Health and Human Services

Legislative Appropriations Request (LAR) Public Hearing on 2028-2029 Biennium LAR Department of State Health Services

April 30, 2026

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.

DSHS conducted a public hearing to receive input on public health program funding for the 2028-2029 biennium Legislative Appropriations Request. DSHS is seeking ideas and recommendations for funding public health programs such as disease and injury prevention, public health data, maternal and child wellness, emergency preparedness and response, vital statistics, and health-related consumer protection.

Welcome and call to order. Department of State Health Services staff convened the meeting

Agency overview. Commissioner Dr. Jennifer Shuford described DSHS mission: promote and protect health of Texans through prevention, intervention, and partnerships. DSHS program structure was outlined across six divisions: Community Health Improvement, Consumer Protection, Infectious Disease Prevention, Office of the Chief State Epidemiologist, Public Health Laboratory, and Regional and Local Health Operations. The Commissioner stated that DSHS and related HHS agencies are under Sunset review and the process is to continue through the year with resulting legislation next session. She stated that DSHS will continue refining the LAR leading up to submission at the end of summer.

Budget overview: 2028-2029 Biennium DSHS total appropriations is $2.4B (all funds) for FY 2026–2027 and the largest goal area is Goal A (Preparedness and Prevention), followed by Goal B (Community Health Services). Goals A, B, and C represent direct mission responsibilities and account for 90% of agency funds.

DSHS Functions

DSHS Programmatic Divisions

Division	Function
Regional and Local Health Operations	Eight DSHS Public Health Regions (PHRs); Health Emergency Preparedness and Response; Texas Center for Infectious Disease; Office of Border Public Health
Chief State Epidemiologist D	Disease Surveillance and Epidemiology; Center for Health Statistics
Community Health Improvement	Environmental Epidemiology and Disease Registries; Health Promotion and Chronic Disease; Maternal and Child Health; Newborn Screening and Injury Prevention; Data Analytics and Special Projects; Vital Statistics
Consumer Protection	Emergency Medical Services (EMS) and Trauma Care Systems; Environmental Health; Food, Drug, and Medical Device Safety; Meat Safety Assurance; Radiation Control
Infectious Disease Prevention Services	HIV/STD services; Immunizations; Pharmacy; Tuberculosis (TB) and Hansen's Disease
Public Health Laboratory	DSHS Public Health Laboratory in Austin and South Texas Laboratory in Harlingen

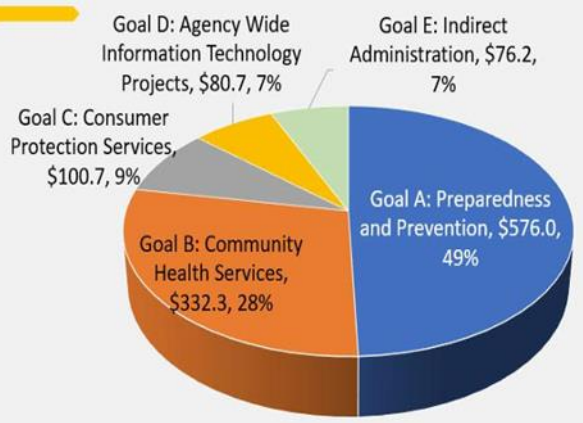
All Funds by Goal Amounts Rounded in Millions

Goal	All Funds
Goal A: Preparedness and Prevention	1596.8
Goal B: Community Health Services	428.1
Goal C: Consumer Protection Services	114.2
Goal D: Agency Wide Information Technology Projects	96.2
Goal E: Indirect Administration	132.3
Total	2,367.6

General revenue and GR-related appropriations total approximately $1.2B for FY 2026–2027; again concentrated in Goal A and Goal B.

General Revenue Related (GRR) by Goal Amounts Rounded in Millions

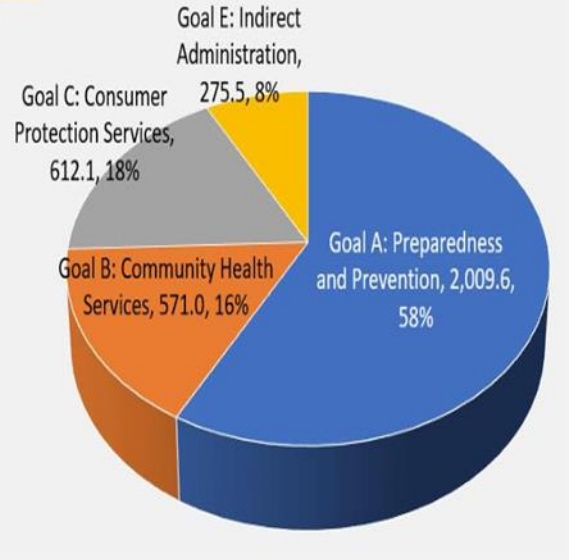
Goal	GRR by Goal
Goal A: Preparedness and Prevention	576.0
Goal B: Community Health Services	332.3
Goal C: Consumer Protection Services	100.7
Goal D: Agency Wide Information Technology Projects	80.7
Goal E: Indirect Administration	76.2
Total	1165.9



Staffing totals 3,468.2 FTEs, largely within Goal A; Goal D (Agency-wide IT projects) has no directly attributed FTEs (IT is consolidated at HHSC).

Full Time Equivalents by Goal

Goal	FTEs
Goal A: Preparedness and Prevention	2009.6
Goal B: Community Health Services	571.0
Goal C: Consumer Protection Services	612.1
Goal E: Indirect Administration	275.5
Total	3468.2



The 2028–2029 exceptional items are presently under development, and are guided by the parameters of: maintain/expand service levels, new initiatives, base capital budget items, and legislative mandates.

The key behind EI development is for exceptional items to: align with core mission, be implementable, non-duplicative with other entities, and justifiable for ongoing public health needs (including prior-session mandates

Exceptional Item Development General Parameters:

- Maintain current service levels
- Expand service levels
- New initiatives
- Base capital, or
- Fulfill legislative mandates

Public comment

Common Themes and Requests from public comments

- Sustain and stabilize local public health infrastructure funding as federal/temporary sources sunset.
- Multiple local health departments described flat or reduced funding over many years despite population growth, rising costs, and increased service demand (immunizations, TB, HIV/STIs, preparedness, surveillance).
- Several speakers emphasized that grants are often fragmented and restricted, creating staffing instability and shifting costs to local governments.
- Public Health Infrastructure Grant (PHIG) highlighted repeatedly as a critical stabilizer for workforce, training, data modernization, labs, analytics, communications, and foundational capabilities, with concern about PHIG ending in 2027.
- Calls for improved data modernization and local data capacity so information can be accessed and acted on in real time.
- Requested flexible funding mechanisms (including “rainy day”/rapid response funds) to respond quickly to outbreaks and emergent threats.
- Strong emphasis on immunizations: sustain safety net programs (adult and Vaccines for Children), increase local program staffing, strengthen

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compliance/reporting (including non-medical exemptions), and improve messaging to address declining clinic utilization.

