

# House Public Health

February 27, 2023



## Roll Call

**Stephanie Klick - Chair** - Present  
**Elizabeth "Liz" Campos - Vice-chair** - Present  
**Nicole Collier** - Present  
**Jacey Jetton** - Present  
**Ann Johnson** - Present  
**Jolanda "Jo" Jones** - Present  
**Venton Jones** - Present  
**Tom Oliverson** - Present  
**Four Price** - Present  
**Reggie Smith** - Present  
**Tony Tinderholt** - Present

## Resources

[Public hearing notice](#)

[Video of hearing](#)

[HHSC presentation on Home Telemonitoring](#)

[HHSC presentation on Federal Rules for Opioid Treatment Programs](#)

## Invited testimony

### Texas Department of State Health Services

**Jennifer Shuford**, Commissioner (03:05)

Slide 3- Guiding principles. Charged to improve the health and safety of Texans.

Slide 7- Regional and local health operations. Map demonstrates a few things; the state has 8 different DSHS public health regions. Some are shaded blue, because they have local public health departments. DSHS will fill in their gaps, if they only provide certain services. 85% of geography isn't shaded blue, mostly rural areas.

## TEXAS ASSOCIATION OF HEALTH PLANS

Meeting Update–February 27, 2023  
Jamie Dudensing, CEO

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Slide 8- Public health regional services. Example of those services provided: TB care. 60,000 people served with these regional services. Looking to add virtual clinics to expand care.

Slide 9- State emergency and preparedness. Performs these functions with partners. Range of response types and tools; most are natural disasters with limited duration. Use assets like an emergency task force.

Slide 10- Texas Center for Infectious Diseases; TCID. Facility in SA. Focuses on treating highly complex patients with tuberculosis. 55% turnover rate of nurses at TCID last year; have staffing issues.

Slide 12- Consumer protection overview. Ensures Texans have access to food sources, etc., while focusing on business friendly processes. DSHS licenses EMS providers.

Slide 13. Licensing and inspection. Largely focused on food safety.

Slide 14. EMS and trauma system coordination. Texas has 22 trauma service areas, this allows for organizations/efficiency of care.

Slide 16. Laboratory and infectious disease services. Core set of functions is to provide access, prevention and treatment. Slide 17 shows the laboratory. Largest newborn screening program in the world. Provides testing services for TB, highly infectious diseases like Ebola, etc.

Texas newborns. Screen for 55 disorders. Early identification of conditions that need immediate attention. Also links families to resources with care coordination.

Low cost vaccine options. Texas vaccines for children; about 4.8 million children are served. Adults; 370,000 every year.

Slide 20. HIV prevention. Texas HIV medication program services for low income Texans. Three different programs; facilitate access to medications and care. ADAP serves those

who have limited to no access to health care and helps them receive medication; this is treatment along with prevention for others.

Slide 22. Community health improvement. Houses cancer registry, reduces preventable diseases.

Slide 33. Vital statistics system. DSHS facilitates this records system. Registration, maintenance, and security of these records.

Slide 24. Tobacco prevention.

Slide 25. Efforts to address maternal mortality and morbidity. Continues to support operations of the review committee. Prevention and intervention efforts. Texas AIM; health care system bundles focus on education and resources. Requires voluntary participation by hospitals; there are a lot. Lots of other campaigns as well.

Slide 28. Office of chief state, epidemiologists. Provides data collection and governance. Over 700% increase in 5 last years with fentanyl related deaths. 18-44 years are ages most impacted.

Slide 30. Exceptional items overview. 9 items. 176 million dollars.

**Oliverson:** FDA authorized over the counter Covid/Flu test. What impact do you think this might have?

**Shuford:** Great step forward. We haven't created plans with that yet.

**Oliverson:** Any role that might have on Tamiflu supply, if they can detect at home?

**Shuford:** If someone is experiencing shortages in Tamiflu, we are able to link them to parts of the state that aren't experiencing shortages.

**Oliverson:** Do you know how many fentanyl deaths are from people that have chronic situations where they are trying to treat themselves?

**Shuford:** We look at death certificate data, so we can get people to look into that.

**Price:** PPE, give us a little meat on the bone with where we are/need to be?

**Shuford:** Racks (sp) are still working with HPPs to maintain visibility on PPE. Seems to be in a good place with that.

**Campos:** Covid reporting- still have concerns for seniors with underlying conditions.

**Shuford:** Still getting ongoing updates from hospitals, etc. We report once a week vs daily.

**Campos:** TB in the border area. Where are we with tracking/treating that?

**Shuford:** Diagnosis decreased slightly over years; identification was going down because less people were accessing health care, there were not less cases. About 1000 cases every year. All public health regions that touch the border have well developed programs.

**J. Jones:** Slide 18. Kids getting screened, how does that happen?

**Shuford:** Kids will get a heel prick, that gets sent to us, and when they come back they get tested again.

**J. Jones:** Could you check and let me know if there is anything that can test for SIDS?

**Shuford:** Yes.

**Johnson:** Vaccines. Are we seeing old diseases return and creep up to a public health crisis? What are we doing in regards to discussing vaccine efficacy?

**Shuford:** Have seen some re-emerging vaccine preventable diseases. Have not had larger outbreaks. We have done some comms campaigns with TMA, etc.

