



Health and Human Services

Texas Council on Cardiovascular Disease and Stroke

November 17, 2025

This summary contains supplemental information from reliable sources where that information provides clarity to the issues being discussed. Power Point tables used in the presentations may also be used in this summary. Names of individuals may be misspelled but every attempt has been made to ensure accuracy. Tables and Text have been used from executive and legislative agencies and departments' presentations and publications.





[Texas Council on Cardiovascular Disease and Stroke](#) conducts health education, public awareness and community outreach; improves access to treatment; coordinates activities among state agencies; and develops a database of recommendations for treatment and care.

The Texas Legislature established the [Texas Health and Safety Code, Chapter 93](#) to create the Texas Council on Cardiovascular Disease and Stroke (TCCVDS) in 1999. In 2007, Legislature amended the [Title 25, Health Services, Part 15, Rule §1051.1](#) to establish the conduction of meetings. The Council addresses heart disease and stroke — two of the leading causes of death for Texans. The Council advises the legislature on legislation that is needed to develop further and maintain a statewide system of quality education services for all persons with cardiovascular disease or stroke.

The TCCVDS is required to develop an effective and resource efficient plan to reduce morbidity, mortality, and economic burden of cardiovascular disease and stroke in Texas. Work in the state plan's priority areas depends on the Legislature's continued funding and support.

Activities of the Council include:

- developing an effective and resource-efficient plan,
- conducting health education, public awareness, and community outreach,
- improving access to treatment,
- coordinating activities among agencies within the state,
- developing a database of recommendations for treatment and care, and
- collecting and analyzing information related to CVD.

Members:

Name	City	Membership Category
Stanley M. Duchman, MD	Houston	Licensed Physician in Cardiology
Janet (Hall) Hewlett, RD, LD	Georgetown	Licensed Dietitian
Alberto Maud, M.D.	El Paso	Stroke Specialist
Chair Suzanne Hildebrand	Live Oak	Chair/Public Member
Vice-Chair Oscar M. Aguilar, Jr, M.D, MPH, FACC, FAHA	El Paso	Licensed Physician in Primary Care



Name	City	Membership Category
		Public Health, Policy and Research
Elie Balesh, MD	Houston	Consumer Member
		Registered Nurse
Lourdes Cuellar	Houston	Consumer Member
Remmy Morris	Round Rock	Public Member
E'Loria Simon-Campbell, PhD	Houston	Public Health Policy, Research Practice Member

1. Call to order, welcome, introductions, roll call, and opening

remarks. The meeting was convened by Suzanne Hildebrand, Chair. A quorum was present.

2. Consideration of August 11, 2025, draft meeting minutes. The minutes were approved as drafted.

3. [Presentation: Overview of the Texas Tobacco Quitline.](#)

In Summary. Megan Moran (Texas Dept. of State Health Services) presented on the Texas Tobacco Quitline. The quitline provides confidential, free evidence-based cessation services, including NRT (nicotine replacement therapy) and quit coaching in English and Spanish. There are multiple enrollment pathways: online, phone, fax, Quitline app, and provider referrals (including EMR integration).

Coaches gather demographic/tobacco use info, assess readiness, provide individualized plans, and ensure privacy. There are five coaching tracks available: general, pregnant/postpartum, behavioral health, menthol, and native/indigenous communities.

NRT (gum, patches, lozenges) can be supplied for up to eight weeks; There are special protocols for pregnant/medically complex participants. There is a special program for Youth ages 13-17. The "My Life My Quit" program is tailored for vaping and e-cigarettes.

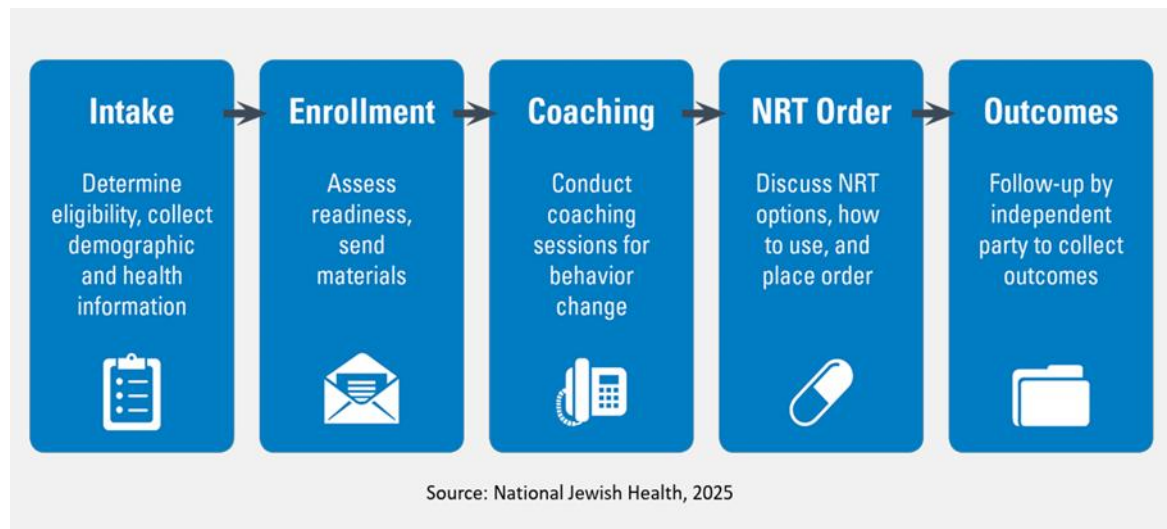


2025 metrics: over 14,000 calls, 10,000 enrollments, 8,000 NRT recipients. Quit rates surpass the national standard of 30% (34.6% for conventional tobacco) and 31.4% for e-cigarettes).