- Support for infectious disease prevention/response including HIV medication support, syphilis and congenital syphilis efforts, and sustaining/expanding disease intervention specialist (DIS) programs at local health departments.
- Maternal and child health priorities included perinatal substance use screening/intervention, keeping mothers and children together in treatment, mobile maternal health units, and perinatal system support.
- Chronic disease and prevention priorities included diabetes prevention/management and complications (including amputations), tobacco prevention/cessation, obesity treatment, and broader health promotion.
- Consumer protection/enforcement needs raised for tobacco/nicotine, alcohol, cannabis, and consumable hemp products (licensing, compliance, surveillance/data collection, and removing non-compliant products).
- Prioritize sustainable funding for family-based recovery services, perinatal prevention/early intervention, and gender-specific mother-and-child programs; expand access in underserved regions and allow cross-regional flexibility.
- Establish stable, equitable base funding for core services at local health departments and provide flexible structures for workforce/operations; sustain infrastructure investments; rural support.
- support 60% local / 40% state funding approach; increase core service investments and local data modernization capacity.
- Immunization Partnership (Wendy Ward): create flexible rapid-response outbreak funding and rural provider stabilization pool; restore/improve local immunization staffing after 2025 cuts; invest in school/childcare vaccine compliance support.
- Texas Medical Association / Texas Pediatric Society / Texas Public Health Coalition support six areas—immunizations, infectious disease monitoring/response (including HIV meds and syphilis hotline), maternal/infant health initiatives, chronic disease prevention and tobacco control plus consumable hemp safety regulation, sustain regional/local services, and bolster the FQHC Incubator Program.
- State support needed to sustain PHIG-enabled workforce, data modernization, training academy, lab and preparedness improvements when PHIG ends.
- AAIR Foundation (Chris Martinez): request $18M for RESCUE asthma intervention program for Texas schools (stock inhalers/spacers, training

protocols, connectivity layer), citing avoided ER visits and potential Medicaid / CHIP savings.

- PHIG critical to building workforce and partnerships; urged additional infrastructure funding.
- Need for recurring state investment in foundational infrastructure to avoid reactive "crisis" posture; modernize data/reporting and sustain workforce.
- Fund prevention/cessation/surveillance/enforcement for alcohol/cannabis/tobacco/nicotine; create interagency epi work group; fund prevention coalitions; add state alcohol epidemiologist and consumable hemp epidemiologist.
- Invest to expand Help Me Grow Texas; only 3 of 12 sites at full fidelity; prior funding streams ended Dec 2025.
- Make FQHC Incubator funding ongoing; enhance Texas Primary Care Office evaluations; support prevention efforts (chronic disease, HIV/STD, adult vaccines, maternal/child health).
- American Cancer Society CAN / Texas Tobacco Control Coalition request at least $6M increase for tobacco prevention and cessation.
- Create a Texas response to FASD; fund professional training for recognition and support for building FASD-informed services.
- Request $1M exceptional item to fund Texas Nutrition Advisory Council (created by SB 25) for evidence review/reporting, public communications, and school implementation support.
- Environmental public health funding needs and legislative changes affecting permitting/inspection authority addressing oversight gaps. Request support for local authority and prevention/education.
- Invest in diabetes prevention/obesity treatment/management; expand National DPP access; improve data/strategies on complications (amputations).
- Address declining vaccination clinic use (noted especially among people with Hispanic last names) and coordinate statewide messaging, providing legislators with effective messaging.
- Austin-Travis County and Lubbock Public Health emphasized DIS program funding as essential to HIV/syphilis control and warned of program expirations around 2027 and risks to congenital syphilis prevention programs.
- Invest in RAC data/quality improvement; increase trauma network appropriations; strengthen rural trauma sustainability; consider new perinatal system funding mechanism.

- Increase prevention and early intervention for substance use/overdose; strengthen maternal/child health initiatives and actionable public health data.
- Infrastructure/local support and vaccine/TB preparedness; urged significant increases for tobacco prevention and cessation.

Testifying Live

Vaughn Gilmore Santa Maria Hostel **Home - Santa Maria Hostel**. I am here to urge you to prioritize sustainable funding for family-based recovery services, especially prevention and maternal and child health initiatives. My name is Vaughn Gilmore, and I'm the CEO of Santa Maria Hos- Hostel, a nonprofit serving women in the Greater Houston area and Central Texas. I am also a licensed clinical social work supervisor and licensed chemical dependency counselor in the state of Texas. Substance use disorders among pregnant and parenting people is a public health issue with multi-generational impact. When prevention and early intervention are underfunded, families often reach care only after a medical, social, or legal crisis, when treatment is more complex and more costly. The perinatal period is one of our best opportunities to intervene early and improve outcomes for both parent and infant. Family-centered maternal health-focused treatment is essential. It allows mothers and children to stay together while addressing issues such as substance use, trauma, housing instability, and parenting in an integrated and evidence-based approach. Providers like Santa Maria are a safety net for high-risk families and help prevent foster care placements, improve family reunification outcomes, and support lasting recovery for mother and child. But right now, access is shrinking. Rising costs, as well as recent funding reductions for these types of services, have weakened services for pregnant and parenting women across Texas. The result is reduced capacity with fewer beds and programs and fewer mother and child services even as the need remains high. Investing in prevention and early intervention reduces maternal and infant healthcare cost, decreases NICU use, and helps keep families together by reducing foster care placements and justice system involvement. I ask you to consider funding gender-specific mother and child programs to rebuild capacity across the state, expand access to these specialized services in underserved regions where no such service currently exists, including flexibility to serve families across regional boundaries, and to invest in prevention and early intervention for maternal and child health supports that identify and address perinatal substance use e- early so families can get help early before a crisis.

Lisa Dick Brownwood Brown County Health Department **Brownwood-Brown County Health Department | Brownwood, TX - Official Website.** Local health

departments across Texas are working hard to sustain essential services, but many core programs, including immunization services, public health preparedness funding, and tuberculosis services, have operated with funding that does not keep pace with population growth, rising costs, or expanding responsibilities. These programs depend on multiple small, restricted grants that must be pieced together to support basic staffing creating instability, and leading to service vulnerability. We have also been tasked with providing other critical services with no dedicated state funding at all, such as sexually transmitted infection testing and treatment, and chronic disease prevention. In rural communities like ours, our health department is often the only accessible provider for these services. Over time, grants that initially were promoting or provided services, staffing, supplies, equipment, and training are now almost entirely covering just staffing costs. This shifts more of the financial responsibility to local governments. In our case, the community contribution has increased by more than fifty percent, well over the pace of the cost of living. While our city and county have been incredibly supportive, this level is not sustainable for the long term. This strains our ability to offer competitive salaries and to retain quality staff. During my tenure, we have had to eliminate positions, and this requires us redistributing, redistributing many of our duties over time. And so now our staff may juggle multiple roles and significant workloads, often without the ability to provide meaningful raises or cost of living adjustments. Public Health Infrastructure Grant has provided temporary stability to this but will expire in twenty twenty-seven. Without long-term support, communities, especially rural communities, will face reductions in immunization preparedness capabilities and disease control and outreach. To move forward, we respectfully request your partnership in establishing stable, equitable-based funding for core public health services. Create flexible structures that modern, that, that reflect modern workforce and operational needs. Support rural health departments with limited staffing covering wide ranges of responsibilities. Sustain infrastructure investments that have, that have been rebuilding essential capacities. Local public health departments are committed to diversifying their services, expanding billing, and strengthening partnerships, but these efforts cannot replace predictable state investments into the core public health function protections. Texas needs strong, well-funded, adequately staffed local health departments

Dr. Philip Huang, Dallas County Health and Human Services **DCHHS | Home**.
Dallas County Health and Human Services is a large local health department serving more than 2.6 million residents, and it's large, I point out its larger than the population of 15 states. Um, and I had the privilege of working at the state level at DSHS for 16

years, and now almost two decades at the local level, and that perspective has really made one thing very clear, that public health succeeds or fails at the local level, where people live, where outbreaks start, and where prevention actually happens. So first, let me start by saying how much we value our partnership with DSHS. You know, your role is essential, and I strongly support full funding for all of your state functions and requests. To make those investments effective, we must ensure resources reach the front lines. That's why we support the funding approach that was recommended from the Public Health Funding and Policy Committee, of which I'm currently vice chair, that recommended 60% to local health departments and 40%- to the state to align resources when services are delivered.

