Council on Health of the Public

Thursday, November 5, 2026
2:30 – 5 p.m.
Location: Woodlands Waterway Marriott, Montgomery B
Zoom information:
https://us02web.zoom.us/j/89741583697?pwd=UAaLhgq6Gg3LrUV4noI95WdZKM6DbI.1
Meeting ID: 897 4158 3697
Passcode: 488344

AGENDA

2:30	Call to order by Chair Li-Yu Mitchell, MD, and introductions
2:37	Approval of report from April 10, 2026
2:40	Announcements • Reception tonight at 6 p.m., followed by the Member Assembly with Council Forums at 7 p.m., both take place in Town Center South on level 1 • Thank you to chair Li-Yu Mitchell and vice chair Lesca Hadley for their service to the council!
2:45	Tom Banning to speak on the upcoming legislative session and work of the Texas Public Health Coalition
3:15	Helen Kent Davis to speak on the Texas Women's Healthcare Coalition and the Rural Maternal Mortality Report
4:00	Mary Nguyen to speak on recent work of the AAFP Commission on Health of the Public
4:15	Visit the new TAFP community engagement resources webpage at https://tafp.org/healthy-practice/community-engagement-resources
4:20	Other business
4:30	Adjourn

Samantha White and Jessica Miley are the staff liaisons for this council.

TAFP Board, Council, and Committee Members -

We look forward to seeing you at our upcoming Annual Session and Primary Care Summit and for the important discussions that will take place during our business meetings. Agenda packets will be distributed toward the end of next week.

I also want to share a new policy recently approved by the TAFP Board of Directors regarding meeting recordings, transcription, and AI notetaking tools.

The purpose of this policy is to foster an environment where our volunteer leaders feel comfortable sharing ideas, asking questions, and participating in open and candid discussions. We want members to be confident that meeting conversations will be handled appropriately and that their comments will be respected within the context of those discussions.

While individual meeting recordings and AI notetaking tools will not be permitted without prior authorization, TAFP staff will continue to prepare official meeting minutes or reports to keep members informed, including those who are unable to attend.

The full policy is included below for your reference. Please take a moment to review it before our upcoming meetings.

Thank you for your leadership and commitment to TAFP. If you have any questions or concerns about the policy, please don't hesitate to contact your staff liaison or me.

TAFP Meeting Recording and AI Notetaking Policy

To protect the confidentiality of discussions and promote open participation, TAFP meetings may not be recorded, transcribed, or accessed by artificial intelligence (AI) notetaking or meeting-assistant tools by participants without prior authorization.

This policy applies to all TAFP meetings, including Board, committee, council, and task force, whether conducted virtually, in person, or in a hybrid format. For the purposes of preparing official reports and minutes, TAFP staff may use recording, transcription, and notetaking tools provided they comply with TAFP's record retention policy.

- **Recording and Transcription:** Participants may not audio record, video record, transcribe, or otherwise capture a meeting without prior approval from the meeting chair or designated TAFP staff.
- **AI Notetaking Tools:** AI meeting assistants, bots, transcription services, or similar automated tools may not join, access, record, or transcribe TAFP meetings without prior authorization.
- **Notice to participants:** When recording, transcription, or an AI tool are used by staff or authorized for members to use, participants will be informed at the beginning of the meeting.

- **Enforcement:** The meeting chair or designated TAFP staff may deny access to or remove any unauthorized recording, transcription, AI notetaking, or automated meeting tool from a TAFP meeting.

TAFP reserves the right to determine when recording, transcription, or AI-assisted notetaking is appropriate based on the nature and confidentiality of the meeting.

Sincerely,

Kathy McCarthy, CAE
Chief Operating Officer
Texas Academy of Family Physicians

COUNCIL ON HEALTH OF THE PUBLIC REPORT

Author: Samantha White
Meeting date: April 10, 2026

The following members attended the meeting in person: Li-Yu Mitchell, Karen Smith, Judy Kim, Austin Plumlee, Susan Overstreet, Jessica Yao, Tatiana Cordova, Tharani Ravi, Rida Khan, Laura Porterfield, Jennifer Nordhauser, Vidya Bharati Sinha, Lesca Hadley, and Amna Waqar.

The following members attended the meeting on Zoom: Joaquin Villegas, Lois Mendez, Kimberly Ellis-Garris, and Jessica Miley (staff).

The following staff and guests attended the meeting in person: Samantha White (staff), Zach Sartor, and Sarah Samreen.

