



November 18, 2014

The Honorable Jane Nelson, Chair
Texas Sunset Advisory Commission
P.O. Box 13066
Austin, TX 78711
sunset@sunset.state.tx.us

RE: Comments relating to the Texas Health and Human Services Commission Sunset Staff Report – Agency Consolidation (Issue 1), Pharmaceutical and Therapeutics Committee and Drug Utilization Review Board (Issue 4), and Children Advisory Committees (Issue 13)

Dear Chairperson Nelson:

The Texas Pediatric Society (TPS), the Texas Chapter of the American Academy of Pediatrics is a private, non-profit membership organization that represents over 3,000 pediatricians and medical students within the state of Texas. We believe that the most important resource of the State of Texas is its children, and we pledge our efforts to promote their physical, emotional and social health and welfare.

TPS appreciates the hard work of the Sunset Commission and the insightful recommendations made in the Health and Human Services Commission (HHSC) Sunset Staff report. We also appreciate the opportunity to provide comment on recommendations related to placement of the Early Childhood Program within a consolidated enterprise framework, the functioning of the Pharmaceutical and Therapeutics Committee and Drug Utilization Review Board and advisory committees specifically related to children's issues.

Recommendation 1.1 of the Sunset Staff Report calls for consolidating the five HHS system agencies into one agency with divisions established along functional lines. While Sunset is not prescriptive about where these functional lines are established, it does provide an example of what a possible configuration could look like on page 39. Within this proposed structure, there is no clear delineation for where the Early Childhood Intervention (ECI) program would reside. ECI provides unique and valuable services to families, infants, and children, aged birth to three, with disabilities and developmental delays. This Early Intervention has been shown to dramatically diminish the need for costly special programs later in childhood and adolescence.

As our state's Individuals with Disabilities Act (IDEA): Part C program, TPS values the unique role ECI fulfills for children with disabilities and developmental delays. The program serves some of our most at-risk and youngest Texas citizens and doing so has distinctive eligibility determinations and assessments and specialized training for providers participating in the program. The program cannot be simply linked to other health care programs such as Medicaid or Medicaid-waiver programs. TPS strongly recommends that ECI be elevated to its own division or at least kept intact within a focused, infant-oriented division in order to preserve the integrity and

the long-standing success of the Program. Our Texas ECI Program has, over the past five years, become stronger, more robust, with measureable positive outcomes based on family measures.

Recommendation 4.6 calls for the elimination of the Pharmaceutical and Therapeutics Committee and its functions transferred to the Drug Utilization Review Board with the addition of managed care representation. Sunset cites streamlined decision making and reduction in staff time spent facilitating meetings as the basis for the recommendation. TPS agrees with this assessment, but would like considerations made for the increased work load of staff and participating Committee members if the two committees are combined. Additionally, TPS feels a single committee would ease the burden of public participation by simplifying stakeholder testimony into one day. Finally, TPS agrees with Sunset that managed care representation and expertise on the combined committee would aid in the decision making process.

However, combining the Pharmaceutical and Therapeutics Committee and the Drug Utilization Review Board does not solve all problems associated with the decision making processes as it relates to clinical edits and the preferred drug formulary. Areas that remain a concern for pediatricians attempting to provide care to those affected by clinical edits and the formulary are (1) communication between the Vendor Drug Program and stakeholders, (2) lack of data and clinical evidence driving clinical edit suggestions from contracted vendors, and (3) transparency of the clinical edits currently being utilized by managed care organizations. TPS looks forward to improving these processes in conjunction with HHSC.

Finally, recommendation 13.2 suggests removing from statute four advisory committees related to children's health care – the Task Force for Children with Special Needs, the Children's Policy Council, the Council on Children and Families, and the Texas System of Care Consortium. TPS is highly concerned with removing from statute the impetus for these advisory committees' creation. Without legislative leadership, these advisory committees may not have ever been established and the unique voices of both providers and families would not have been heard from. While HHSC Commissioner Kyle Janek has commented that the advisory committees would be reestablished in rule as a single committee, TPS has concerns that the unique goals of each committee would be lost in the consolidation. For instance, the Texas System of Care Consortium has the concentrated task of building, implementing and sustaining best practices of local mental health service delivery to children in their communities. The work of the Consortium is too important to be relegated to a working group of a larger catch-all children's committee. TPS strongly recommends statutory reauthorization and retention of the four children specific advisory committees, all of which provide for meaningful family, youth and provider input.

TPS appreciates the opportunity to comment on the HHSC Sunset Staff Report. If we can be of any further assistance or clarification, please don't hesitate to reach out. You may contact Clayton Travis, Policy Coordinator at Clayton.Travis@txpeds.org or 512-370-1516.

Sincerely,

A handwritten signature in black ink, appearing to read "Jason Terk, MD". The signature is fluid and cursive, with the first name "Jason" written in a larger, more prominent script than the last name "Terk" and the initials "MD".

Jason Terk, MD, President
Texas Pediatric Society