I want to focus on three areas: uh, core services, direct investment in local health departments and data modernization. In Dallas County, state funding for core public health programs like immunizations, TB, HIV, STIs, and preparedness has remained essentially flat for 15 years. Yet, in just the last five years clinic volume in Dallas County has grown by 83%, TB screenings have increased by almost 10%, and new HIV cases have risen by 36%. At the same time, costs have gone up (staffing, vaccines, testing, and treatment) and most of the patients we serve are uninsured or under-insured. This makes state funding the backbone of access. Local health departments now are being asked to do more than ever, responding to emerging threats like measles and mpox, prepare for things like FIFA World Cup while maintaining day-to-day control of TB and HIV, and serve as a safety net. Funding has not kept pace.

Wendy Ward, Immunization Partnership **The Immunization Partnership.** We're a nonprofit dedicated to saving lives by supporting immunization programs and policies. Um, in the United States alone, routine in- childhood vaccinations will have prevented approximately five hundred and eight million cases of illness, thirty-two million hospitalizations, and one point one million deaths according to the CDC. Economic benefits include direct savings of five hundred and forty billion and societal savings of two point seven trillion. Taken together, these data highlight the value of immunization and point to clear opportunities for strategic investments in Texas. We propose three recommendations for D-DSHS to enhance immunization programs and improve access to immunizations statewide.

First, D-DSHS should establish flexible funding streams for rapid response to current and emergent-- emerging disease outbreaks. The recent resurgence of vaccine-preventable diseases such as measles and pertussis underscores an urgent need for

forward-looking public health funding. Flexible funding or a rainy day fund that can immediately be activated by health departments without waiting for legislative sessions will support extra staffing, clinics, local communications to enable timely distribution of vaccines in urban, rural, and border regions, education and outreach programs targeted toward underserved populations, and strengthening immunization infrastructure to rapidly respond to d-disease outbreaks.

TIP also suggests creating a stabilization pool for rural providers, so clinics in isolated locations can have reserved funding to effectively respond to outbreaks. Our second recommendation is to boost funding for immunization program staff in local health departments. Because of funding cuts in twenty twenty-five, the capacity of the Texas public health system to deliver essential immunization services was substantially weakened and left local health departments stretched to the breaking point.

Finally, DSHS should increase investments in ensuring compliance with vaccine requirements at childcare centers and in schools. Vaccine requirements are guardrails for public health, and the resulting immunization among children in childcare centers and schools helps prevent the spread of diseases to the broader community. DSHS should increase funding for school nurses and school and childcare personnel who must be able to access current guidance and best practices to accurately report vital data. The Immunization Partnership recognizes that DSHS has many priorities to manage the health of Texas residents and welcomes the opportunity for future collaboration.

Lauren Gamble, Pediatrician and Pediatric Society **Texas Pediatric Society - Home**
A healthy Texas needs both the healthcare system and public health infrastructure to be robust and resilient. As such, we are here in support of funding in six areas.

- One, invest in immunization services. This includes maintaining a strong, excuse me, adult safety net and Texas Vaccines for Children program and the school-based health centers to provide indispensable services for Texans. Also, invest in improving the tracking and reporting of non-medical exemptions for schools and childcare centers.
- Two, excuse me. Strengthen the infectious disease prevention, monitoring, reporting, and response. This includes the HIV medication program, which provides life-saving medications to under- and uninsured Texans. Also, continue to expand resources like the hotline for combating syphilis and congenital syphilis.

- Three, improve maternal and infant health. We support maintaining the important work of the Maternal Mortality and Morbidity Review Committee, Texas AIM, and the Texas Collaborative for Healthy Mothers and Babies. We also support the continued efforts to maintain a modern Texas newborn screening panel and the mobile maternal health units.
- Four, invest in health promotion and chronic disease prevention. This includes messaging encouraging Texans to be physically active, eat healthily, and get routine health screenings and vaccinations, and quit smoking and vaping. We especially support dynamic tobacco control initiatives to cur-curb smoking and vaping and safety regulations for consumable hemp products.
- Five, sustain regional and local public health services to maintain-- to help meet public health needs. This includes prevention of chronic disease, referrals, and enforcing consumer safety regulations across the state in partnership with DSHS. This is especially important in areas of Texas where a local health or public health entity may not be available or sufficient.
- And finally, bolster the Federally Qualified Health Center incubator program to continue to increase access to essential primary and preventative services for children and families. This could be accomplished by creating new FQHCs and increasing the capacity at existing centers. These health centers are necessary to keep up with the demand for medical and mental health services. Our organizations commend DSHS for its resolute data-driven efforts to improve public health. Physicians are a key ally towards this common goal, and we look forward to elevating our shared public health priorities.

Matthew Gonzales, Hays Count Health Department **Hays County Health Department** Hays County sits between two of Texas' largest metropolitan areas, Austin and Travis County, and San Antonio and Bexar County. Our location, combined with rapid economic residential development, has contributed to significant population growth. Since the 2020 decennial census, our county has grown by more than 26%. Between 2024 and 2025 alone, we saw an additional 3.41% increase, placing us just outside the top 10 fastest growing counties in the state. To meet the needs of roughly 304,000 residents, the Hays County Health Department provides essential public health services, including animal services, behavioral health, emergency preparedness, epidemiology, immunizations, tuberculosis screening and treatment, and sexually transmitted infection screening and treatment. Many residents rely solely on these services through the health department, despite our proximity to two major

metropolitan areas. As our service demand continues to increase alongside population growth, the county must balance these needs with broader governmental responsibilities. Rapid expansion requires significant investment in roadway infrastructure, long-term capital projects, and public safety. At the same time, counties must comply with unfunded mandates that are unrelated to public health. Meeting these requirements often force difficult budget decisions and public health funding is frequently the area that receives fewer resources as a result. Despite these pressures, the health department has not received an increase in state grant funding since 2018, aside from temporary federal COVID-19 support. In 2024, Hays County funded its first disease intervention specialist with support from Region 7. This position has significantly improved response times for communicable disease investigations and has allowed the regional offices to focus on counties without local health departments. As our population continues to grow, maintaining this level of responsiveness will be increasingly difficult without resources that reflect current service demands. This experience illustrates how local and regional public health systems can collaborate effectively when capacity is appropriately supported.

Please include additional funding in your request to allow for revised funding to support the shifting population and service demand landscape. Counties experiencing rapid growth benefit from funding approaches that consider population changes, community health needs, and the role of local jurisdictions in supporting regional coordination. Strengthening local capacity also supports the broader public health system by helping regional offices balance workload and maintain efficiency.

Chris Martinez, Foundation for Asthma Impact and Rescue **Asthma and Allergy Impact and Rescue** We recommend that the Texas Department of State Health Services include $18 million in funding for the Asthma Intervention Program, RESCUE, in its legislative appropriations request for the '28-'29 biennium to the 90th Texas Legislature. RESCUE stands for Resources for Every School Confronting Unexpected Emergencies, but the reality that they're not unexpected. More than 2.2 million Texans have asthma, with a quarter of those being children. The RESCUE school program will deescalate pediatric asthma-related emergencies and keep students in the classroom and out of the emergency room, yielding potential cost savings that far exceed the state's investment in the program as is already being realized in other states. Texas can rapidly reduce the number and severity of pediatric events in schools by deploying a school-based RESCUE model that provides campuses with emergency stock medication through inhalers, disposable spacers, reusable spacers, standardized staff training,

clinical protocols, and a light consumer-facing tech layer that allows families further connectivity for support. From our experience running RESCUE in both Illinois and the state of Missouri, statewide since 2023, approximately, 90% of students who would otherwise go to the emergency room end up avoiding that emergency room visit, resulting in over $6.5 million in Medicaid CHIP savings to those two states. Based on the 90% estimate of children who would avoid the emergency room, RESCUE has the potential to save over $40 million in Medicaid CHIP spending for Texas over the next biennium. Even implementing the program in just a fraction of schools across the state would provide millions in potential savings. In addition to Missouri and Illinois, several school districts in the Coachella Valley of California have vetted and adopted this program for the '25-'26 school year. Arizona, Florida, Idaho, and Washington, D.C. are exploring similar strategies with us to improve student health outcomes and contain state-funded healthcare cost.

