



**Department of State Health Services on House Bill 1  
Testimony by David Teuscher, MD  
February 13, 2013**

Good morning/afternoon Chair and members of the committee. I want to thank you for the opportunity to testify on behalf of the Texas Medical Association, Texas Pediatric Society, and the Texas Academy of Family Physicians.

We understand the difficult decisions you face as you work to achieve a balanced budget in the coming months. From the perspective of the children we all represent, it is certainly daunting to craft a budget that reflects our concern for and commitment to Texas infants and children in the areas of physical and mental health, education, and development. My focus today is on public health programs within the Department of State Health Services.

**Department of State Health Services**

**Texas physicians agree the state must invest in its public health infrastructure, especially now.** The viability and stability of our state economy is tied closely to its public health system. If we do not protect our workforce from infectious and preventable disease, ultimately the state's income suffers. A strong public health system is insurance against the things we know destroy economic systems: instability, lost work time, and unnecessary expenditure of resources.

The growing number of older Texans during the coming decades will have dramatic consequences for our public health system, as well as for health care financing and delivery, informal caregiving, and pensions. Older adults and more patients with chronic diseases will further strain resources in Texas counties, where basic public health concerns (e.g., control of infectious diseases, and maternal and child health) are not addressed fully.

Unfortunately, Texas' public health framework is dated and no longer serves the purpose for which it was intended. Public health functions such as disease registries and surveillance systems have not kept up with the accelerated changes of health information technology. Many registries and systems are not widely accessible, nor do they contain data timely enough for effective intervention.

Physicians face many challenges in caring for patients with preventable illnesses and complications. Collaboration between physicians and the public health system is a way for physicians to maximize limited resources and capacity, and address factors in Texas communities that influence health. That is why Texas physicians support the following exceptional items requested by DSHS for 2014-15.

### **Strong Adult Vaccination Safety Net Needed**

- ***Adult immunizations:*** Recent state and federal funding reductions damaged the state's adult vaccination safety net. With more than one in four Texans uninsured, Texas needs a strong local and state public health system to complement the vaccinations that physicians and other health care workers provide. We therefore support DSHS's recommendation for Exceptional Item No. 3 for adult immunization funding. Our organizations will support state efforts consistent with the recommendations of the Centers for Diseases Control and Prevention's Advisory Committee on Immunization Practices (ACIP).
- ***Pertussis outbreak:*** The ongoing outbreak of pertussis in Texas underscores the need for a strong adult safety net that can respond promptly to continuing infectious diseases events. Vulnerable populations, such as infants and children, are fully protected only when the community around them is vaccinated. Over the past decade, that state has had to respond to pertussis, meningococcal, and influenza outbreaks.
- ***Childcare worker vaccinations:*** In 2011, our organizations, following ACIP guidelines, worked with lawmakers to pass a new law requiring health care facilities to have a policy on health care worker vaccination. It is equally important to ensure adults who care for young children in childcare centers also are immunized appropriately. DSHS currently is required to provide childcare facilities important vaccination information. We believe it is now time to expand state efforts by developing education and vaccination campaigns for childcare workers that stress the importance of immunizations. Most states require vaccination documentation of childcare workers for certain communicable diseases. Therefore, we encourage you to dedicate exceptional item funding to promote vaccination of childcare workers. Childcare workers typically work in low-salaried positions and are uninsured. However, these individuals play an important role in teaching and protecting our children.

### **Smoke-Free Texas**

- ***Texas' Quitline and education:*** We support Exceptional Item No. 9 for tobacco cessation and chronic disease prevention. Texas households already pay more than \$560 each year for the cost of smoking in our state. We strongly support funding to increase tobacco cessation and prevention activities as part of Texas' Quitline counseling, nicotine replacement therapy, media campaigns, and other programming for young people. In 2013, organized medicine will work for Texas to join the list of 30 states that are smoke free.

### **Chronic Disease Prevention**

- ***Exercise and healthy food:*** Texas must stop and reverse its obesity epidemic. Texas must invest in public health interventions that decrease obesity and the complex health problems associated with it. Our organizations strongly support Exceptional Item No. 8 to continue community-based initiatives and worksite wellness programs promoting physical activity and access to healthy foods for our diverse Texas population.
- With one out of three Texas school children (10-17 years) already obese, we know that in the next two decades chronic conditions associated with smoking, overweight, and obesity will crush our health system and cost Texas' economy more than \$32 billion in higher insurance costs, absenteeism, and other costly effects.
- Texas physicians every day care for patients with devastating chronic illnesses — many preventable with exercise and a proper diet. It is essential to meet DSHS' 2014-15

appropriations request for chronic disease to address community-based approaches to promote physical activity and healthy eating. We believe these efforts have the greatest potential for slowing the proportion of overweight and obesity in Texas children and adults.

## **Public Health Infrastructure**

- ***Disease outbreaks and disaster response:*** We support Exceptional Item No. 3 to increase the agency's capacity to investigate and respond to foodborne and other disease outbreaks. Physicians are on the front line of identifying and treating foodborne illnesses and infectious diseases. We need to have a strong disease reporting system and timely health communications that inform physicians on potential health threats.
- Physicians believe we must continue to invest in our state's public health infrastructure to address costly health concerns and to prevent paying an even higher price tag in the future. Texas' exploding population in our large and mobile state means we need to ensure we have a robust statewide surveillance system, an adequately trained public health workforce, and the capacity to respond to old and new public health concerns.

## **Invest in Mental Health Services**

- ***Mental health funding:*** We support Exceptional Items No. 1, 6, 7, and 8 to increase or maintain access to quality mental health care services and supportive programs for those with mental health or substance abuse problems. Our organizations have been long-time advocates for increased funding for community-based mental health and substance abuse care. Investments made in 2009 and 2011 to strengthen the state's mental health system helped bolster and sustain a foundation for the state's community-based mental health and "crisis" services. As a result, the state improved Texans' lives, while reducing the cost of those services..
- While Texas recently made significant investments in community mental health services, we still rank 50th in state public mental health funding per capita.
- Our organizations are greatly concerned about potential cuts in state funding.
- More than 4.3 million Texans, including 1.2 million children, live with some form of mental health disorder. Of these, 1.5 million cannot function at work, school, or in the community due to their illness. A 10-percent cut in mental health service funds would put additional stress on an already over-burdened and under-funded system. People without access to mental health services will seek care in more expensive settings, such as emergency rooms.
- Mental illness and substance abuse hurt the Texas economy through lost earning potential, treatment of coexisting conditions, disability payments, homelessness, and incarceration.
- Investing in mental health services ultimately pays for itself through reduced incarceration and emergency department costs.