MINUTES

1. The meeting was called to order by Li-Yu Mitchell, MD, chair.
2. The council report from November 13, 2025 was approved.
3. Guest and TAFP member Zach Sartor gave an informative presentation on The Waco Guide to Psychopharmacology in Primary Care, a free resource to support primary care physicians managing mental and substance use disorders.
4. Council members discussed a possible resolution focused on blood pressure that was introduced at the November 2025 meeting. Council members voted to not move forward with the resolution.
5. Council members discussed possible CME topics related to environmental health to suggest to the CME planning committee.
6. Council members discussed how they handle patients in clinic who are hesitant to vaccinate.
7. The meeting was adjourned.

TMA Backs Funding Request for State Health Agency By Brian Davis

texmed.org/TexasMedicineDetail.aspx



While federal priorities may change, the Texas Department of State Health Services (DSHS) remains best positioned to understand local communities' needs and how to meet them. Continued state funding is required to keep Texans healthy.

That was the message of written testimony by Maria Monge, MD, submitted Sept. 11 to the state's legislative budget board.

The Austin pediatrician, testified on behalf of the Texas Medical Association, the Texas Pediatric Society, and the Texas Public Health Coalition. DSHS is asking for more than $230 million to reach all its funding goals during the 2028-29 biennium.

"We support full funding of the agency's base budget and urge increased funding to mitigate the shortfall for longstanding services within public health preparedness and coordination services; infectious disease prevention, epidemiology, and surveillance; and maternal and child health programs," Dr. Monge testified.

DSHS' primary functions include preventing, detecting, and responding to infectious disease outbreaks within the state. The agency also sets minimum standards for consumer protections and collects data to support evidence-based public health interventions.

TMA supports the agency's top two budget items, which are meant to fulfill its mandated responsibilities and maintain operations. TMA also joins DSHS in requesting further funding that would:

- Modernize health data systems to improve the function and security of Texans' sensitive health information;
- Fund local health departments for disaster and outbreak readiness throughout the state;
- Sustain the Texas HIV Medication Program, which provides lifesaving medication to more than 20,000 Texans living with HIV. Without additional funding, DSHS would need to reduce the number of people who benefit; and
- Support industry growth to keep Texans safe from numerous food recalls and outbreaks in the food supply.

Follow TMA's legislative testimony and related *Texas Medicine Today* coverage on the State Advocacy webpage.

Last Updated On

September 22, 2026

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Related Content

Public Health | Texas legislation

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Texas Department of State Health Services
2026-27 Legislative Budget Board Hearing
Sept. 11, 2026
Testimony of Maria Monge, MD, presented on behalf of the:
Texas Medical Association; Texas Pediatric Society;
and Texas Public Health Coalition

Hi, I'm Dr. Maria Monge, a physician in Austin representing the Texas Medical Association, Texas Pediatric Society, and the Texas Public Health Coalition. Thank you for the opportunity to comment on the Texas Department of State Health Services' (DSHS') legislative appropriations requests.

We support full funding of the agency's base budget and urge increased funding to mitigate the shortfall for longstanding services within public health preparedness and coordination services; infectious disease prevention, epidemiology, and surveillance; and maternal and child health programs. While federal priorities may change, DSHS and local health departments know the needs of our Texas communities.

With new consumer safety responsibilities and rising operating costs, we support **Exceptional Items 1** and **2** to **Fulfill Mandated Responsibilities** and **Maintain Agency Operations.** We also support the department's requests for each of the following:

- **Exceptional Item 3.** Timely reporting and availability of health information is crucial for responsive and informed decision-making. Modernization of the systems that support this function improves the security of Texans' sensitive health information, the quality of data, and accessibility to public health and medical personnel. We encourage Texas' **Critical Public Health Data Systems** to be funded to meet these improvements.
- **Exceptional Item 4.** Local health departments serve a key role in preparing for and responding to disasters. Beyond a single local community, coordination of both public health and medical responses is complex and benefits from having flexible and rapidly available funding. Proactive **State and Local Readiness and Response for Disasters and Outbreaks** is a responsible use of state funding and can leave less uncertainty in reimbursement and reallocation later.
- **Exceptional Item 5.** The **Texas HIV Medication Program** provides lifesaving and sustaining medication to over 20,000 Texans living with HIV. We have seen over the past few years how costs and utilization are rising, yet funding does not meet the need. It's reached the point where DSHS would need to reduce the number of people whose lives benefit from this program without additional funding. We strongly support funding this exceptional item for the sake of Texans who rely on this program for healthier, longer, and more stable lives.
- **Exceptional Item 6.** Texas has been affected by numerous food safety recalls and outbreaks just this year. Texas is also, impressively, a growing economy and community. To improve consumer protections and to meet federal standards, if not better, additional resources are needed to **Support Industry Growth** to keep Texans safe and healthy.