There was discussion about EMR integration with major platforms (Epic, Athena, etc.) to streamline provider referrals.

Presentation

The Texas Tobacco Prevention and Control Program contracts with National Jewish Health to administer the Texas Tobacco Quitline. The Texas Tobacco Quitline provides confidential, free, and evidence-based cessation services to Texas residents to assist them in quitting all tobacco products. This includes nicotine replacement therapy (NRT) and quit coaching.



Enrollment and Referral

Self-Enrollment: A person can enroll themselves:

- Online at YesQuit.org or
- By phone at 1-877-YES-QUIT(877-937-7848).

Referral: A health professional can refer people via:

- Paper-based fax form (available on [YesQuit | Home](#))



- Texas Quitline App; Apple devices and Android devices
- Health Professionals Online Referral Portal [Texas - Make A Referral](#) and Community Organization Online Referral Portal [Texas - Community Organizations](#); or
- Electronic health records systems (if integrated with the quitline).

Intake and Enrollment

During intake, coaches ask several questions, including demographic questions such as name, insurance, date of birth, etc. (Insurance is collected for informational purposes only and will not be billed). During enrollment, coaches then assess tobacco use, readiness to quit, motivation, and ask related questions.

Free and Convenient Services

- Provided in both English and Spanish with access to translation services for other languages.
- Accessible through all major mobile and desktop operating systems.
- Tailored to each participant's needs.
- Can be planned for times that work for participants' schedules.
- Reduces out-of-pocket costs and logistical barriers to participants.

Quit Coaching

Quit Coaching Sessions

- For people ages 18 and older.(separate program for youth)
- Provided via phone, chat, or text.
- Offered via 5 participant track options.
- Available on a 24/7 basis except for some holidays.
- Based on protocols demonstrated as effective in randomized clinical trials.

Quit Coaches

- Complete more than 150 hours of training, including accredited Tobacco Treatment Specialist training.
- Ensure privacy and confidentiality of participants.
- Conduct NRT screening and dosing assessment.
- Provide cessation support materials upon request.
- Link participants with certain community resources such as 211 Texas.



General Track for Participants

- Up to five quit coaching sessions.
- Follows each participant's tailored quit plan.
- Services include NRT screening and dosing, quit coaching, education, and appropriate support materials to assist those attempting to quit.
- Tailored text messages and emails throughout the duration of services.
- After five sessions, participants can continue to call in for support, as needed.

Specialized Participant Tracks

- Available for people and population groups who are disproportionately impacted by tobacco.
- Current track options include pregnant and postpartum, behavioral health, menthol, and Native and Indigenous.
- Tailored quit coaching services provided by specialized quit coaches.
- Some tracks include incentives for completed coaching sessions.
- All other services available through the general track are also available for these tracks.
- After completion, participants can continue to call in for support, as needed.

Pregnant and Postpartum Track:

- For pregnant and postpartum women up to one-year post-birth.
- Up to nine quit coaching sessions, five during pregnancy and four during postpartum.
- Same dedicated female quit coach throughout all sessions.
- Incentives are provided for every completed coaching session.

Behavioral Health Track:

- For people with mental health or substance use conditions.
- Up to seven quit coaching sessions.
- Coaching is provided by quit coaches who specialize in working with participants with behavioral health conditions.

Menthol Track:

- For people who use menthol tobacco products.
- Up to five quit coaching sessions.
- Incentives are provided for every completed coaching session.

Native and Indigenous Track:

- For people who are Native or Indigenous.
- Up to 10 quit coaching sessions.
- Coaching is provided by quit coaches who are Native or Indigenous.



- Dedicated toll-free number 1-855-5AIQUIT (855-524-7848) and website AIQuitline.com.
- Can still be accessed via 1-877-YES-QUIT(877-937-7848) or YesQuit.org.

NRT

- For people ages 18 and older.
- Available NRT medications include patches, gum, and lozenges.
- Provided in up to an eight-week supply.
- Participants can also receive short- and long-acting NRT medications to use together (“combination NRT”).
- Shipped to participants who are enrolled in services.
- A physician’s waiver is needed for pregnant women or people with certain medical conditions.

My Life My Quit Youth Program

- For youth ages 13-17.
- Addresses all tobacco products, including e-cigarettes and vaping.
- Five coaching sessions by phone, text, or online chat.
- Coaching is provided by specialized and youth-focused quit coaches.
- Simplified registration and intake process.
- Tailored automated text messaging features for youth with content for e-cigarettes and vaping.
- Promotional and educational materials developed for youth and by youth.