Roger Sealy, Houston Health Department **Home | Houston Health Department**
Houston Health Department is one of the largest local health departments in the state of Texas, serving a population of two million Texans. Absent state support, Houston will be hard pressed to provide those Texans with the public health services they greatly need and deserve. The Public Health Infrastructure Grant, PHIG, has enabled transformative advancements across HHD in workforce development, data modernization, laboratory infrastructure, foundational capabilities, and public health preparedness. Loss of this funding will have immediate and severe consequences for HHD's ability to maintain modern, efficient, and data-driven operations. PHIG funding has enabled HHD to make generous improvements to our disease surveillance, predictive analytics, modeling, electronic case reporting, and electronic lab reporting capabilities. Loss of this funding will lead to difficulty sustaining the personnel and applications that support these projects. PHIG funding has allowed HHD to establish its very own HHD Training Academy to deliver technical and soft skill courses across the department. These courses have strengthened employee wellbeing, leadership, safety, and operational consistency in all program areas. We have also strengthened our core public health capabilities through enhanced community and intergovernmental partnerships, public health accreditation readiness, and renewed focus on effective care coordination. We have also been able to stabilize our workforce of hard to fill and hard to retain roles such as epidemiologists, environmental health specialists, and business analysts. Nursing personnel, which have been increasingly hard to recruit and retain, were bolstered by recruitment incentives that have helped us fill these much needed roles. Last, PHIG funds have allowed us to bolster our communication and health

education teams. We have increased our capacity to develop educational materials, counter misinformation, and strengthen public trust and understanding. PHIG funding has played a vital role in all of these advancements. I'm sure that small and large local health departments across the state can tell similar stories. When these funds end, HHD and the communities we serve will face major setbacks. In the absence of ongoing federal support for these critical infrastructure activities, state support will be essential to sustain a strong, capable, and modern public health system. I appreciate your time today and your dedication to the health of all Texans

Megan Joshee, Montgomery County Health Department **Montgomery County Public Health** We are a health department engaged in public health activities related to infectious disease surveillance, public health emergency preparedness and response, and adult and pediatric immunizations. We also provide sexually transmitted diseases testing and treatment, and tuberculosis case management services with support from DSHS for case investigations. Montgomery County is a metropolitan area directly adjacent to Harris County, serving a population of almost eight hundred thousand which is rapidly increasing each year. Within its one thousand forty-two square miles lies five major hospital systems, six independent school districts, eighty-seven licensed assisted living facilities, ten licensed nursing homes, forty-four licensed childcare facilities, and many more freestanding healthcare facilities. Based on population, we are considered a large local health department. However, we have a staff of twelve full-time employees, eight of which are within epidemiology and preparedness, all fully funded from DSHS grant funds, which have either remained level or decreased. In twenty nineteen, the epidemiology and preparedness division consisted of five staff. COVID funding allowed for temporary investment in workforce. With the abrupt end to grant funds in March twenty twenty-five and the twenty-eight percent reduction in public health emergency preparedness grant funding, three critical positions were eliminated. Although this funding decision was reversed, the fragile and uncertain state funding required the decision to remain in place with significant restructuring occurring within our small health department. The Public Health Infrastructure Grant has allowed our health department to do something that has not been done: to build and sustain a workforce. Staff on the Public Health Infrastructure Grant are new positions initially created from the COVID funding to support essential infrastructure and critical local health department functions to support core capabilities. Over the last two years of this funding, we have sustained and trained our epidemiology and preparedness staff, strengthened disease surveillance and outbreak response, and built trusting partnerships. Staff know our hospitals, our schools, and healthcare facilities. Now

there's trust, and that's not something that can be built overnight. When public health infrastructure grant funding ends, we risk losing the workforce we spent years building. The return on investment essentially disappears, institutional knowledge disappears, and response capabilities are significantly weakened. When the next public health emergency comes, we will again be rebuilding instead of responding. The infrastructure grant has allowed for us to build a foundation. Without continued investment in public health infrastructure from the agency, our health department will not be able to provide the essential services, and the impact will be felt directly on DSHS and our adjacent health departments, who will have to pick up the burden. For reference, between 2024 and 2025, there was a 42.5% increase in communicable disease investigations for Montgomery County. Montgomery County Health Department urges DSHS to consider allocating additional funding to public health infrastructure to ensure adequate support for local activities to meet their growing need.

Cassandra DeLeon, Austin Public Health **Austin Public Health | City of Austin | AustinTexas.gov** Austin Public Health is a large health department serving both the City of Austin and Travis County. We represent a population of over 1.3 million residents and s- and support 3.1 million visitors annually. As the state capital and the live music capital of the world, Austin hosts globally recognized events such as South by Southwest and Austin City Limits Festival. We are also home to the University of Texas, Circuit of the Americas Formula 1 Racing, Austin FC Soccer, Barton Springs Pool, and one of the highest concentrations of food trucks per capita in the nation. These defining characteristics of our vibrant and rapidly growing city require a strong and resilient public health workforce to ensure that both residents and visitors remain healthy and protected. Austin Public Health supports the Department of State Health Services legislative appropriations request, including the consideration of exceptional items aimed at maintaining and expanding public health services. Stabilizing public health funding is essential to ensuring a skilled and reliable workforce capable of protecting community health. Austin Public Health currently employs 570 full-time staff, of which 278, 48%, are grant-funded. Additionally, 27% of our total budget comes from grant funding. However, annual funding levels for core services, including public health emergency preparedness, sexually transmitted infections, HIV prevention, tuberculosis outreach and elimination, immunizations, disease surveillance, and other disease prevention programs, have remained largely unchanged despite significant population growth and increased need. Comprehensive public health program at Austin Public Health depends on multiple funding streams. This diversified support is critical to sustaining the local public health infrastructure needed to monitor, prevent, and

respond to both human-made and environmental health threats. Consistent and increased funding is essential to keep pace with Austin's rapid growth, to recruit and retain a highly qualified public health workforce, and to effectively address emerging and evolving public health challenges.

David Gonzales, Victoria County Public Health Department Victoria County, Texas
Victoria County is a mid-sized local health department serving approximately 90,000 residents in South Texas. While our community is centered around an urban core, we serve a large surrounding rural population with limited access to healthcare services. In many cases, our department is the primary and sometimes only access point for essential public health services, including immunizations, infectious disease control, environmental health, and community-based prevention programs. Today, I want to speak specifically to the need for sustainable, dedicated funding for a core public health infrastructure. For many local health departments, funding has remained largely stagnant for years while the cost of delivering services has steadily increased. We're facing rising personnel costs, increased demand for services, and growing community health needs, particularly in the areas like chronic disease prevention, behavioral health, and access to care. This imbalance is simply not sustainable in the long term. To provide a practical example, in our department, we continue to expand community outreach and preventative services based on findings from our recent community health assessment. However, we're doing so by stretching limited resources and staff and relying heavily on short-term or grant-based funding. While we are committed to innovation and efficiency, these strategies alone cannot replace the need for a stable, recurring state investment in foundational public health services. Without that investment, local health departments are forced into a reactive posture, responding to crisis rather than preventing them. This ultimately leads to higher costs for the healthcare system and poorer outcomes for the communities we serve. In addition, funding gaps limit our ability to build and sustain the public health workforce pipeline, which already faces significant recruitment and retention challenges. I also want to emphasize that local health departments are not merely coming to you as the sole solution to these challenges. We are actively working to diversify funding streams. We continue to pursue grants, establish new partnerships, and explore new service delivery models to maximize our impact. However, these efforts are intended to complement, not replace, a strong and reliable base of state funding. A strategic investment in public health infrastructure will allow departments like ours to maintain a skilled workforce, modernize data and reporting systems, expand preventative services, and respond effectively to both ongoing and emerging public health threats. In closing, I respectfully

urge the department to prioritize sustainable, flexible funding for core public health services. Strengthening the public health system at the local level is one of the most cost-effective investments we can make to improve health outcomes across Texas

