



**Senate Finance Committee  
Testimony of Donald Murphey, MD, on  
Article II Texas Department of State Health Services  
Texas Medical Association  
February 6, 2019**

Madame Chair Nelson and members of the Finance Committee, thank you for the opportunity to testify on behalf of the Texas Pediatric Society and the Texas Medical Association, with its more than 53,000 members. My name is Donald Murphey, MD. I'm a pediatric infectious diseases physician in Austin and a member of TMA's Council on Science and Public Health. I am here today to speak in support of the Texas Department of State Health Services' Legislative Appropriations and Exceptional Items requests, so that the agency may continue to effectively carry out its core public health functions vital to improving the health, safety, and well-being of all Texans.

TMA supports the agency request to maintain existing services required to implement public health activities critical to the state. This includes fully funding the base budget for preparedness and prevention services such as chronic disease prevention and reducing tobacco use. Texas' biggest killers are chronic diseases such as heart disease, cancer, and stroke;<sup>i</sup> and, keeping Texans healthy and chronic disease-free can not only save lives but also eliminate billions of dollars in health care spending and lost productivity – up to an estimated \$90 billion by 2023.<sup>ii</sup> Tobacco use is the number one cause of these preventable chronic diseases and premature deaths in Texas, with an estimated 28,000 Texans who die each year because of tobacco, at a cost of \$8.8 billion each year for direct health care.<sup>iii</sup> With the next generation of children also being exposed to JUULs, e-cigarettes, and vape pens (an estimated 41 percent of high school students have tried vaping last year alone<sup>iv</sup>), our state needs to keep a watchful eye on protecting our youth from addiction to nicotine.

In addition to supporting DSHS' budget requests, TMA also urges fully funding its exceptional items to address alarming gaps in the state laboratory, in vital records and data, infectious disease prevention, and disaster preparedness – all which are key components of our state's public health infrastructure to protect the health of Texans.

**Exceptional Item 1: Safeguard the State Public Health Laboratory**

One of the crucial roles of the state laboratory is to provide physicians critical test results and data to guide the diagnosis, treatment, and prevention of life-threatening communicable diseases. This is an essential public health resource, and some of the tests are unavailable anywhere else in the state. Our members rely on a high functioning state public health laboratory. One of the most important roles for the state laboratory is the testing of over 400,000 newborns every year to identify serious conditions that are treatable with early identification – saving lives and preventing physical and intellectual disabilities. It also provides testing for high-risk and high-consequence infectious diseases such as Zika, influenza, tuberculosis (TB), and HIV; and testing for food safety, environmental contaminants, and other key public health risks that threaten Texans' health. As such, we must support funding DSHS Exceptional Item 1. In addition, we eagerly support the request for funding to fully implement the latest addition to Texas' newborn screening panel: X-linked adrenoleukodystrophy (X-ALD). This long-awaited addition, first recommended to all states in 2016, will give physicians the information needed to save lives and prevent devastating neurological damage to our youngest Texans.

The Texas Newborn Screening program is facing other challenges which prevent it from fulfilling the true potential of one of the greatest public health achievements of our time. We respectfully urge you to consider correcting budget rider language that diverts funding to fully support the program and consider establishing a newborn screening preservation account that would ensure the program is able to add new screenings as they are discovered. That is the only way to maintain Texas as a leader in caring for children.

#### Exceptional Item 4: Texas Vital Records

We find Exceptional Item 4 to increase secure access to our public record systems and improve the timeliness of data sharing to be a responsible request and investment. Our state's vital records provide the essential documentation needed by the state, local jurisdictions, and families. These records are pertinent to our patients and their families as they are important documentation needed for routine events. For medicine, the recording and maintenance of data from vital records must be of high quality so the data can be analyzed and useful in assessing health indicators and trends in Texas.

#### Exceptional Items 5, 6, & 8: Tuberculosis and Infectious Disease Response

We fully support Exceptional Items 5, 6, and 8 to maintain agency staffing and capacity in epidemiology and disease surveillance as well as to enhance Texas' tuberculosis monitoring and treatment programs, and to monitor and respond to outbreaks of emerging infectious diseases. The rate of TB in Texas remains higher than the national average, and preventing and controlling this highly contagious, airborne disease requires an understanding of epidemiologic data, coordination of care, education, and ongoing monitoring and surveillance. TMA supports the agency's priority to tackle TB by supporting local health departments, bolstering local TB investigation and response efforts statewide, and addressing the much-needed infrastructure improvements to the Texas Center for Infectious Disease.

The capacity to effectively address emerging diseases requires efficient and reliable staff, surveillance, and laboratory testing at both local and state levels. TMA physicians also rely on the agency to monitor and investigate infectious disease patterns, which requires our state's electronic infectious disease surveillance system, NEDSS, to be fully functioning. Furthermore, the agency's Infectious Disease Response Unit is a key asset to TMA, since it provides medical support to physicians when faced with a case of a high-consequence infectious disease.

#### Please Eliminate Senate DSHS Rider Limiting Media Advertising

Last session a rider was included and carried forward into this budget that limits DSHS media advertising against the use of tobacco. A new generation is emerging that must continually be educated about the dangers of tobacco addiction. The industry spends millions in creative marketing toward youth and new smokers. The state must not be forced to fight with its hands tied behind its back in promoting population health.

In conclusion, as physicians, TPS and TMA support investments in our state's public health infrastructure. We believe it is urgent to address costly health concerns and to prevent paying an even higher price tag in the future. As you review the DSHS request for funding and its exceptional items, we encourage you to support our public health system and workforce, and our capacity to respond to old and new public health threats and concerns.

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<sup>i</sup> DSHS Vital Statistics, 2015

<sup>ii</sup> DeVol R and Bedrousian A. The economic burden of chronic disease in Texas. Milken Institute, 2007. [www.chronicdiseaseimpact.org/state\\_sheet\\_TX.pdf](http://www.chronicdiseaseimpact.org/state_sheet_TX.pdf)

<sup>iii</sup> Campaign for Tobacco Free Kids, The Toll of Tobacco in Texas, Oct. 17, 2018, <https://www.tobaccofreekids.org/problem/toll-us/texas>

<sup>iv</sup> Texas Department of State Health Services (DSHS), YRBS Data Brief: Tobacco Products, November 2018, <https://www.dshs.texas.gov/chs/yrbs/attachments/November-2018-Data-Brief.pdf>