My Life, My Quit Program Self-Enrollment and Referral

Self-Enrollment: Youth can enroll themselves:

- Online at MyLifeMyQuit.org;
- By phone at 1-877-YES-QUIT(877-937-7848);
- By texting “Start My Quit” to 36072; or
- Using the My Life My Quit App (Apple Devices and Android Devices).

Referral: A health professional can refer youth via:

- Paper-based fax form (available on YesQuit.org); [Home](#)
- Texas Quitline App (Apple devices and Android devices);



- Health Professional Online Referral Portal ([Texas - Make A Referral](#)), Community Organization Online Referral Portal ([Texas - Community Organizations](#)), and My Life My Quit Provider Web Referral Portal ([My Life My Quit - Provider Web Referral](#)); or
- Electronic health records systems (if integrated with the quitline).

Other Services

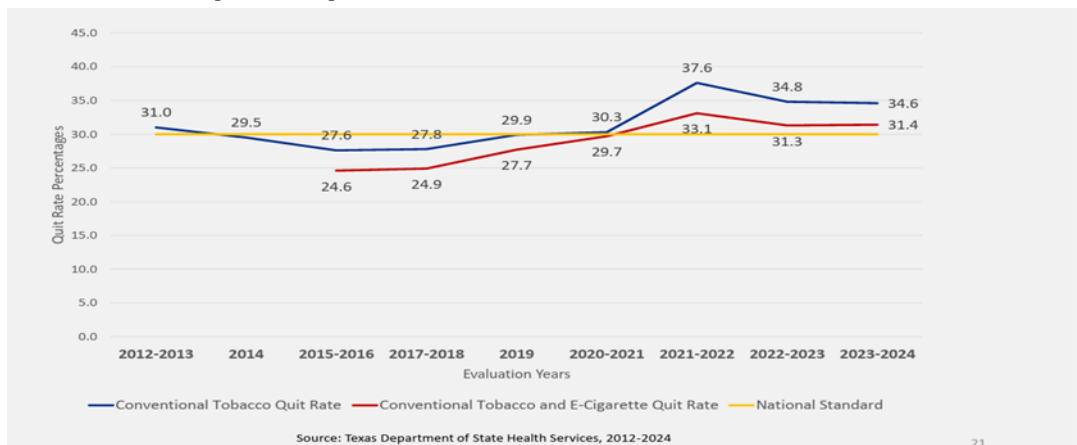
- Informational resources for lung cancer screening.
- Ability for physicians to pre-authorize NRT when referring patients via the paper-based fax form or Health Professionals Online Referral Portal.

Texas Tobacco Quitline Service Metrics and Quit Outcomes

Fiscal Year 2025 Services Data

Texas Tobacco Quitline Service Metrics, Fiscal Year 2025	Total
Total Number of Enrolled Participants	10,624
Number of Participants Enrolled in Quitline Phone Services	7,507
Unique Participants Enrolled in Quitline Phone Services with at Least 1 Coaching Session	6,737
Number of Participants Enrolled in Quitline Digital Services	3,117
Unique Participants Enrolled in Quitline Digital Services with at Least 1 Coaching Session	845
Number of Toll-Free Calls to Quitline	14,877
Number of Participants Receiving NRT	8,372

Texas Tobacco Quitline Quit Rates, 2012-2024





Discussion.

Has anyone looked into putting this on electronic medical record platform? This would increase the reach. The speaker answered in the affirmative. Integration into EMRs is part of the program.

Epoch and Athena covers the EMRs. The state success rate exceeds the required metrics.

4. [Presentation: Hello Heart Overview](#). [Cardiovascular Digital Health Program for Employers and Health Plans](#) | [Hello Heart](#)

In Summary. Amy Chamberlain (ERS of Texas) presented HealthSelect health plan's efforts to address heart disease/hypertension among 440,000 members. The "Hello Heart program" was launched September of 2024 serving 364,000 eligible adults. There is an app that is connected to a BP cuff. There is also, personalized digital coaching, and tracking (BP, cholesterol, weight, etc.).

Published studies (not ERS-specific) show significant reductions in BP, LDL, weight, and medical spending. Early HealthSelect results illustrated there were : 55,000 users; 1.6M BP readings; substantial risk reduction; with real-time alerts for high BP emergencies.

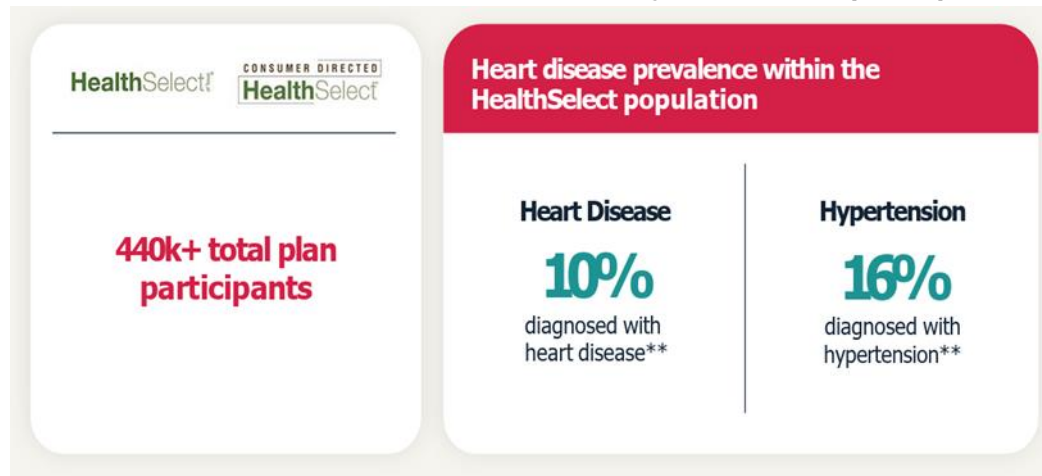
There was discussion about the potential for expansion to metabolic syndrome, diabetes metrics, and integration with glucose monitoring devices; ERS stated in this regard, the Omada diabetes management program is offered .