Elizabeth Jones, Texans for Safe and Drug free Use **Home - Texans for Safe and Drug-Free Youth**. I'm asking that you invest in prevention, cessation, surveillance, and data collection programs for alcohol, cannabis, tobacco, and nicotine. When intoxicating and addicting products are available in the public marketplace, they must be regulated and regulations must be enforced. Public health and safety harms must be monitored and reported. Licensing, compliance, and removing non-compliant products from shelves are critical in our efforts to reduce youth access and harms. We need robust funding to support this work. Texas ranks 47th in the country for funding tobacco prevention and has received an F grade from the American Lung Association. Texas currently spends about $6 million on tobacco prevention, which is 2% of what the CDC recommends. Tobacco companies spend $635 million per year advertising just in Texas. 28,000 Texans die from tobacco use every year, and the direct health cost care, health care cost of tobacco in Texas is over $10 billion annually. Individuals and communities bear these consequences. We ask you to fund an interagency and community stakeholder epidemiological work group to identify data-driven solutions for youth alcohol, cannabis, and tobacco use. Such epi work groups existed in the past, and they were an effective prevention tool. We also need at least 10 funded prevention coalitions working around the state. We ask that you fund a state alcohol epidemiologist, as you did in the past. Epidemiology regarding youth and excessive use of alcohol is essential to advance effective prevention strategies. Additionally, we need an epidemiologist for the consumable hemp program. Currently, this program is sorely under-resourced. Where I live in San Antonio, there are eight retailers selling consumable hemp products in the one mile between Loop 410 and my house. As of this morning, when I checked, only four of those shops are actually licensed in the DSHS retailer database, and at least four of them, but not the same four, are currently selling illegal e-cigarettes containing cannabis. Robust funding is required to ensure that sellers are licensed and that available products are legal, tested, and not sold to minors. When Texas funds prevention, use rates go down. When Texas funds cessation, quit rates go up. Prevention works, but we must adequately fund prevention, cessation, enforcement, and surveillance, and data collection. For every dollar we spend on prevention, we save a minimum of $10 in public costs related to use. It's the right type of investment for the health and well-being of our kids, our communities, and our taxpayers.

Breanna Waldrop, TexProtects **TexProtects - Prevent Child Abuse & Neglect in Texas**. We are the Texas chapter for, for Prevent Child Abuse America, and we focus on policies that strengthen families to prevent child abuse and neglect. Through our collaboration with providers across the state, we work to learn what is going well and, areas of improvement to support the children in their care. Tex Protects has submitted written comment about "Help Me Grow" that more broadly talks about our goals for the future to support families and get them connected to resources. Today, I'm going to talk about one particular focus that we have, that is seeing more families served by "Help Me Grow in Texas". So "Help Me Grow" is a framework that has four components which promote a centralized access point, outreach to parents and caregivers, outreach to children's health providers, and then data collection and information analysis. Those four things are at the framework of "Help Me Grow". "Help Me Grow" started in Texas in 2019 out of Tarrant County and now there are 12 sites, um, operating "Help Me Grow" here in Texas, and they represent 50 counties in Texas. We want to see that grow and see more families helped, so we're advocating that Texas fully leverage and grow so that "Help Me Grow" can serve more families and be, um, the resources that families are looking for. Financial investment is needed for these organizations to operate Help Me Grow at full fidelity and build capacity for expansion. Currently, only 3 of the 12 sites in Texas are at full fidelity, and that is in, uh, the DFW area, San Antonio, and Austin. The other sites are at various stages in their development. Texas is one of 30 states in the United States that utilizes "Help Me Grow". However, as I mentioned, Texas is not utilizing it to its full potential. National outcomes for "Help Me Grow" show that 87% of families served report that "Help Me Grow" met their needs. They have also proven nationally a return on their investment, showing that for every dollar invested in these preventative services, "Help Me Grow" generates $3 to $5 in cost savings. Over time, we're talking about reduced spending in special education, child welfare, Medicaid, early intervention services, criminal justice, so on and so forth, through various different, public assistance programs. There's been minimal state and federal resources that have gone to Texas communities towards implementing "Help Me Grow". Communities have used combined funding strategies such as federal grants, private funding to sustain this work. Government funding sources for "Help Me Grow" in Texas have included the Title V, HHSC Hopes Grants, and TWC's Preschool Development Grant. Those funding

streams ended in December of 2025, so local organizations have been finding creative ways to sustain the programs. (Time ended)

Daniella De Luna Olivares Texas Association of Community Health Centers TACHC – Texas Association of Community Health Centers Texas FQHCs operate more than 700 clinic sites in 131 counties and serve over 1.9 million Texans with medical, dental, behavioral health, pharmacy, and vision services. We are a cornerstone of the state's healthcare safety net, especially in rural and underserved communities. Our top request is continued ongoing investment in the Federally Qualified Health Center Incubator Program. This program is one of the most effective ways the state can rapidly expand access to primary and preventive care by helping health centers start up and expand new service sites where the need is the greatest. State investments over the last several biennium have helped add new practice locations, providers, and services, but demand continues to grow, particularly for primary care and mental health, and many communities still lack timely access. Making incubator funding ongoing in the DSHS budget request will help health centers plan, hire, and expand with stability. We respectfully ask DSHS and state leadership to maintain and strengthen funding for the FQHC Incubator Program so expansion can keep pace with the community need. We also support enhancing the Texas Primary Care Office's data-driven evaluations of healthcare need and workforce availability, including behavioral health, so resources like the Incubator Program are targeted where they will have the greatest impact. TACH also supports ongoing funding to support cost-effective prevention efforts for chronic disease, HIV, STD, and vaccines for adults, as well as maternal and child health initiatives. Thank you for your time and for your work to strengthen the Texas public health system. TACH and health centers stand ready to partner with DSHS to expand access to high-quality, cost-effective care. I'm happy to answer any questions.

James Gray, American Cancer Society American Cancer Society. I'm here today to ask the department to continue its leadership role again by including additional funding in your LAR request in this upcoming budget cycle. As you know, tobacco use remains the leading preventable cause of disease and death in Texas. About 28,000 people die from cigarette smoking each year. Many of those people die from cancer. On average, people who smoke die about 10 years younger than people who have never smoked. Smoking causes about 20% of all cancers and 30% of all cancer deaths. About 80% of lung cancers are due to smoking. Lung cancer is the leading cause of cancer death in people, uh, in Texas. Most smokers start their habit by the age of 18, and we know that 80% of smokers want to quit. This makes the work of your Tobacco Prevention and

Control Program critical to reducing the burden of the number one cause of premature death here in Texas. The Texas Tobacco Control Coalition urges the Texas Department of State Health Services to prioritize reducing tobacco use in their budget by proposing an increasing fun- increase in funding of at least $6 million for the biennium, which would provide more opportunities for smoking cessation, but also prevention programs while addressing potentially shortfalls at the federal level. I want to just finish by saying thank you to all of you. It's been a really challenging year. The leadership and the, and resilience and the stalwart commitment to public health that this department has exhibited in the last 18 months due to the uncertainty of federal funding has been something that we have seen and we have certainly appreciated and I think clearly every action that you have taken with some of the challenges that you have faced have really been, what can we do to improve the, the public health of Texans? What can we do to reduce the burden of cancer in our state? And I want to specifically call out some of the teams within the Department of State Health Services, and they include the Texas Tobacco Prevention and Control Program, the Texas Comprehensive Cancer Control Program, the Texas Cancer Registry, and the Texans, the Texas Vaccines for Children, who come to their job every single day really trying to do the right thing focused on reducing the burden of cancer, and we see them as valuable partners in the work that we do, and we couldn't do the work without them.