We commend DSHS for its resilient efforts to improve the health of all Texans and thank you for your time.

2026 Rural Texas Maternal Health Rescue Plan: *From Rescue to Moonshot*

CALL TO ACTION: The Rural Texas Maternal Health Assembly respectfully urges the 90th Legislature to launch a **Healthy Rural Texas Pregnancy Moonshot,** wherein the state supports a multi-year, coordinated, aspirational, visible, and funded public strategy designed to promote a high-quality, enduring rural maternal health care system that fosters healthy families, sustains strong communities, and promotes economic prosperity today and for future generations.

The Rural Texas Maternal Health Assembly offers 12 policy priorities to achieve this goal.

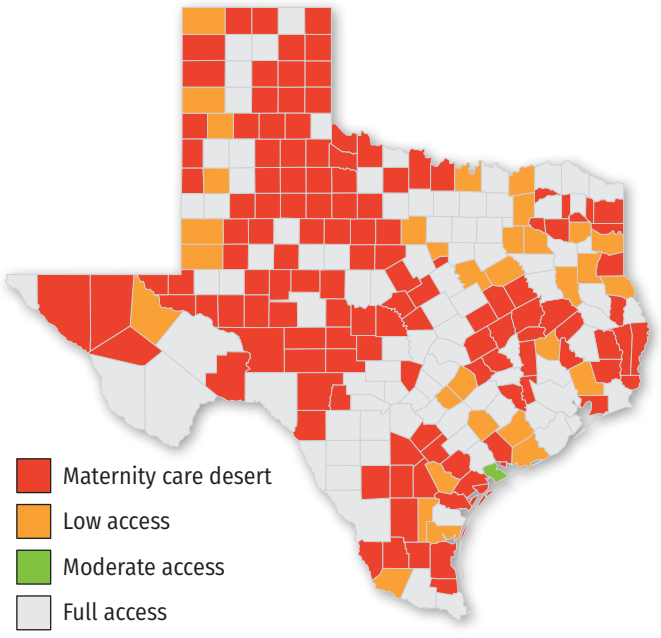
Rural[1] communities are the cultural and economic lifeblood of the state. When people envision Texas, it is rural Texas they see. Rural communities anchor Texas' economic vitality, contributing $200 billion annually to the state's economy.[2] Yet the slow degradation of Texas' rural maternal healthcare system threatens rural families' way of life.

Some 665,000 women ages 15 to 45[3] live in rural Texas, along with their families. When their communities lack women's preventive healthcare and maternity care services, women and families do not want to live there, meaning employers cannot thrive there. Consider these facts.

- **In Texas, 60% of rural counties and 51% of all counties remain "maternity care deserts," counties without maternity care services.[4] Over the past decade, 16 more gained that distinction — the largest increase nationally.[5]**
- **65% (96) of rural hospitals in Texas no longer provide maternity care, while 20% (13) remain at risk of halting labor and delivery services.[6]**
- **55% (84) of rural hospitals are at risk of closing entirely, with 17% in immediate danger.[7]**
- **22.8% of Texas women receive inadequate or no prenatal care, compared to 16.1% nationally. In rural counties, the rate is even higher.[8]**
- **58% of rural counties lack sufficient primary care, with one in five having no primary care physician at all, although rural primary care clinics provide essential services before, during, and after pregnancy.[9]**
- **22% of rural women ages 19 to 49 are uninsured.[10]**

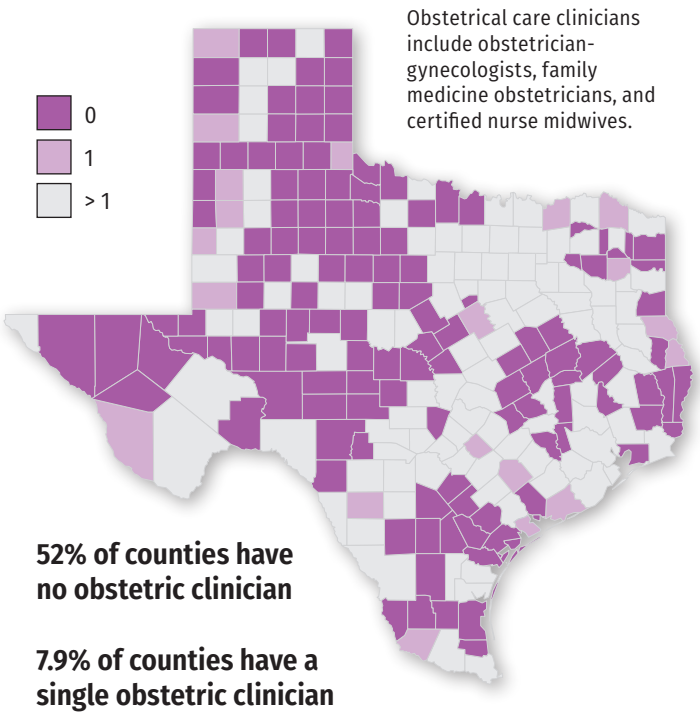
60% of rural Texas counties are maternity care deserts.