Presentation

Who is the Employees Retirement System of Texas? ERS administers competitive benefits to enhance the lives of their members, providing

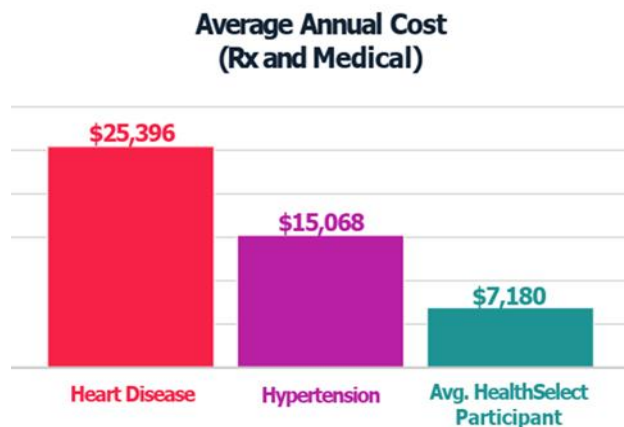
- Retirement benefits for state agency employees and elected officials, law enforcement, and custodial officers and judges; and
- Health insurance and optional group insurance benefits for the above populations and their dependents, as well as:
 - active and retired employees of Texas public community colleges and higher education institutions (and their dependents except for the University of Texas and Texas A&M University systems).

Heart disease risk is a chronic condition for many HealthSelect participants



Heart disease and hypertension costs are higher – for the participant and the health plan.

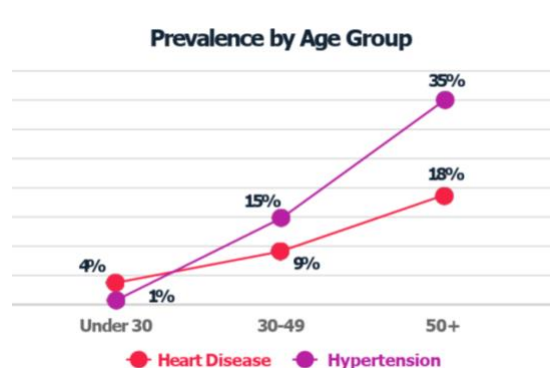
The average health plan cost for a participant living with Hypertension or Heart Disease is 2-3.5x more than the health plan cost for the average HealthSelect plan participant



With age, the prevalence of chronic conditions, such as Hypertension and Heart Disease, increases

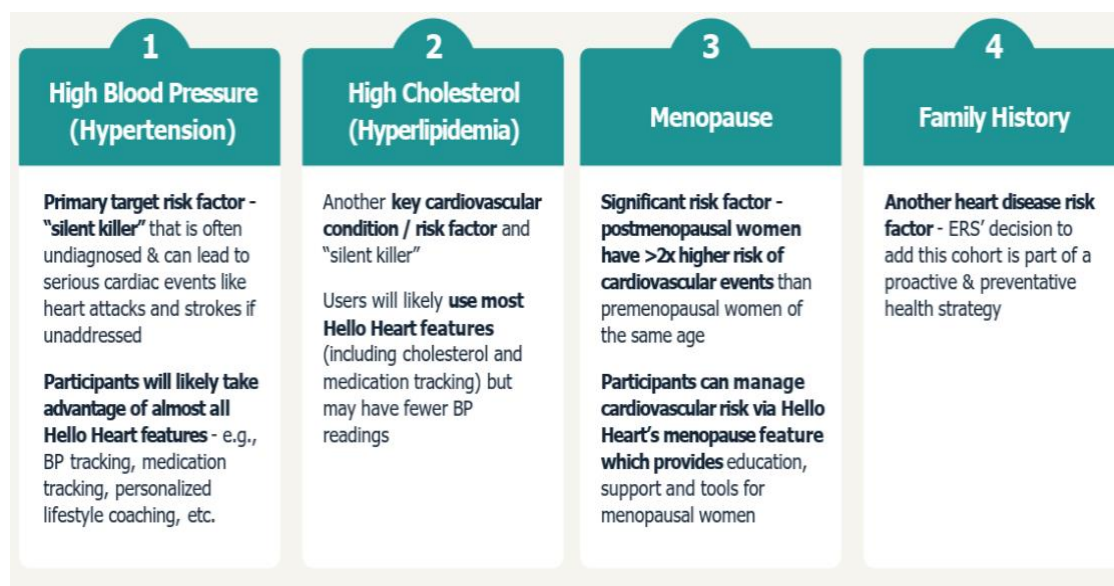
37.5 years old is the average age of HealthSelect plan participants (non-Medicare)

Early detection of conditions can help members effectively manage them.



