



**Department of Aging and Rehabilitative Services &
Department of State Health Services
Senate Bill 1
Testimony Presented by Jason Terk, MD
January 31, 2013**

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 the Texas Early Childhood Intervention (ECI) Program, housed in the Department of Assistive and Rehabilitative Services (DARS), as well as certain programs within the Department of State Health Services.

DARS – Early Childhood Intervention

The first three years of a child’s life are a particularly important period in the development of the brain. Experiences that take place in those early years lay a framework for childhood and beyond in an individual’s cognitive function and physical health. Many children face complications during these years that can impact their healthy development. Early childhood intervention programs are designed to mitigate the factors that place children at risk of adverse outcomes.

The Texas Early Childhood Intervention program plays a critical role the everyday practice of pediatricians. As just one of many examples I could share, I am currently providing medical care to a 15-month-old toddler who was born with a heart defect that has required several surgeries. He unfortunately suffered a stroke as a postoperative complication that cost him a loss of function of his right arm and leg. We recognized the need to provide essential intervention with physical therapy and occupational therapy, two of the many services offered through ECI. The program also has provided feeding therapy for this young Texan so that he can learn how to eat normally and not rely upon continued feedings through a tube. If these critical services were not provided to him now, his functional abilities would be much worse and more expensive to maintain as an older child and adult. With ECI services provided during this critical time of early development, he can achieve his best outcome.

Further, it is important to note that in rural and small town Texas, family physicians and general pediatricians are the physician resource for children. They have limited access to subspecialty

care. ECI gives practitioners a means for effective intervention and management that would not otherwise be available in these communities. This would be a tragedy for Texas children. Early intervention for so many conditions like autism and autism spectrum disorders is the most successful means we have of altering the course of these conditions. We believe that ECI is absolutely essential to young Texans with developmental concerns.

Our organizations **support full funding of the Department of Aging and Rehabilitative Services' Exceptional Item #1, Maintain Childhood Intervention Service Levels.** Full funding is needed to allow Texas' ECI program to keep up with the number of children who need intervention services while ensuring access to the appropriate amount of services. Budget cuts enacted in 2012-2013 have, over time, forced DARS to cull both the number of children served and the hours available for intervention. This is unfortunate, given that evidence shows that a sound early investment to address childhood delays is much more cost effective than addressing these conditions later in life. Research indicates that most of the financial benefit in early intervention is seen in reduced public spending in other government programs. Further, children who have access to ECI services have better outcomes in such areas as academic achievement, behavior, delinquency and crime.

Department of State Health Services

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

Additionally, 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 disease 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 Disease 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 stressing 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. 8 for tobacco cessation and chronic disease prevention. Texas households already pay more than \$560 each year for the costs 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 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. 4 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 a strong disease reporting system and timely health communications that inform physicians of 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, 5, 7, and 10 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 reduced its costs while improving Texans' lives. 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 the emergency room.
- 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.