**Johnson:** 19,000 kids you do testing on. Can there be improvements with these screenings?

**Shuford:** Need to know what exactly needs to be tested for but I think in general having more diagnosis early on is important.

**V. Jones:** HIV response. Delayed data. Can you speak about goals in improving infrastructure/collection?

**Shuford:** We have improved our IT over the years. In the future, we want to continue to push out data that people can make decisions on.

**J. Jones:** Do we check for other drug related deaths than fentanyl?

**Shuford:** Yes, we track them individually.

## Texas Board of Pharmacy

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**Julie Spier**, President (1:10:12)

110 full time employees. Shares Texas Board of Pharmacy mission statement.

**Megan Halloway**, General Counsel (1:12:50)

History of a statute regarding Canadian pharmacies that was previously in the Texas Pharmacy Act.

The 79th Texas Lege passed SB 410. In 2019, 86th Lege repealed language from SB 410.

Canadian drug importation info. Final Rule became effective in 2020, allowing importations for prescription drugs from Canada. SIPs authorized by the federal government and managed by the state.

The Texas Pharmacy Act prohibits the board from regulating wholesale drug distributors.

Telepharmacy. Class A Community Pharmacies and Class C Hospital Pharmacies may provide pharmacy services through telepharmacy systems at a remote dispensing site licensed by the board.

**Spier** (1:18:15)

Under the pharmacy act, pharmacists under physician's written protocol may provide flu vaccines to patients 7 and up. All other vaccines and immunizations which are ACA approved can be given to patients 14 years and up.

Under the federal prep act, pharmacists may order to administer vaccines and immunizations 3-18 for Covid, 3+ for flu and all ACIP.

In 2019, under 5 million vaccines were given, in 2021 there were over 16 million. Over 10.5 million Covid shots given through pharmacies.

Aware of bills fit into statute where pharmacists may order and administer a vaccine to a patient that is at least three years of age, or if the patient is younger when referred to pharmacist by physician.

Test and treat. Pharmacists currently can provide CLIA tests with the waiver which allows pharmacists to administer the tests. Texas HHSC processes applications for CLIA waivers on behalf of the federal CMS CLIA program. In July of 2022, FDA revised the use authorization of Paxlovid.

**Halloway (1:24:10)**

PMP's; prescription monitoring program. Tracks controlled substance prescriptions. 174,000 registered users. Pharmacists are supposed to report the next day after new prescriptions; have to look at patients' background before prescribing. Texas PMP's are connected to PMP's in 37 other states. Top controlled substance dispensed was hydrocodone. Advisory committee composed by various different medical workers.

**J. Jones:** \*Mic inaudible

**Halloway:** It was one of the topics requested, so we wanted to give a full history of Canadian imports.

**Klick:** Some people in the epilepsy community have to import from other countries. Does your agency get involved in these imports?

**Halloway:** Not that we know of.

## **Texas Health and Human Services Commission**

**Christine Laguna,** Director, Substance Use Programs, Planning & Policy Director (1:30:38)  
Slide 2. Narcotic treatment programs. Telehealth accessibility. Flexibilities initially done because of the pandemic. Lots of benefits. Take-home medications reduced burdens on patients and providers. SAMSA proposed making these flexibilities permanent.

Texas Targeted Opioid Response; TTOR. Overdose deaths have increased greatly. TTOR was established in 2017. Lifelong support to Texans with opioid and stimulant use disorders.

Opioid treatment programs increase access to the three FDA approved medications for Opioid Use Disorder. TTOR funds these programs. Overall significant satisfaction with these services, but those with take-home medications are significantly happier. Table

reflects individuals who did not have take-home dosing and say their medication plan would be significantly easier to follow with the take-home option.

**J. Jones:** Track anything other than opioid use disorder?

**Laguna:** Yes, TTOR focuses on opioids but we have other programs for other drug use disorders.

**Smith:** Main source of these opioid addictions?

**Laguna:** Will get this data to you.

**Smith:** Concerned about underreporting in fentanyl related deaths.

**Campos:** How do these programs work at the local level?

**Laguna:** Contract with providers throughout the state.

**Campos:** Can you get info about these programs in San Antonio?

**Laguna:** Yes.

**Emily Zalkofsky,** Deputy State Medicaid Director (1:48:54)

Home telemonitoring for certain conditions listed in the code. From this, health information gets reported to physicians. Page 2- physicians can request more frequent reporting.

HB 4 broadly expanded teleservices across CHIP. HHSC allowed MCO's to reimburse for additional home telemonitoring other than the conditions listed in the code.

2020-2021, more Medicaid clients received telemonitoring, but all funds decreased; code changed where providers could previously only for Medicaid, now can be billed for Medicare first, for those who are dual eligible. Many that receive telemonitoring are dual eligibles.

Slide 5. Cost impacts. Did a study with Texas A&M over the impact of these services including telemonitoring. Limitations in the study, but it showed savings for those inpatient, etc. but additional costs for outpatient and pharmacy.

**Price:** Trying to reconcile these cost impacts.



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**Zalkovsky:** There are different factors for telehealth, telemonitoring, and telemedicine.

**Klick:** Medicaid Hospital at Home. How is telemedicine playing a role in that?

**Zalkovsky:** Don't know if we have specific data for that, but we can look into it.

**Klick:** Might be a good source of data to see the cost effectiveness of it.