Through BCBS of Texas, ERS brought Hello Heart onboard to manage heart disease risk which was launched September 2024 with 363k plan participants (age 18+). Participants self-attest to one of four eligibility criteria.

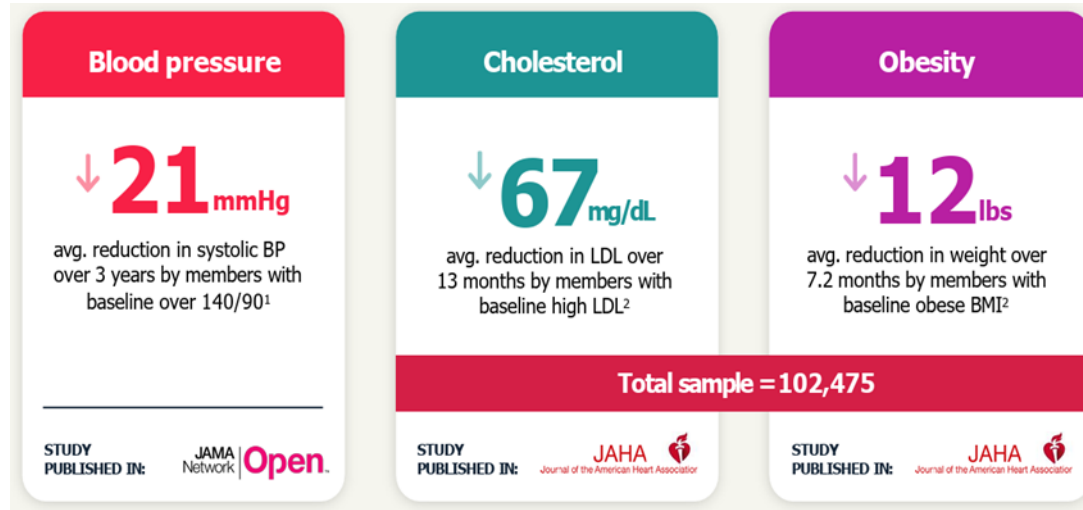
To be eligible to enroll, HealthSelect participants must attest to having at least one of four clinical criteria / cardiovascular disease risk factors



Hello Heart's Mission is to help people take control of their heart health using technology and behavioral science. It is a simple, digital hub to improve heart health Driving behavior change to lower blood pressure, cholesterol, and other CVD risk factors



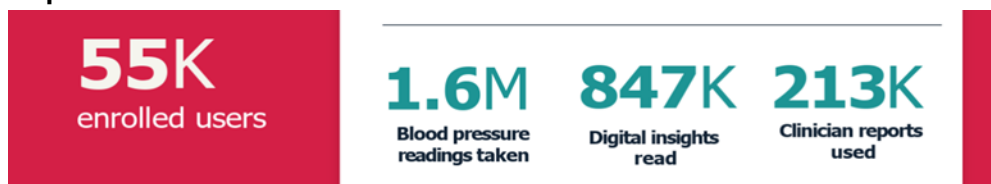
These features lead to meaningful clinical outcomes – peer- reviewed studies show:



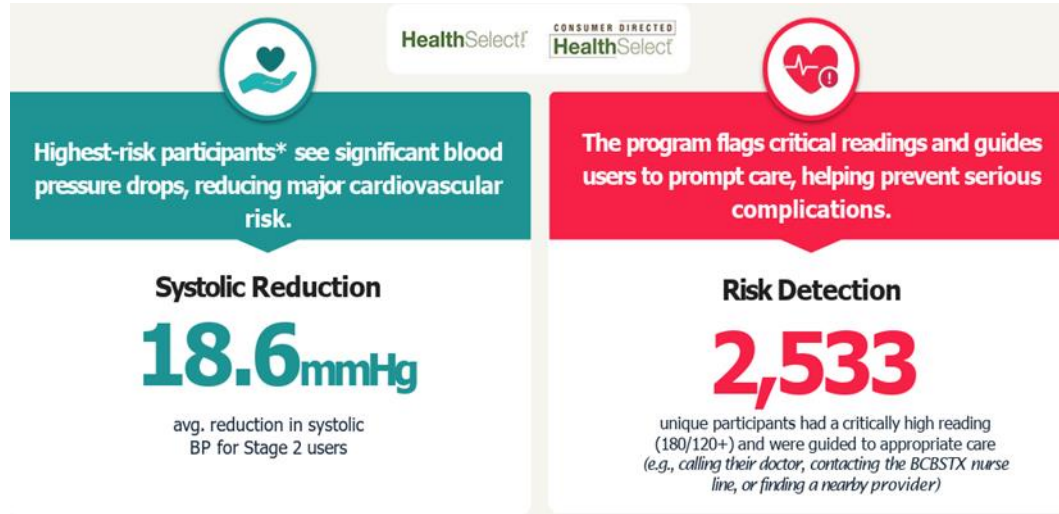
In March 2025, Aon's Cost Efficiency Measurement team published a claims analysis on the impact of Hello Heart



