The Texas Association of City & County Health Officials (TACCHO) is the member organization for local health departments (LHDs) in Texas. LHDs serve as the chief health strategist in the community to assess and identify threats to the population’s health and work collaboratively with their community to plan and implement programs that improve the public’s health.

TACCHO regularly reviews issues that impact the ability of local health departments to serve their population in an efficient, effective and responsive manner. Several of the issues listed have been ongoing for many years, while others have recently emerged. Whenever these have arisen, they continue to be a barrier to provide services that will improve the public’s health. The information provided in this position document is to educate on the public health issues of importance to TACCHO.

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IMMUNIZATIONS

† 3 or 4 doses of Hib vaccine, depending on vaccine type.
*4+ DTaP, 3+ polio, 1+ MMR, 3 or 4 doses Hib, depending on vaccine type, 3+ HepB, 1+ Var, and 4+ PCV.
1http://www.dshs.texas.gov/immunize/coverage/NIS/#NIS

Public Health Issues:

- Immunizations have been identified as one of the greatest public health achievements of the 20th century. Immunizations protect both individuals and the larger population, especially those people who have immune system disorders and cannot be vaccinated.
- Measles – Before 1963, there were more than 500,000 cases, 48,000 hospitalizations and 450-500 deaths reported annually in the U.S. The vaccine was introduced in 1963, and in 2017, 118 people from 15 states and the District of Columbia were reported to have measles in the U.S.
- Polio – In the early 1950s, before polio vaccines were available, polio outbreaks caused more than 15,000 cases of paralysis each year in the United States. Following introduction of vaccines, the number of polio cases fell rapidly to less than 100 in the 1960s, fewer than 10 in the 1970s, and polio has now been eliminated from the United States thanks to widespread polio vaccination.
- Immunization Coverage Among Texas Children aged 19-25 months - According to the National Immunization Survey – Child – 2017, Texas, 67.8% of children ages 19-35 months had received the 4:3:1:3:3:1:4 series of seven key vaccines combined, compared to the U.S. National Average of 70.4%. This is below the Texas 2016 percent of 69.5%

TACCHO Issues:

- Funding levels to LHDs to maintain immunization programs has not kept up with current and emerging needs and rising supply costs.
- Non-medical (conscientious) exemptions in schools have consistently risen, from 2,314 in the 2003-2004 school year to a high of 56,738 in 2017-2018.
- During an outbreak in schools, a trend in local communities is developing whereby un-vaccinated students are allowed back into school before the end of their quarantine period.

TACCHO Position:

- LHDs must maintain local authority to exclude unvaccinated and other non-immune persons from high-risk settings during an outbreak to protect persons who are immune-compromised or cannot be vaccinated due to other medical reasons.
- LHDs require increased and stable funding to provide immunizations that protect their community population.
Public Health Issue:

- Local health departments use state and federal funds to develop, maintain or expand public health services for emergency preparedness, chronic disease prevention and control of heart disease, cancer and diabetes; communicable disease prevention, treatment and control for STDs, HIV, TB, measles, mumps, and flu; maintain the health of women and children through screenings and nutrition supplements, food safety to prevent bacteria, and resource accessibility for mental health and substance abuse prevention.

TACCHO Issues:

- LHDs experience administrative burdens and inflexibility to adjust funding levels within state contracts to respond to emerging issues.
- Different financial reporting forms and timelines are required by different program areas in the state agencies, which leads to confusion and excessive work when completing and sending reports.
- An hour by hour timekeeping report is required by the state, though a federal contract may only require percentages.
- Carry forward funds processes are not allowed, though federal funds usually provide that option.

TACCHO Position:

- The adoption of a more “cooperative agreement” relationship mirroring the relationship held between the state and federal government should be reviewed, specifically maintaining the “25% rule”, versus a “10%” rule, regarding moving funds between categories, for all contracts. This change will direct more dollars to client services and public health infrastructure to over 80% of Texans.
Public Health Issue:

- Public health focuses on improving and protecting the health of the entire population. The main causes of illness are attributable to preventable causes (obesity, diabetes, smoking, hypertension, etc.). Public health plays a vital role in creating healthy environments to prevent illness and intervene to create healthier communities. Without healthier communities and prevention, individuals are funneled into the healthcare system which spends an increasing amount of money on treatment driving up healthcare costs. Since 1900, American life expectancy has increased from 45 to 78.6 years. Much of this 30+ year increase is the result of actions by the public health system.
- Medical care alone is not enough to bring about reform and improvement in the health outcomes. Public health plays a critical role in improving health outcomes of a population. Public health addresses financial and non-financial barriers through outreach, health education, care coordination, navigation, home visiting and translation services, and culturally sensitive provision of services.
- The Texas 1115 Healthcare Transformation and Quality Improvement Program Waiver includes a requirement for Texas to submit a draft Delivery System Reform Incentive Payment (DSRIP) Transition Plan to the Centers for Medicare and Medicaid Services (CMS) by October 1, 2019. The plan must describe how the state will further develop its delivery system reform efforts without DSRIP funding after demonstration year (DY) 10, which ends on September 30, 2021.

TACCHO Issues:

- LHDs provide health services to un-insured and under-insured persons to ensure access to care.
- LHDs receive 1115 Waiver DSRIP funding to conduct public health services.
- LHDs are considered to have a private provider status by insurers, but as a government entity cannot meet the private provider requirements held by insurers.
- LHDs are not reimbursed for services provided to the public at the same level as a private provider.
- When governments provide unreimbursed services to insured patients, the government indirectly subsidizes insurance company profits.

