Texas Medical Association physician leaders recently identified our priorities and vision for the state health care system. Our strategic roadmap for the next decade, titled Healthy Vision 2020, discusses in depth the health care issues of concern to Texas physicians and our patients. Many of TMA’s top priorities are relevant to the Texas Department of State Health Services (DSHS) Legislative Appropriations Request (LAR) proposal. We know a healthy and wealthy Texas depends on a sound health care system with robust medical care and effective public health components.

TMA supports DSHS’ goal to “move health forward” with adult immunizations, preventive maternal and perinatal health outcomes, and preventive health care for women including reproductive health, and chronic disease prevention. TMA believes we must invest in Texas’ public health infrastructure as it relates to these costly issues to prevent paying an even higher price tag in the future.

**Invest in immunization services**

Vaccines are some of the safest and most cost-effective ways of preventing infectious disease. Texas has made great strides in the last few years in vaccinating young children. However, infectious diseases remain a critical concern to public health practitioners and physicians. The resulting costs from these preventable diseases are devastating to our system. Physicians are on the front line of recognizing and treating infectious diseases in our growing and diverse state. We must not only maintain but also improve the partnership between public health and physicians to effectively prevent and manage infectious disease outbreaks in our state. This includes strengthening the state’s disease reporting and surveillance systems and more effectively getting timely information about potential outbreaks to physicians and the public.

Physicians also strongly endorse the state’s efforts to follow the immunization recommendations of the Centers for Diseases Control and Prevention’s Advisory Committee on Immunization Practices (ACIP). There is no stronger defense against preventable infectious diseases and associated costs than adhering to ACIP recommendations. We particularly support state efforts to improve the adult immunization safety net by targeting high-risk populations such as on-campus college students, pregnant women, and the elderly for vaccination.

Older adults are especially vulnerable to infectious disease; thus, the state must continue to promote immunizations such as pneumococcal vaccine for these individuals. We applaud DSHS for its efforts to reduce potentially preventable hospitalizations in Texas. Combined efforts of physicians, providers, government officials, and community organizations have been effective in
reducing the number of potentially preventable hospitalizations due to infectious diseases. These efforts should be enhanced.

We must continue work to protect children and adults in Texas from preventable and potentially fatal diseases. TMA looks forward to working with DSHS to identify and support legislative policy changes in immunization requirements and to strengthen the state’s immunization registry so it can be used by every Texas resident.

**Invest in chronic disease prevention**
The increase in the number of older Texans during the coming decades will have dramatic consequences for public health, the health care financing and delivery systems, informal caregiving, and pension systems. More older adults and increasing chronic disease will further strain resources in Texas counties where basic public health concerns (e.g., monitoring and containing infectious diseases and improving maternal and child health) are yet to be addressed fully.

Physicians care for patients each day who have multiple risk factors for developing a significant chronic disease. Many are already dealing with one or more chronic health conditions. We recognize there are multiple effective, community-based approaches that can help prevent chronic diseases and reduce obesity. We support DSHS’ efforts to promote community-based initiatives to increase physical activity and access to healthy foods in Texas communities.

DSHS has been successful in identifying many potentially preventable hospitalizations. If given appropriate resources, the agency could better foster community engagement to help reduce the many conditions related to chronic diseases, such as pneumonia, diabetes, and heart failure, all of which are endemic across Texas. DSHS demonstrated success with a small pool of funds allocated by the legislature in 2011 towards this purpose. TMA supports dramatically expanding these efforts to allow a greater impact in the highest-incidence counties.

**Invest in preventive care for low-income women**
While the 2013 legislature restored funding for women’s preventive health care, physicians remain greatly concerned that too many women still lack access to needed preventive and primary health services. DSHS’ Expanded Primary Health Care program, enacted just this year, together with Texas’ family planning program and Texas Women’s Health Program (TWHP), collectively provide low-income women cost-effective basic health care screenings — such as those for certain cancers, high blood pressure, and diabetes — birth control, and primary care services. The intent of these programs is to improve lives and lower costs by reducing rates of premature births, increasing prevention and early detection of breast and cervical cancers, and reducing the number of unintended Medicaid births.