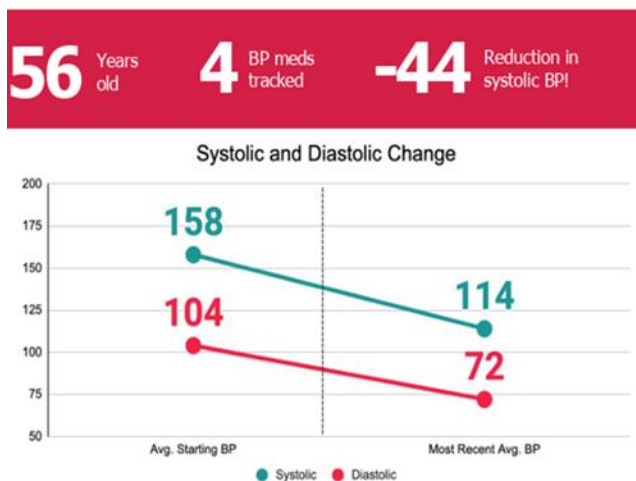
In its first year, the program has seen incredible response from HealthSelect participants



We're already seeing major risk reduction in HealthSelect's highest risk* participants and guiding them to care.



A HealthSelect participant's experience



"I love it. It has alerted me about the irregular heartbeat and I'm now seeing a cardiologist to find out what is causing this. If I didn't have this I wouldn't have ever known."

Discussion.

I absolutely love the program and its impact on prevention.

Could you see opening this to metabolic syndrome? The speakers stated they will look into this.



Developing the capability for blood sugar testing for smart phones and incorporating the patient data would be helpful. The speakers stated they use Omada to monitor blood sugar levels on a smart phone. [Diabetes Program | Omada Health](#)

5. Consideration of the Proposal Rule Packet for proposed amendments to Texas Administrative Code, Title 25, Part 15, Rule §1051, Conduct of Council Meetings

([SECTION 1051.1. Conduct of Meetings, CHAPTER 1051. RULES, PART 15. COUNCIL ON CARDIOVASCULAR DISEASE AND STROKE, TITLE 25. HEALTH SERVICES, Texas Administrative Code](#)). Rachel Wiseman (DSHS) explained the review and voting process for the proposed rule packet (amendments to Texas Administrative Code Title 25), previously emailed to members (***but not made available to the public***). The packet included proposed rules, plain-language summary, preamble, fiscal forms, and notification forms. Members had been told they could approve as presented or recommend changes; if amended, a revised packet would be brought to a future meeting. The rule project was adopted. The Governor's office had a few minor changes and so approval of the amended document has to occur. The proposed rules will be posted to the *Texas Register*.

MOTION: Adopt the revised rules (per Governor's office) prevailed.

6. Agency representative reports.

DSHS-- (Rachel Wiseman):

- Cardiovascular Newsletter published;
- DSHS is seeking FQHC/clinic partners in select counties for BP initiatives.
- CDC grant activities support data automation, self-monitoring BP, resource directories, and learning collaboratives.
- The Collaborative seeking additional members.

Texas Health and Human Services Commission (HHSC)—No update.

Texas Workforce Commission—No update

7. Liaison reports

[American Heart/American Stroke Association](#). They supported the \$3B state funding for Dementia Prevention/Research Institute and are actively engaged with the sunset review of key agencies; They are supporting ongoing tobacco control efforts in several Texas cities.

