

Maternal Health Priorities in the Department of State Health Services (DSHS) FY 2026-2027 State Budget

Testimony for the DSHS LBB Budget Hearing

The Department of State Health Services (DSHS) budget for the next two years – and the additional revenue that state leaders will have available in the upcoming legislative session – provides an opportunity for budget writers to address critical needs affecting maternal health.

Recommendation 1: Fully fund Exceptional Item #4 to reduce child mortality and morbidity due to congenital syphilis. Texas has seen a dramatic spike in congenital syphilis, which a mother transmits to her infant during pregnancy or at delivery. This funding is essential to ensure more providers can accurately diagnose and treat this preventable disease to stop the spread and minimize its effects in the long term. The request covers an additional \$13.3 million over the biennium and 25 FTEs at DSHS.

In the United States, congenital syphilis cases have been on the rise since 2012, with Texas accounting for a quarter of all cases nationally in 2022. Texas reported an increase of 148 percent from 2018-2022, with 922 congenital syphilis cases in 2022, up from 372 in 2018. Congenital syphilis occurs when syphilis is transmitted from a pregnant mother to a fetus and can have severe consequences like miscarriage, preterm delivery, birth defects, and even perinatal death, including stillbirth.¹ Texas ranked 1st in the nation in 2022 for the highest number of congenital syphilis cases and ranked 2nd in the reported number of primary and secondary syphilis cases.²

Identification of congenital syphilis can be challenging as some affected infants may initially appear healthy but can develop severe complications like anemia, bone deformations, and brain and nerve problems. Quick diagnosis and treatment of the mother early in pregnancy can mitigate these life-altering outcomes. Timely prenatal care, testing, and treatment can prevent potentially devastating outcomes for affected children and families. To reduce the number of congenital syphilis cases in Texas, the state needs to increase maternal provider awareness and help with diagnosing and treating syphilis in pregnancy. Funding from this exceptional item is imperative for developing a provider toolkit and information hotline, establishing nurse teams for rapid response, and building a public awareness campaign and website for resources.

Recommendation 2: Fully fund Exceptional Item #8 for the Maternal Mortality Review System (MMRS) to speed up data review and inform interventions that can save Texas moms' lives.

Building on the Legislature's significant investment in the last session, this request is for an additional \$9.9 million, and 7 FTEs are needed to expand the MMRS's capabilities, ensure there is an integrated tracking system for maternal mortality cases, and improve the timeliness of the Maternal Mortality Review Committee's analysis and recommendations.

The Texas Legislature appropriated almost \$11 million during the 88th Texas Legislative Session (2023) for Data Modernization to DSHS for two vital system upgrades. First, DSHS built a Maternal Child Health Quality

¹ Texas Department of State Health Services. Congenital Syphilis in Texas. Available at: <https://www.dshs.state.tx.us/sites/default/files/hivstd/info/edmat/CongenitalSyphilis.pdf>. Accessed 10/1/2024

² Texas Department of State Health Services. Congenital Syphilis in Texas in 2022. Available at: <https://dshs.texas.gov/sites/default/files/hivstd/info/cs/files/CSEpiProfile.pdf>. Accessed 10/1/2024.

Improvement System (MCHQIS) that aims to produce data visualizations in a timely manner so public health interventions can be effective. Second, DSHS replaced the old system, the Maternal Mortality and Morbidity Review Committee (MMMRC) used for case review with the Maternal Mortality Review System (MMRS). The new MMRS system for case review provides a streamlined environment to decrease lags in data reporting and shorten timelines between maternal mortality case identification and review, leading to more timely and usable data.

To build on the historic investment in the last session, additional funding is needed to develop and implement the next phase of the DSHS Maternal and Child Health Data System. The next phase expands on the systems to integrate the MCHQIS and MMRS systems so data can be transferred/linked between systems and other datasets. Without additional funding, the needed functionality will not be available to the MMMRC, and data sets and analysis will not be able to be provided to the committee in a timely manner. Since MMRS is vital to the Maternal Mortality Review Committee's ongoing case reviews and analyses, the MMMRC's operations will also not be as efficient or effective without this needed funding.