TACCHO Position:

- HHSC should assure that the 5% dedicated funding for public health services be continued in new 1115 Waiver plans.
- HHSC should establish a designated provider type for Local Health Departments.
- HHSC should establish a freedom of choice payment program for safety net clinical services that are provided by public health departments and pay public health departments under the traditional Medicaid payment model to ease administrative burden.

- Public health services are designed to prevent higher cost interventions such as hospitalizations due to TB, vaccine preventable diseases and use of emergency care due to untreated dental problems. Services include:
• Alternatively, HHSC should advocate for clinical services provided by Public Health Departments to participate in the current statute of “Any Willing Provider”, facilitating the ability for PHD to participate in local MCO’s provider network and billing for services provided to their members.
• HHSC should consider expanding coverage for uninsured individuals for public health services utilizing the resources available for IGT by local governmental entities.
• HHSC should explore the creation of payment models (i.e. directed payment programs, quality payment programs) that are designed to be implemented by local health departments to provide enhanced services that will achieve value-based goals for both the Medicaid managed care patient population and the low income uninsured.
• HHSC should continue the availability of uncompensated care program that currently covers dental services and ambulance services and consider expanding the services covered by the funding pool.
• HHSC should encourage MCOs to include coverage for enhanced services that address social determinants of health and provide community and home-based services for specified populations. These services can include but are not limited to Care Transitions, Care Coordination and other supportive services.
**Public Health Issue:**

- Data regarding the incidence and prevalence of disease in a community is critical to identifying outbreaks of disease or trends in poor health. Data helps to identify where disease is happening and where and how to target and contain or eliminate the disease.

**TACCHO Issues:**

- LHDs and local communities provide various types of local based data to the state (death, birth, infectious disease, etc.), however have difficulty in receiving that data back in a timely manner for use in local monitoring of health issues and trends, and planning to respond to detect, prevent and promote health.
- LHDs use the data to keep local medical providers apprised of diseases, trends and conditions in the local community to improve collective community healthcare efforts.

**TACCHO Position:**

- LHDs, as local governmental entities and a critical part of the public health system, need immediate and complete access to data that will assist in the provision of public health services.
- Modifying the Health and Safety Code and Texas Administrative Code language to acknowledge LHDs and their responsibilities with data collection and monitoring local health threats will assist LHDs in meeting their duties.
Public Health Issues:
- Tobacco is the No.1 preventable cause of death in Texas and the United States. Smoking kills more people than alcohol, AIDS, car crashes, illegal drugs, murders and suicides combined. It also imposes huge health and economic costs as well.
- Almost 95% of adult smokers begin smoking before they turn 21 and many smokers transition to regular use during the ages of 18 – 21.

TACCHO Issue:
- Insufficient funding is available to enable LHDs to plan and implement tobacco prevention and cessation programs.
- The authority of a Texas city to enact and enforce ordinances is conditioned on the type of city. Thus, not all cities which may want to enact and enforce an ordinance on smoking can.

TACCHO Position:
- TACCHO supports raising the age for sale of all tobacco products to 21 years of age.
- TACCHO supports prohibiting smoking in all indoor areas of a venue the public has access to in order to protect non-smokers from involuntary exposure to second hand smoke indoors.
Public Health Issue:
- The leading causes of death in Texas include heart diseases, cancers, stroke, chronic lower respiratory diseases, accidents, Alzheimer’s Disease and Diabetes Mellitus.\(^2\)
- The real leading causes of death include preventable risk factors such as tobacco use, physical inactivity, unhealthy diet and nutrition.

\(^2\)http://healthdata.dshs.texas.gov/VitalStatistics/Death

TACCHO Issues:
- Local health departments receive needed funding from state agencies, and more specifically from the Department of State Health Services (DSHS), to develop, maintain or expand public health services at the local level.
- DSHS is a valued partner in public health, providing state guidance and support in assessing public health threats, using data to plan and implement strategies to mitigate a negative impact to the public’s health and assuring public health services are available for all persons living in Texas.

TACCHO Position:
- TACCHO supports the DSHS FY 2020-2021 LAR request. Specifically, TACCHO supports The DSHS Exceptional Item (EI) Request including:
  - DSHS EI #1 - Safeguard the Future of the State Public Health Laboratory – Strategy Area – Public Health Preparedness
  - DSHS EI #2 – Maintain Required Agency IT Infrastructure – Strategy Area – Agency Wide IT
  - DSHS EI #4 - Increase the Quality and Security of Vital Events Records – Strategy Area - Vital Statistics
  - DSHS EI #5 – Ensure Stable Staffing of Technical and Scientific Public Health Positions – Strategy Areas - Preparedness: Health Registries; Immunize Children and Adults; HIV/STD Prevention; Infectious Disease Prevention; TB Surveillance and Prevention; TCID; Laboratory; Maternal and Child Health; Children with Special HC Needs; EMS and Trauma Care System; Food (Meat) and Drug Safety; Central Administration
  - DSHS EI #6 - Detect and Control the Spread of Tuberculosis in Texas – Strategy Area -TB Surveillance and Prevention
  - DSHS EI #7 – Drive Public Health Decision-Making through Useful and Accessible Data - Strategy Area -Health Data and Statistics
  - DSHS EI #8 – Bolster public health capacity to identify and respond to infectious disease outbreaks Strategy Area – Public Health Preparedness; Infectious Disease Prevention, Epidemiology and Surveillance; TCID
  - DSHS EI #9 – Replace Vehicles at the End of Their Life Cycle – Strategy Area – Public Health Preparedness’ Infectious Disease Prevention, Epi and Surv; TCIS; Health promotion and Chronic Disease; Laboratory; Food and Drug Safety; Environmental Health; Radiation Control; Other Support Services