
HB 1011 - Expedited death certificates for religious purposes in certain counties.	\$1.2M and 7 FTEs
SB 184 - Reports on the prevalence of eating disorders and eating disorder-related deaths in this state.	\$38K
SB 475 - State agency and local government information security, including establishment of the state risk and authorization management program and the Texas volunteer incident response team; authorizing fees.	\$270K
SB 799 - Contracting procedures and requirements for governmental entities	\$504K

DSHS Bills of Note



TEXAS
Health and Human
Services

Texas Department of State
Health Services

DSHS Bills of Note

- **Prescription Drug Price Disclosure – HB 1033**
 - Transfers program to DSHS (from HHSC); requires a fee for reporting process to sustain program; and provides for enforcement mechanism. Reporting required for annual cost and certain price increases within the calendar year.
- **Compassionate Use Program – HB 1535**
 - Raises level of allowable THC to 1.0%
 - Expands applicable conditions to include post-traumatic stress disorder
 - Additional conditions allowed if affiliated with an Institutional Review Board process – DSHS directed to establish rules by December 1, 2021
- **Enhancing Levels of Care – HB 1164**
 - Requires placenta accreta care-related protocols to be incorporated into maternal levels of care facility designation process
- **PHFPC composition & duties – HB 1453/SB 870 (*did not pass*)**
 - Would have increased total members to 10, with one member from TFBHO, and required to meet jointly with the TFBHO at least once annually
 - Terms would have been limited to 3 or 4 years for members and 2 years for presiding officer
 - Committee duties would have been clarified pertaining to scope
 - Formal recommendations would have been due even numbered years

Pandemic Response Bills



Highlights of Pandemic Bills

- **SB 437** – PPE reserve advisory committee (TDEM lead)
- **SB 464** – Reporting on deaths from reportable diseases to county health authorities and LHDs
- **SB 930** – Reporting occurrence of communicable diseases in residential facilities*
- **SB 966** – Defining Public Health Disasters/Public Health Emergencies, legislative oversight of PHDs
- **SB 967** – Length of local public health orders (15 days)
- **SB 968** – Defining PHDs/PHEs, legislative oversight of PHDs, collaboration with TF on Infectious Disease during PHDs and PHEs, COVID response study*
- **SB 969** – COVID-related data bill (e.g. additional collection/reporting duties during a public health disaster)
- **SB 984** – Adds Epidemiologist to TF on Infectious Disease, requires annual meetings – hospital data collection at RAC level outside a pandemic
- **SB 1780** – Texas Epidemic Public Health Institute established

* Signed by the Governor

Powers/Functions Addressed

- **Primary bills involved: SB 966/968/969/984**
 - Requires legislative oversight for renewing public health disasters
 - Defines public health emergencies for future response needs for more limited, isolated, or emerging situations
 - Requires legislative collaboration during public health disasters and emergencies
 - Requires collaboration with the Task Force on Infectious Disease Preparedness & Response during public health disasters and public health emergencies
 - Codifies the Office of the Chief State Epidemiologist
 - Requires lab/hospital reporting during a public health disaster with related public compliance reporting by DSHS
 - Requires hospital reporting to regional advisory councils – including non-disaster situations

Review/Reports/Studies

- **Review/Study Sources – SB 966/968/969/Rider 33**
 - **COVID-19 Response Review:** by the Preparedness Coordinating Council/State Emergency Management Council
 - **Study of DSHS Regions:** in collaboration with the Public Health Funding and Policy Committee and other stakeholders
 - **Study of Healthcare System – Planning and Response Capabilities:** in collaboration with HHSC and other stakeholders
 - **Study of Data Standardization:** in collaboration with the Public Health Funding and Policy Committee and other stakeholders
 - **COVID Immunizations Equity Report:** regarding access and distribution

Effective Dates

- **SB 966/968:** will be effective immediately once the Governor signs/chooses not to veto by the end of the veto period (June 20), with important notes:
 - COVID-response report pushed to September 1, 2023 or 9 months following termination of public health disaster, whichever is earlier
- **SB 969:** effective September 1, 2021, with important notes:
 - 3 Studies have September 1, 2022 due dates
 - Lab compliance reporting: limited to public health disasters but would be effective 9/1/2021 if a public health disaster is in effect
 - Hospitals/labs required to report via electronic format requirement: kicks in for disasters occurring after January 1, 2023

How do they work?

- **Public Health Emergencies:**

- **Definition:**

- Determination by the commissioner that there exists an immediate threat from a communicable disease, health condition, or chemical, biological, radiological, or electromagnetic exposure that:
 - Potentially poses a risk of death or severe illness or harm to the public; and
 - Potentially creates a substantial risk of harmful exposure to the public

- **Public Health Disasters:**

- **Definition:**

- Declaration by the governor of a state of disaster +
- Determination by the commissioner that there exists an immediate threat from a communicable disease, health condition, or chemical, biological, radiological, or electromagnetic exposure that:
 - Poses a high risk of death or serious harm to the public
 - Creates a substantial risk of harmful public exposure

How do they work?

- **Public Health Emergencies:**

- **Duration:** 30 days, renewable
- **Renewal:** Can be issued/renewed without legislative oversight
- **Actions:** legislative collaboration within 7 days + TFID collaboration

- **Public Health Disasters:**

- **Duration:** 30 days, renewable upon approval
- **Renewal:** Must be renewed with approval of lege oversight
- **Actions:** legislative collab within 7 days + TFID collaboration
- **Other:** requires data collection and related hospital/lab compliance reporting out on DSHS website to be in effect