Access to maternity care in Texas



Source: March of Dimes. Maternity Care in Texas, 2026.

Number of Obstetric Clinicians in Texas Counties

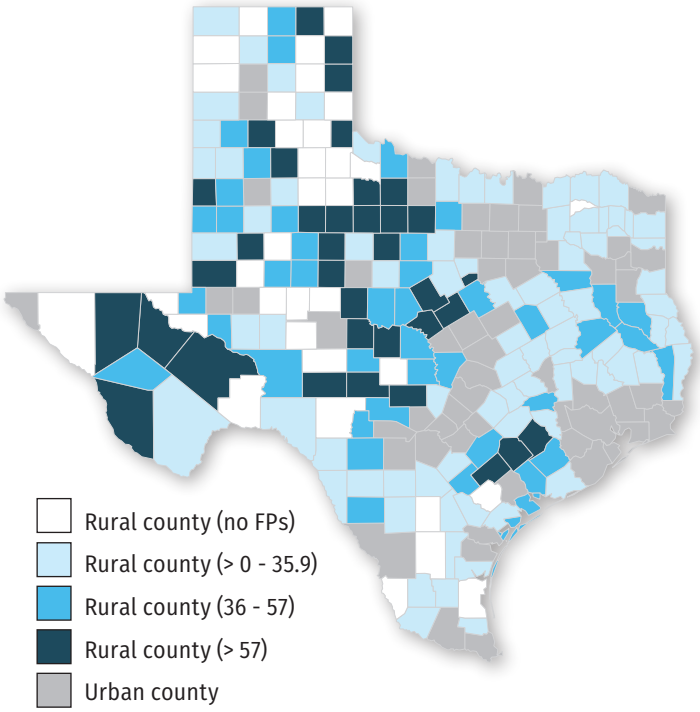


52% of counties have no obstetric clinician

7.9% of counties have a single obstetric clinician

Source: Maternity Care Access in Texas, March of Dimes, 2026.

Family Physicians per 100,000 Population in Texas Rural Counties, 2025



Source: WWAMI Rural Health Research Center, University of Washington, 2026

But fatalism is not in rural Texans' vocabulary. That is why the Rural Maternal Health Assembly gathered in 2024 to formulate a blueprint to halt the decline in rural maternal health.

The Assembly's plan, the Rural Texas Maternal Health Rescue Plan, outlined 12 priority recommendations that if implemented would stabilize and improve rural maternal healthcare access and birth outcomes.[11] Lawmakers heard the warning, adopting several recommendations either wholly or in part, including the passage of House Bill 18, the Rural Health Stabilization and Innovation Act. The legislation, coupled with $150 million in enhanced biennial funding, will improve the financial health of rural hospitals.

Yet, as important as these investments are, the state's rural maternal health system remains precarious. In 2025, two additional rural Texas hospitals suspended their labor and delivery services. That is why the Assembly reconvened in 2026 to articulate what additional policy levers lawmakers should pull to protect rural maternal health access. What emerged from the work is this: **launch a Healthy Rural Texas Pregnancy Moonshot, wherein the state supports a multi-year, coordinated, aspirational, visible, and funded public strategy designed to:**

- **Safeguard and extend rural maternal health to all rural women, and**
- **Measurably improve rural maternal health outcomes within five years.**

The Assembly acknowledges the state budget will be tight when lawmakers convene in 2027. **However, rural maternal health is not something that can wait.** Once these services are gone, they rarely come back. And many of the interventions needed to keep them are low-cost and high-reward, meaning they will save money while saving lives.

By pursuing a coordinated strategy, the Rural Maternal Health Moonshot, Texas will help ensure the heart of the state — its rural communities — remain attractive places to live, work, and visit.