Amy Fagan, Wichita Falls Health District We want to achieve your mission just like we want to achieve ours, and they are joint missions. We need consistent funding dedicated to that end. I'm here to ask you to consider continuing PHIG funding, the Public Health Infrastructure Grant. As you've heard from other speakers, this is really important to our local health department agencies. Over time, we have the ebb and flow of public health funding, and we are at the place where we know it's going to start dropping off soon. We really want to make sure we're effectively utilizing your dollars. I hope that you take the time to read the reports that we submit, that you can see the work that is happening in your health departments across the state. We have tremendous stories, and I'm here to tell you one today. I want to share the story of our “Play Well” program. It is an award-winning, innovative program developed by my staff. They're tremendous, and they really wanted to have a way to impact people at the front lines. And we go out into our community, and we teach a variety of topics. In partnership with a local nonprofit that supports individuals with intellectual and developmental disabilities and their families. Health department staff teach this “Play Well” program during their “Teen Bridge” program. Students in this program receive

lessons that have stayed with them, truly impacting their lives. Lessons on nutrition, physical activity, cycling safety, hygiene, mosquito education, animal safety, internet safety, and gardening have become part of the students' everyday language and thinking. Some students keep their materials at home, treating them like daily life rather than actual just classroom materials. For many of those youth, especially those living with disabilities in this program, experiences like this are not always available in traditional educational settings. Yet with “Play Well”, students who were typically quiet, we saw them start participating. Some who rarely engaged began speaking and interacting with their peers. Others who have been hesitant to try to find new foods began experimenting with fruits and vegetables for the very first time. These are not small outcomes. They're life skills. They're life-changing across our community. The “Play Well” initiative has grown into far more than a series of health education lessons. It's become a trusted, deeply valued program that children look forward to, families rely on, and community partners actively request because they know that they can see change. In 2025, we have 831 “Play Well participants attending over 50 sessions and partnering with 15 organizations across our community including after-school programs. That's the power of investment in local health departments, and without this funding, those things stop, and that's very concerning. We lose our entire wellness section. Local health departments provide unique critical services. This PHIG funding has allowed us to provide really important services. I hope you will truly consider how to keep those vital funds flowing to local health departments to continue our mission and yours.

Rebecca Suselski Texas FASD Network **Texas FASD Network – Face It, Embrace It, Conquer It** Texas FASD Network is the only organization in Texas that is dedicated to improving the lives of individuals with fetal alcohol spectrum disorders, or FASD, and the families who support them. I'm here today to ask this agency to make FASD a priority in public health funding, because right now, Texas essentially has no state response to FASD at all, and that must change. FASD is an umbrella term for a range of lifelong whole body disabilities resulting from prenatal alcohol exposure. It is not simply a substance abuse issue or a women's health issue. It is a public health issue. Alcohol exposure often happens before a person even knows that they are pregnant, and emerging research now shows that preconception alcohol use, particularly among males, may also contribute to outcomes that we once attributed only to exposure during pregnancy. The scale of this issue is significant. FASD is one of the leading developmental disabilities in the United States, affecting an estimated one in twenty Americans. That translates to more than one and a half million Texans living with FASD

right now, and yet very few of them have been diagnosed. Why? Because providers are not trained to recognize FASD. Most professionals who know anything about this condition know only fetal alcohol syndrome, just one diagnosis under the FASD umbrella, and only because it involves visible changes in facial features. The vast majority of people with FASD have no visible outward signs at all, even though they may be just as profoundly affected. Without those sentinel features, individuals are overlooked. They may go completely undiagnosed or be misdiagnosed with ADHD, autism, or other conditions that share some surface-level characteristics with FASD, and they never receive the right support. Even the few Texans with FASD who do receive an accurate diagnosis face another barrier… fear. Our systems are not FASD-informed. The supports that exist were not designed for the specific patterns of brain difference common with FASD. Interventions that work for other conditions often don't work or can actually make things worse for someone with FASD. I propose a new initiative focused on FASD. Two things that Texas very much needs are funding to train professionals to recognize and appropriately support FASD and funding to build FASD-informed services across our health, education, and social service systems. The one and a half million Texans with FASD deserve a state that sees them. I urge you to prioritize investment and a Texas response to FASD.

Holly Evilsizer, Texas Academy of Nutrition and Dietetics **Texas Academy of Nutrition and Dietetics** We are an organization representing the over seven thousand licensed dieticians in the state who are working on a multitude of ways to help support Texans to better health. Today, we would like to respectfully request, uh, the Department of State Health Services to consider submitting an exceptional item of one million dollars in the twenty-twenty eight, twenty-nine legislative appropriations request to fund the work of the Texas Nutrition Advisory Council. As you know, Senate Bill twenty-five from the 'twenty-fifth legislative session created the council, and mandated a review of evidence and producing guidelines that can help shape nutrition policy and education on various levels in the state. But the council's potential goes well beyond research and reporting. The advisory council can be a statewide public health communications platform, can develop nutrition messaging, and build out a maybe even digital presence, but coordinate consistent outreach so that Texans have access to accurate evidence-based guidance. We all know there's no shortage of nutrition information out there, but being able to identify one trusted source of information is, a real public health function, and that needs resources in order for that to happen. So, the funding that we're requesting could have a granting mechanism to support three main things.

- One would be the evidence gathering and reporting. The council's worked really hard already. It's been a big lift in a very short time period with no money to be able to do, a literature review, and are working well with subject matter experts, um, and, uh, to fulfill those statutory deliverables. They've already identified future areas of research that we would like to be able to support as well.
- The second is public health communications. Evidence is only as good as it's communicated in order to empower lasting change. And Texans deserve to have this trusted source of information, and, and we believe that the council can be that. But the development of the actual resources and reviewing of existing programs to reduce redundancy and provide that unified message you know, again, needs the resources to be able to put that together in an effective communication.
- And then third would be the implementation support. So along with the review of, of programs, a lot of people have talked about really great programs that are out there today, and part of Senate Bill 25 was to provide a level of this evidence also in schools. And so being able to support implementation of some sort of mechanism to distribute that evidence-based nutrition education, specifically in K through eight schools. Teachers are tired, they have too much to do, so being able to develop something that's easy and effective and research-based for them to do.

Scott Jansini, Harris County Public Health (Environmental Programs) **Harris County Public Health- Home Page** I'm testifying on behalf of my department, which serves approximately two point five million residents across the unincorporated areas of Harris County, as well as twenty-two independent municipalities which lie in our jurisdiction. Our environmental public health team plays a critical role in protecting the community through food safety permitting, inspections, complaint response, and outbreak investigations. Our work is rooted in prevention, reducing risk before it becomes a crisis, and ultimately lowering long-term public health and economic cost. Local health departments are the frontline defense in food safety as well as many other areas, and local departments are often the first to identify issues, respond to complaints, and investigate illness outbreaks. Routine inspections and proactive engagement with food establishments are essential for preventing illness and avoiding the greater costs associated with outbreaks. However, recent legislative changes have created significant operational and financial challenges for local health departments. Changes to retail and mobile food unit permitting and limitations on local inspection

authority have reduced critical funding streams, introduced inefficiencies, and created gaps in routine oversight. As a result of this, some high-risk settings, such as schools, daycare centers, long-term care facilities, may not be receiving the level of inspection historically provided by local departments and increasing the risk for these vulnerable populations. Despite these constraints, local agencies remain accountable for these public health outcomes. Beyond our enforcement, our role is also highly educational. We partner with businesses to provide technical assistance, support compliance, and prevent violations before they can occur. A collaborative approach helps businesses operate safely while reducing enforcement burdens. In closing, we respectfully request that the department prioritize the funding of local health departments while maintaining and strengthening the bond between the state and local departments, and recognizing the essential role of local public health agencies, and assist in preserving appropriate local authority while investing in prevention for public health services as well as public health education. In this way we can ensure that together we are both protecting the communities we serve.