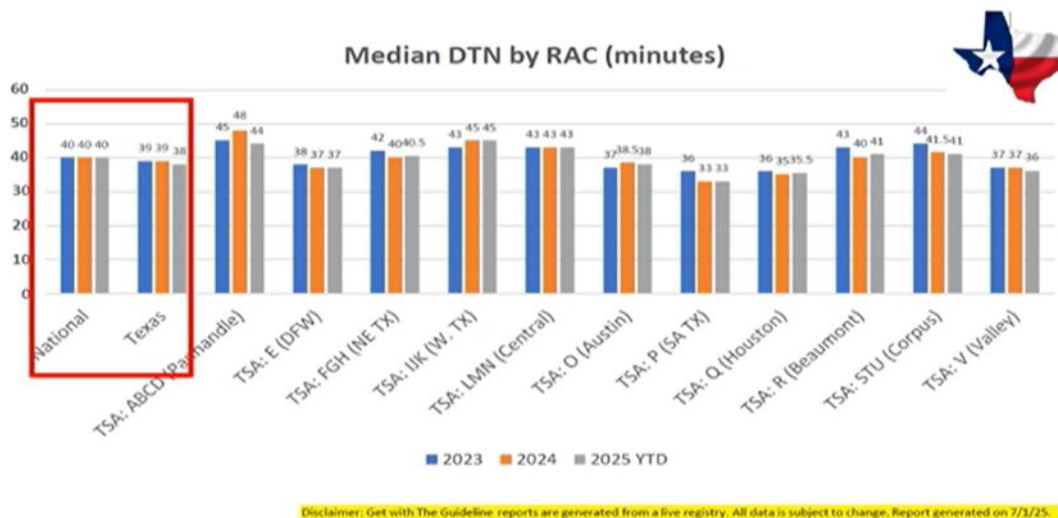
Office of Acquired Brain Injury. TABLED

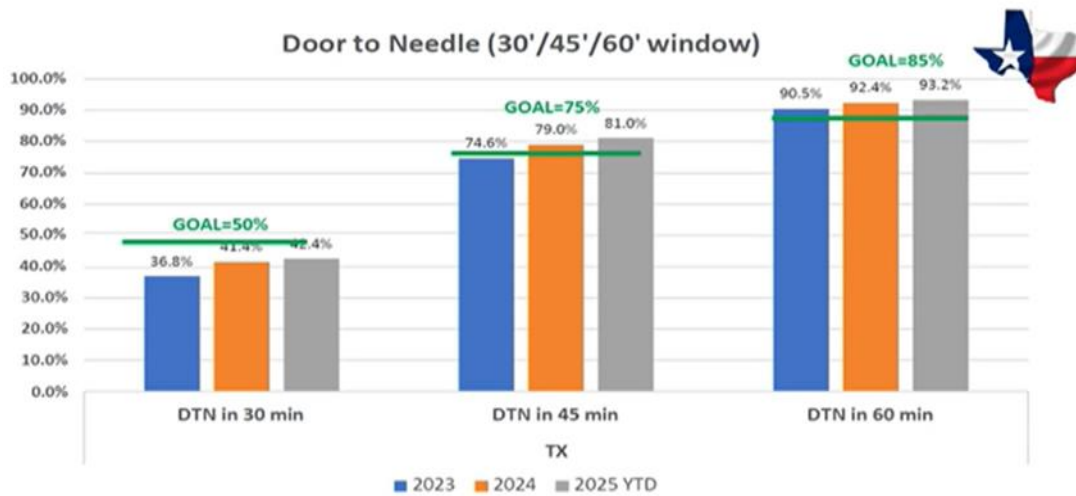
Governor's Emergency Medical Services (EMS) and Trauma Advisory Council (GETAC) (ETAC Cardiac Care Committee; GETAC Stroke Committee).

- They are validating data from DSHS on transfers and issues related to transfers.
- They are looking at NEMSIS for chest compression coaching [Home - NEMSIS](#)
- RAC Data Collaborative is being expanded to include a statewide dataset for stroke

Dr. Robin Novakovic White provided an update on the GETAC Stroke Committee. GETAC is working on strengthening the continuum in stroke care and post-acute recovery. There is a workgroup on post-acute stroke recovery. They are developing a separate rural stroke awareness campaign.

They are working with *Get with the Guidelines* data. There are 53 participating Texas hospitals.





Disclaimer: Get with The Guideline reports are generated from a live registry. All data is subject to change. Report generated on 7/1/25.

Stroke Committee

Priority Not Implemented
Priority Activities Recorded
Priorities Completed and
being Monitored

Committee Priorities	Current Activities	Status
Patient safety and quality concern – Neuro IR coverage	- Letter citing patient safety concern regarding Neuro IR call coverage discussed. - Multiple TX providers gave first-hand experience supporting statements in the letter 11/2024. - Stroke Committee and GETAC Council approved as a quality and patient safety concern. - Barriers to finding objective measures to demonstrate delays, patients inappropriately denied MT and misuse of resources. - DSHS is working with DNV and TJC to review transfers out from hospitals - Stroke Committee and SSOC WG recommendation for internal performance measures to follow. - SSOC work group and Stroke Committee with review NCTTRAC newly approved recommendation for Neuro IR coverage best practice.	

Best practices recommendations have been made. Pediatric recommendations for stroke have also been recommended to the GETAC including best practices.

Breaking Down DIDO

DIDO Metrics for patients with LVO in need of thrombectomy Goal 90 minutes

Transferring facility Door to Transfer Request to receiving facility and ground or air medical transport	Median 30 minutes or less (call as soon as possible) *Consider early activation if auto-accept with receiving facility is not in place
Receiving Facility Notification to Response acceptance or denial	Median 15 minutes or less
Transfer Request to Transport Arrival	50% at goal: 30 minutes by air or ground urban/suburban and 45 minutes rural
Transport Arrival to Door Out	Median 15 minutes or less

The GETAC Stroke Committee PI Recommendations:

The committee strongly encourages all designated stroke facilities to complete important *Get With The Guidelines (GWTG)* data elements and follow important internal measures, including:

Prehospital Layer (all facilities) participation, completed to the best of their abilities, but especially:

- EMS Prehospital Notification
- EMS Stroke Screening completed

Interfacility Transfer Layer ("DIDO layer") participation, completed to the best of their abilities, but especially:

- Arrival to transfer request
- Arrival to transport request
- Transfer requested by referring hospital to transfer accepted by receiving hospital
- Transport requested to transport arrived
- Transport arrived to transfer out at referring hospital

Internal Quality Review (Level 1 & 2 facilities)

- Conduct internal multispecialty review of denied thrombectomy cases
- Provide feedback to treating providers on cases deemed inappropriately denied treatment

Internal Performance Measures (Level 1 & 2 facilities)

- Neuro IR notification (page) to response
- Neuro IR notification to angio team activation
- Neuro IR notification to hospital arrival
- Neuro IR notification to patient arrival to angio door
- Angio door to groin puncture
- Groin puncture to device deployed

TEXAS Emergency Medical Services Standardized STROKE Education (TEAM STROKE-ED) Study

Hypothesis: EMS stroke knowledge would improve if standardized stroke education was provided.