Increasing the number of women who enroll in these programs, as well as increasing the number of physicians and clinics who care for them, will be essential to Texas’ efforts to improving maternal health and birth outcomes. For example, enrolling women in TWHP immediately following birth of a child will improve access to contraception, which promotes better spacing between pregnancies. Women who have had a Medicaid delivery are at particularly high risk for subsequent pregnancy, often so soon that risks of prematurity and low birth weight are elevated. Babies born too soon or too small often have significant health problems, such as respiratory or developmental delays, contributing to higher medical costs at birth and as the child ages. Unplanned Medicaid births cost the state more than $1.2 billion.
Today, the state serves only one quarter of the low-income women who need preventive and wellness care. The preventive services provided to women can help identify women at risk for cervical and breast cancers, hypertension, diabetes, and heart diseases, and provide timely care before these conditions become more complex and costly. Quality preventive care for all women is one of the leading factors in making sure we have healthy babies and children in our state. We applaud DSHS’ focus on improving preventive and primary care for women and support seeking additional funds for the Expanded Primary Health Care and family planning programs.

**Invest in mental health services**

We appreciate the significant investments the legislature made in 2013 to strengthen the state’s mental health system. Those funds helped to bolster and sustain a foundation for the state’s community-based mental health and “crisis” services as well as provide training for educators to better identify children who may need mental health services. As a result, the state improved Texans’ lives, while reducing its costs.

After the strides we’ve made in recent years to improve mental health services, it would be tempting for lawmakers to shift the state’s funding focus to other public health priorities. However, Texas’ population is rapidly growing, only increasing demand for mental health and substance abuse services from a health system struggling to keep pace. 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.

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. Additionally, of the DSHS figures demonstrating the billions of dollars our state spends on potentially preventable hospitalizations, more than a third have comorbidities in mental health conditions.

In 2009, 23 percent of the adult offenders in Texas state prisons, on parole, or on probation were current or former clients of the Texas public mental health system. A Texan with a serious mental illness is eight times more likely to be in a jail than in a hospital or treatment program, at a cost of $50,000 a year. A person in jail without a mental illness costs the state about $22,000 annually.

Mental illness is also strongly associated with high-risk behaviors such as alcohol, tobacco, and illicit drug use, and results in conditions such as obesity. U.S. mental health costs were estimated to be $57.5 billion in 2006 including the cost of mental health care and the indirect costs of disability caused by mental illness. One recent study estimates that Texas state dollars spent on mental health exceed $13 billion each year.

**Invest in emergency preparedness**

Emergency preparedness is an essential part of our public health services. TMA has been a part of the state and local responses to the needs of those affected by disaster — so we recognize the need for a strong local and state emergency preparedness system. During hurricanes Katrina and Rita, TMA worked hand in hand with DSHS to deploy medical personnel to care for the
medically fragile. Additionally, DSHS was recognized as a national leader in preparedness. State budget cuts to this program could jeopardize all Texans.

Texas enhanced the state’s preparedness and response systems in 2007 with the purchase of antiviral medications for influenza. These medications became critical in meeting the challenge of H1N1 in 2009 and 2010. Texas is now recognized as a national leader and innovator in building partnerships and following a multisector approach in addressing statewide emergencies and disasters. We cannot afford to take a step backwards with a decrease in funding for emergency preparedness, and we encourage DSHS to work with physicians to build local preparedness and response capacity throughout the state. This includes providing timely education and information to physicians regarding potential threats, including growing concerns with bioterrorism.

In closing, we know DSHS faces a difficult task assigned by the Legislative Budget Board, especially when the state’s public health system is at a breaking point. We would welcome the opportunity to further discuss any potential cuts and steps that might be taken to avoid such action and/or recommendation.