Douglas Donsavage, American Diabetes Association **Diabetes Research, Education, Advocacy | ADA** I appreciate the department's leadership and partnership in addressing one of the most costly and widespread chronic disease affecting Texas families. Diabetes impacts children, working adults, seniors, caregivers, employers, and every part of our healthcare delivery system. I would encourage strong investment in three priority areas within your legislative appropriations request.

- First, sustained funding for diabetes prevention, obesity treatment, and management programs is essential. Texas continues to face rising rates of obesity, pre-diabetes, Type 2 diabetes, and related complications. Investments in screening, education, self-management support, obesity treatments, and community-based interventions can reduce long-term costs while improving quality of life. These programs also help Texans stay healthier, remain employed, and avoid preventable emergency room visits and hospitalizations.
- Secondly, continued support for the National Diabetes Prevention Program and Texas-based DPP expansion efforts is critical, especially in rural and underserved communities. We encourage funding that supports referrals, program delivery, and access in high-need regions. Continued investment in community-based prevention is one of the most cost-effective tools available to improve long-term population health.

- Lastly, we encourage continued attention to diabetes-related complications, particularly lower extremity amputations. Texas has an opportunity to lead through better data collection, coordinated prevention strategies, and partnerships that identify high-risk patients earlier and connect them to evidence-based preventative care before complications occur. Early intervention and coordinated specialty care can preserve mobility, independence, and quality of life for thousands of Texans. Diabetes touches nearly every community in our state. Strategic investments now will save lives, reduce avoidable spending, and strengthen Texas families and the healthcare system for years to come. We appreciate the department's continued leadership and look forward to ongoing partnership in advancing these priorities

William Byrd, Tarrant County Public Health **Tarrant County Public Health** Tarrant County is the third largest in the state of Texas, and my hometown, Fort Worth, is now the fourth largest. Don't tell anybody in Austin, but we just passed Austin, Texas. I want to talk about immunizations, and just two quick comments.
One is that, um, what we are seeing, and I know some of my counterparts' departments are seeing, a decrease in the number of people coming to our vaccine clinics for vaccinations. We started seeing this back in August during shot rush, and that has continued through the year, and it's particularly amplified in people with a Hispanic last name. We need to get ahead of this. We need to work on this together, and we need to get our messaging game going. I'm speaking to myself as much as anybody else on this. Secondly, surprisingly, I think this is a good time to push on immunizations. There's some polling that came out of Washington that shows vaccines are popular across all the spectrum of political viewpoints; even to the question of, "Do you support school vaccination requirements?" Even among people who identify as MAGA and MAHA, they are very popular. I can tell you as a formerly elected official, uh, having the right words to say at the right time matters big time. And we need to work together to provide those things for our legislators. I heard one the other day I'm going to share with you just real fast. On one of the podcasts went like this. It said "Medical freedom is great. We all want that. But when it comes to vaccinations, if we push that too far, we give freedom to the viruses and bacteria that infect our children, keep them out of school, hospitalize them, and worse." These are the types of things that we need to be united on and working on together, singing from the same hymnal, so that we give our legislators some things to say at the right time. It matters a lot.

Desmar Walks, Austin Public Health Austin Public Health | City of Austin | AustinTexas.gov
I'm going to focus on one specific area, um, but know that I am supportive of-DSHS's, appropriations request for all core public health services. But I want to focus on the fact that Austin Public Health serves the Austin transitional grant area, including the third largest population of men who have sex with men in Texas. We are a large public health department, over 40% grant funded, and like many local health departments, we rely on DSHS's partnership to deliver core public health services. Let me be clear, infectious disease surveillance and prevention only works if local infrastructure is strong. With just nine disease intervention specialists, we are on the ground every day finding cases, notifying partners, connecting people to care, and stopping transmission in real time. In the first half of 2025 alone, our DIS team served over 2,300 clients, including 213 newly diagnosed HIV cases and 830 new syphilis cases. 90% of those newly diagnosed HIV cases completed their first medical appointment, and 97% of the syphilis cases re-received appropriate treatment. Similarly, in 2024, we reconnected 814 people living with HIV back into care and conducted more than 1,300 partner investigations to prevent further spread. As a result, this result is measurable progress. Our HIV rates in our community have declined from 16.9 per 100,000 in 2015 to 12.3 in 2024. That's what investment in public health looks like. A significant portion of this work is supported through the Department of State Health Services pass-through funding. Of our approximate $5.8 million spent on our sexual health programs much of that is sustained by DSHS appropriations to our DIS programs. I respectfully ask that you com-continue support to the DIS intervention specialist because that is the true work that public health supports.

Dina Walsh, Texas EMS Trauma and Acute Care Foundation TETAF - Ensuring Quality Hospital Care - TETAF. We advocate for providers and regional healthcare systems that provide and improve time-sensitive healthcare. Additionally, the 22 regional advisory councils, or RACs, are members of TTAF. RACs are complex and vital entities that partner with the department in developing and enhancing regional trauma and emergency healthcare systems. As the RAC system has advanced, the department has asked RACs to track and analyze a growing volume of patient data. Data sets include pre-hospital trauma, cardiac, stroke, and perinatal data. Within each data set, RACs and their partners look for opportunities to improve patient care. This work requires clean data, clinical expertise, and resources to lead quality improvement initiatives. RACs are focused on building out their data capabilities to positively impact care for Texans during time-sensitive healthcare events. TTAF recommends the department invest in

these RAC efforts to further support data analysis, quality improvement, and injury prevention activities. Slightly switching gears, TTAF recommends that DSHS request increased appropriations for the state's entire trauma network. Increased investment ensures that emergency responders, trauma centers, and RACs can deliver rapid life-saving care in every community of our ever-expanding state population. In addition, attention should be given to the sustainability of rural trauma care. Smaller trauma hospitals continue to be challenged in meeting the basic requirements to stay within the trauma system. In the last disbursement of the uncompensated trauma care dollars, the minimum for Texas' smallest hospitals was reduced to just over $20,000, not covering basic requirements of those facilities. TTAF recommends that mechanisms to strengthen rural trauma facilities be found so they can continue to serve rural Texans and everyone that's traveling through rural Texas. Finally, TTAP is supportive of the department's focus on perinatal health. Hospital designation, Texas AIM, and other department initiatives have a meaningful impact on care for moms and babies. TTAP would like to see distinct funding support for maternal and neonatal facilities. TTAP recommends that DSHS consider the feasibility of a new funding mechanism for the state's perinatal system, which would contribute to improved outcomes for moms and babies in Texas.