From Rescue to Moonshot — 12 Priorities

CODE RED PRIORITIES

1. Improve the timeliness and availability of rural maternal health by modernizing Medicaid maternal health delivery models and payments for rural maternal health professionals.
2. Boost the rural maternal health workforce by expanding training pipelines and incentive programs for both clinical and nonclinical health professionals committed to rural practice.
3. Sustain state investments to bolster rural maternity hospital care services and to cultivate community health centers' maternal health capacity and innovation.
4. Launch Project Healthy Rural Texas Pregnancies, a multi-pronged, cross-sector campaign and resource center to increase access to and coordination of critical preventive maternal health services.

CRITICAL PRIORITIES

5. Robustly fund the state's women's health programs to sustain women's preventive health services.
6. Bring maternal healthcare services to where rural women live and work by expanding the use of alternative care settings, such as mobile, pop-up, and virtual care clinics, as well as patient navigation.
7. Ensure excellence in rural maternal healthcare quality by growing innovative educational and training partnerships to deliver safe, high-quality maternity care.
8. Pioneer formation of rural maternal health utilities to ensure counties with the highest rurality can offer women access to critical preventive maternal health services.

ESSENTIAL PRIORITIES

9. Enhance chronic disease prevention, management, and treatment before and between pregnancies to reduce chronic disease-related complications during pregnancy.
10. Improve health outcomes and well-being of rural mothers and babies by alleviating nonclinical barriers to care.
11. Establish and fund innovative, cost-effective partnerships between primary care and dentistry to increase the use of preconception preventive oral care to reduce oral health-related complications during pregnancy.
12. Extend existing Medicaid doula coverage to cover additional nonclinical, evidence-based prenatal and postpartum services for doulas who complete state-approved certification or who demonstrate core competencies.

Rural Texas Maternal Health Rescue Plan Supporters

Baylor Scott & White Health

Consortium of Texas Certified Nurse-Midwives, affiliate of the American College of Nurse-Midwives

DHR Health

East Texas Community Clinic

Global Family Practice, LLC

Huntsville Memorial Hospital

JPS Health

Lakeland Medical Associates

March of Dimes

Medina Healthcare System

Program of Excellence for Mothers, Children, and Families at the Texas A&M College of Nursing

Rolling Plains Memorial Hospital

Society for Maternal-Fetal Medicine

Texans Care for Children

Texas A&M College of Nursing

Texas A&M Family Medicine Residency Program

Texas Association of Charitable Clinics

Texas Association of Community Health Plans

Texas Dental Association

Texas Hospital Association

Texas Nurse Practitioners

Texas Pediatric Society

Texas Rural Health Association

Texas Tech University Health Sciences Center

Texas Society of Anesthesiologists

Texas Women's Healthcare Coalition

University of Texas at Arlington

University of North Texas College of Osteopathic Medicine

University of North Texas Health Science Center

Waco Family Medicine Institute

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Jess Sexton, MPH, epidemiologist, University of Texas, Tyler

State Agency Informational Resources

Health and Human Services Commission

Department of State Health Services

The conveners invited all entities with a known interest in improving rural maternal health. Several were unable to participate, others declined.

Special appreciation to these Assembly conveners and position paper authors.

Texas A&M Rural & Community Health Institute
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Texas Health Institute
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Stephanie Ondrias, Chief Convening and Engagement Officer

Texas Organization of Rural & Community Hospitals
John Henderson, CEO/Executive Director

Special thanks to the T.L.L. Temple Foundation for generously funding the Assembly's work.

REFERENCES

1. "Rural" aligns with the Rural Texas Strong grant application definition as well as the 2026-27 state budget (Senate Bill 1, 89th legislative session): a county with a population of 68,750 or fewer persons according to the 2020 U.S. Census Bureau.
2. Texas 2036, "Empowering Rural Texas: Building Pathways to Prosperous Careers," 2025.
3. Texas Demographic Center, University of Texas at San Antonio.
4. March of Dimes, "Where You Live Matters: Maternity Care Access in Texas."
5. A. Stoneburner, J. F. Chestnut, R. Lucas, E. E. Jones, and A. L. DeMaria, Nowhere to Go: Maternity Care Deserts Across the U.S., Report No. 5 (March of Dimes, 2026).
6. Center for Healthcare Quality and Payment Reform, "The Rural Maternity Care Crisis," January 2026.
7. Center for Healthcare Quality and Payment Reform, "Rural Hospitals at Risk of Closing," July 2026.
8. March of Dimes, "2025 March of Dimes Report Card," 2025.
9. National Center for Health Workforce Analysis, State of the Primary Care Workforce, 2025.
10. March of Dimes, "Uninsured Women: Texas, 2013–2023."
11. ARCHI and collaborating organizations, Rural Texas Maternal Health Rescue Plan, 2025.

For a detailed discussion of each of the 12 recommendations, please download the full report.