- Perform an **+intervention with** standardized stroke education and another that uses current practices (**-intervention**).

Outcomes:

- Primary Outcome:**
 - Stroke Knowledge:
 - Pre- and post-intervention skill and knowledge assessment
 - Retention assessment testing at 3- and 6-months post-intervention.
 - Assess EMS providers' understanding of stroke symptoms, appropriate interventions, and time-critical actions.
- Secondary Outcomes:**
 - Regional Performance in Key Stroke Performance Measures:**
 - Evaluate EMS providers' ability to recognize stroke symptoms accurately and initiate appropriate care by reviewing GWTG or NEMSIS performance regionally for:
 - Stroke screening tool utilization and documentation
 - Stroke severity tool utilization and documentation
 - Prescription of suspect stroke patient arrival
 - Percentage of on-scene time ≤ 15 minutes.
 - Regional Time to Treatment:**
 - Track regional performance measures for:
 - Door to Needle (thrombolysis intervention)
 - Door to Provider
 - Regional Patient Outcomes:**
 - Track regional patient outcomes from GWTG, such as mortality, disability, and functional recovery, to assess the downstream impact of improved EMS performance.

Seeking members for the stroke standardized education writing group



<https://urldefense.com/v3/https://forms.office.com/r/NdO6QxSuGC2o?origin=ipLink...!IMznTZT5vDXGV0Co!C1QK3XMmju3UfHBLG-5submco0g5QrYbUDx0K8SYASpdnHgsOCq8c2XsM9GUNHzqTydnk8ruPapospn4MIWehe7VofXDz500zPH-KDqk1Hg5>

23

Education Workgroup - Mission: Lifeline EMS Recognition



2025 EMS RECOGNITION CRITERIA
(Based on 2024 data)

Mission: Lifeline EMS Award

ANAEM01 Pre-arrival notification for suspected stroke

ANAEM02 Documentation of last known well for patients with suspected stroke

ANAEM03 Evaluation of blood glucose for patients with suspected stroke

ANAEM04 Stroke Screen Performed and Documented

ANAEM05 12-lead ECG performed within 30 minutes for suspected heart attack

ANAEM06 Aspirin administration for STEMI-positive ECG

ANAEM07 Pre-arrival notification ≤ 10 minutes for STEMI-positive ECG

Volume Criteria: At least 4 patients for the calendar year (+1 STEMI patient and +1 Stroke Patient)

Mission: Lifeline System of Care Target: Heart Attack Distinction

ANAEM08 EMS First Medical Contact (FMC) to FMC ≤ 60 minutes for Patients with STEMI

or

ANAEM09 EMS First Medical Contact to Thrombolysis/Aspirin Administration ≤ 60 minutes for Patients with STEMI

Volume Criteria: At least 4 STEMI patients for the calendar year

Mission: Lifeline System of Care Target: Stroke Distinction

ANAEM10 EMS First Medical Contact to Thrombolysis Administration ≤ 60 minutes for Patients with stroke

Volume Criteria: At least 4 stroke patients for the calendar year

MISSION: LIFELINE EMS

Aggregated annual compliance of 75% for all required measures

Aggregated annual compliance of 75% for all required measures

GOLD

Aggregated annual compliance of 75% for all required measures

SILVER

Aggregated annual compliance of 75% for all required measures

BRONZE

At least one calendar year of compliance for all required measures

TARGET: HEART ATTACK

TARGET: STROKE

For additional Mission: Lifeline EMS Recognition information, please visit www.heart.org/mission-lifeline or email Mission.Lifeline@heart.org.

Copyright 2025 American Heart Association, Inc. All rights reserved. 12/2025

<https://www.heart.org/en/professional/quality-improvement/mission-lifeline>



Measure Narratives:

https://www.heart.org/en/media/Files/Professional/Quality-Improvement/Mission-Lifeline/2025-EMS-MI-Measure-Narratives-Final.pdf?sc_lang=en

A rural stroke assessment survey has been launched.



Discussion.

A person can go through exemplary treatment and then hit a wall. What about post-acute care through Medicare advantage plans that are nonresponsive to patient need.

A post-acute care workgroup has been formed to address these issues. They held their first meeting this month.

8. Plan for Stroke Survivors and Caregivers Conference. Everything for the conference is ready but the date.

9. Review of action items and agenda items for next meeting. No new agenda items were suggested

10. Upcoming meeting dates: February 13, 2026; May 29, 2026; August 14, 2026.

11. Public comment. No public Comment was offered. .

12. Adjourn. There being no further business, the meeting was adjourned.

The information contained in this publication is the property of Texas Insight and is considered confidential and may contain proprietary information. It is meant solely for the intended recipient. Access to this published information by anyone else is unauthorized unless Texas Insight grants permission. If you are not the intended recipient, any disclosure, copying, distribution or any action taken or omitted in reliance on this is prohibited. The views expressed in this publication are, unless otherwise stated, those of the author and not those of Texas Insight or its management.