Noel Delgado, Association of Substance Abuse Programs Home | ASAP Texas.
Texas is facing a substance use and overdose crisis that is not only ongoing but increasingly more complex, driven by synthetic substances, co-occurring conditions, and persistent gaps in early intervention. These are public health challenges, and they require a stronger public health response. The Texas Department of State and Health Services plays a central role in that response, particularly through prevention services, maternal and child health programs, and the data systems that guide statewide strategy. However, providers across Texas are consistently seeing the consequences of underinvestment in these areas. When prevention and early intervention systems are not strong enough, individuals enter care later with more acute needs. That increased costs, worsen the outcomes, and shifts the burden onto the most expensive parts of our system, the emergency departments, hospitals, and other crisis-driven state services, where intervention is less effective and significantly more costly. Perinatal substance use is a clear example of both the challenge and opportunity. Strengthening maternal and child health programs to better identify and support individuals with substance use needs can improve outcomes for both parents and infants, reduce involvement with child welfare systems, and support long-term family stability. At the same time, the state's ability to respond effectively depends on access to timely,

actionable data. Without it, providers and communities are operating without a clear picture of emerging trends or regional needs. We cannot continue to address substance use disorder primarily at the point of crisis. A stronger upstream investment is necessary. On behalf of ASAP, we urge DSHS to prioritize increased funding for prevention and early intervention, strengthening maternal and child health initiatives addressing prenatal substance use, improve access to meaningful public health data, and to ensure sustained investment across the continuum of care. These are not new solutions, but they are necessary ones. Without them, demand will continue to outpace capacity, and the cost, both human and financial, will continue to grow. Thank you for your time and your commitment to improving the health of Texans.

Catherine Wells, Lubbock Public Health, Lubbock Public Health. I want to begin by thanking the agency for its tireless work supporting the public health of all Texans and also state that I'm in support of all core public health funding for the agency. However, I am concerned that we are about to take a step backward on a critical component of the of the public health system, and I'm here to specifically speak about the need for state funding to support disease intervention specialists programs at local health departments. In 2021, Lubbock Public Health launched a DIS program with the Department of State Health Services grant to disrupt the transmission of HIV and syphilis in West Texas. At that time, Lubbock recorded, 62 primary and secondary syphilis cases per 100,000 residents, the second highest rate in the state of Texas. The DIS grant, or the DSHS grant, added four full-time staff, access to testing supplies, labs, and vehicles. And in 2025 alone, the team managed 500 syphilis cases, conducted partner services for 250 individuals, and completed 75 congenital syphilis investigations, interrupting dozens of transmission chains. The staff also helped clients enter substance use treatment, reconnect individuals to care, and although the DSHS grant doesn't fund clinical services directly, the DIS infrastructure at our department allowed us to garner other funds to expand our ability to provide hepatitis C and HIV care to patients across Region One. This is a capacity that our local Ryan White grantee and local medical system could not provide on their own. This demonstrates the added value of investing in local health departments. We can multiply the state's investment by blending it with local resources to meet community needs. The DIS program funding ends in February of twenty twenty-seven. DSHS's request to sustain it was not funded last session. We appreciate that the legislature funded a congenital syphilis call center, but that funding won't be effective if we lose the teams on the ground that connect those most at risk to treatment. Locally, we're pursuing opioid settlement dollars to bridge s- to bridge the program through the end of the biennium, but that is really just a

stopgap. It is not a solution. If we lose this program, we lose the state's own investment in building it. Cases will go untreated, pregnant women will not be reached, and infants will be born with congenital syphilis that was entirely preventable. We urge this committee to include DIS funding for local health departments as a core component of the DSHS appropriations request. The cost of losing these programs will far exceed the cost of keeping them.

Christine Gendron, Community Care Health Centers Homepage - CommunityCare. I'm here to convey the importance of some of your funding programs to the services that we provide for our patients. Community Care Health Centers is the second largest community health center network in Texas, with more than thirty clinic locations in and around Austin. Last year, we served more than a hundred forty-eight thousand unique patients through more than five hundred fifty thousand patient visits. Of patients who reported their incomes, more than two-thirds had incomes at or below one hundred percent of the federal poverty level, which is approximately thirty-three thousand dollars for a family of four. Nearly all, or ninety-eight percent, of our patients had incomes at or below two hundred percent FPL. More than half of our patients were uninsured, over one-third were children, and more than fifty-two hundred patients we served were experiencing homelessness at the time of care. We are an important part of the healthcare safety net, and funding that we receive from this agency has been instrumental in our ability to provide access to high-quality preventive care. Community Care has received FQHC Incubator program funding for three cycles, and I want to paint a picture of the value that it provides. This year, FQHC Incubator funding is enabling us to expand our women's health services by adding a new sonographer and purchasing technology for point-of-care ultrasound capabilities. This means that pregnant and high-risk patients no longer have to travel long distances for diagnostics. Last year, FQHC Incubator funding allowed us to hire ten physicians, including clinicians and dentists, to launch our Del Valle Health and Wellness Center in collaboration with the Travis County Hospital District, Central Health. This single site has already served more than eighty-two hundred unique patients through nearly fifty thousand encounters across service lines, including family medicine, pediatrics, women's health, dental, and pharmacy. We provide financial screening services at this site that help our patients in Del Valle enroll in eligible health coverage programs, expanding access to care even further and reducing the number of uninsured Texans. In twenty twenty-three, we used FQHC Incubator funds to expand our community development team to build partnerships that promote vaccine awareness and uptake. I also want to highlight the importance of funding you provide for clinical HIV and STD prevention and routine screening. Our

partnership with you in this area is a cornerstone of our public health strategy. Through the clinical HIV and STD prevention program, we have successfully linked hundreds of patients to pre-exposure prophylaxis, or PrEP, a highly effective intervention that prevents HIV infections, and we have provided over fourteen hundred specialized clinic visits. Last year, through the routine HIV screening grant, we conducted over twenty thousand HIV tests across twenty-two sites, identifying twenty-nine individuals living with HIV who would have otherwise been unaware of their status. By identifying these individuals early and linking them to care, we prevent advanced complications, and early awareness reduces further transmission of HIV.

American Lung Association **Home | American Lung Association**. the American Lung Association wanted to echo, uh, many of the previous comments around investments in public health infrastructure, support for lo governments and in particular, support for vaccine and TB preparation. Those are life-saving investments. I did want to focus a bit more on tobacco. The Department of State Health Services mission is to improve the health, safety, and wellbeing of all Texans, and tobacco remains the leading cause of preventable death and disease and disability, fueling cancer, heart disease, and chronic lung disease across the state. Yet our current tobacco control spending does not match the severity or scale of this crisis. The American Lung Association State of Tobacco Control report continues to give Texas failing grades for funding tobacco prevention and cessation, even though these programs are among the most effective tools the state has to reduce death and disease, underscoring a persistent lack of investment. Recently, federal funding has become increasingly uncertain, and nationally recognized campaigns like “Tips From Former Smokers” have been off the air for more than a year reducing critical public education and outreach to lead Texans to the state quit line. At the same time, the tobacco industry continues to spend hundreds of millions of dollars marketing their deadly and addictive product to Texans dwarfing the state's program spending by ratio of more than 100 to one. The American Lung Association calls on the Department of State Health Services to step up and prioritize state investment, significantly increasing funding for tobacco prevention and cessation, ensure public health, not the tobacco industry, drives the outcomes in Texas.

Closing remarks

Dr. Shuford stated I want to thank all of y'all for participating, both virtually and in person. We got a lot of good feedback that we will need to consider before the next legislative session, and I say it from the bottom of my heart that I really appreciate it. I know that y'all have big jobs to do, and you took time to come here and talk to us today.

You took time out of your really busy schedule and important jobs, and it's only because we get good feedback from people who are doing the work on the ground across Texas, sometimes in unseen ways, that we know how we need to move forward. And so, I've got my leadership team up here. I've got a lot of them in the back because we want to hear what you say, and we truly appreciate you being here today and telling us your concerns and the ways that you think that we could use funding better. So thank you. and as always, we look forward to ongoing coordination and collaboration with all of y'all because you're really important partners to us.

Adjourn The meeting was then adjourned

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