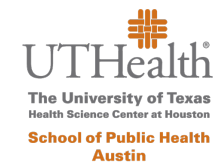
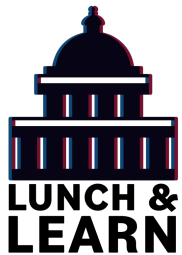




LUNCH & LEARN

Welcome!

- Today's room is sponsored by Senator Miles, thank you!
- About TX RPC
- New Health Policy Resources: Adverse Childhood Experiences (ACEs), College Students and SNAP Utilization
- Coming Soon: Child Behavioral Health, Maternal and Child Health, Building Resilient and Responsible Youth
- Dr. David Lakey - Maternal and Child Health in Texas



Opportunities to Improve Maternal and Child Health in Texas

Legislative Lunch and Learn
January 4th, 2023

David Lakey, M.D.
Vice Chancellor for Health Affairs and Chief Medical Officer
The University of Texas System



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THIRTEEN INSTITUTIONS. UNLIMITED POSSIBILITIES.

Health of Women and Children Report 2022



Model for Measuring America's Health

America's Health Rankings is built upon the World Health Organization definition of health: "Health is a state of complete physical, mental, and social well-being and not merely the absence of disease or infirmity."²⁴



National Highlights

Health Outcomes

BEHAVIORAL HEALTH | WOMEN

Frequent mental distress

14% ▲

from 17.0% to 19.4% of women ages 18-44 between 2017-2018 and 2019-2020.

Source: CDC, Behavioral Risk Factor Surveillance System.

BEHAVIORAL HEALTH | CHILDREN

Teen suicide

29% ▲

from 8.4 to 10.8 deaths per 100,000 adolescents ages 15-19 between 2012-2014 and 2018-2020.

Source: CDC WONDER, Multiple Cause of Death Files.

BEHAVIORAL HEALTH | CHILDREN

Anxiety and depression

9.2% and 4.2% of children ages 3-17, respectively, in 2020-2021.

Source: HHS, HRSA, MCHB, National Survey of Children's Health.

BEHAVIORAL HEALTH | CHILDREN

Flourishing

7% ▼

from 71.7% to 66.6% of children ages 6 months-17 years between 2018-2019 and 2020-2021.

Source: HHS, HRSA, MCHB, National Survey of Children's Health.

MORTALITY | WOMEN

Mortality

21% ▲

from 97.2 to 117.3 deaths per 100,000 women ages 20-44 between 2019 and 2020.

Source: CDC WONDER, Multiple Cause of Death Files.

MORTALITY | WOMEN

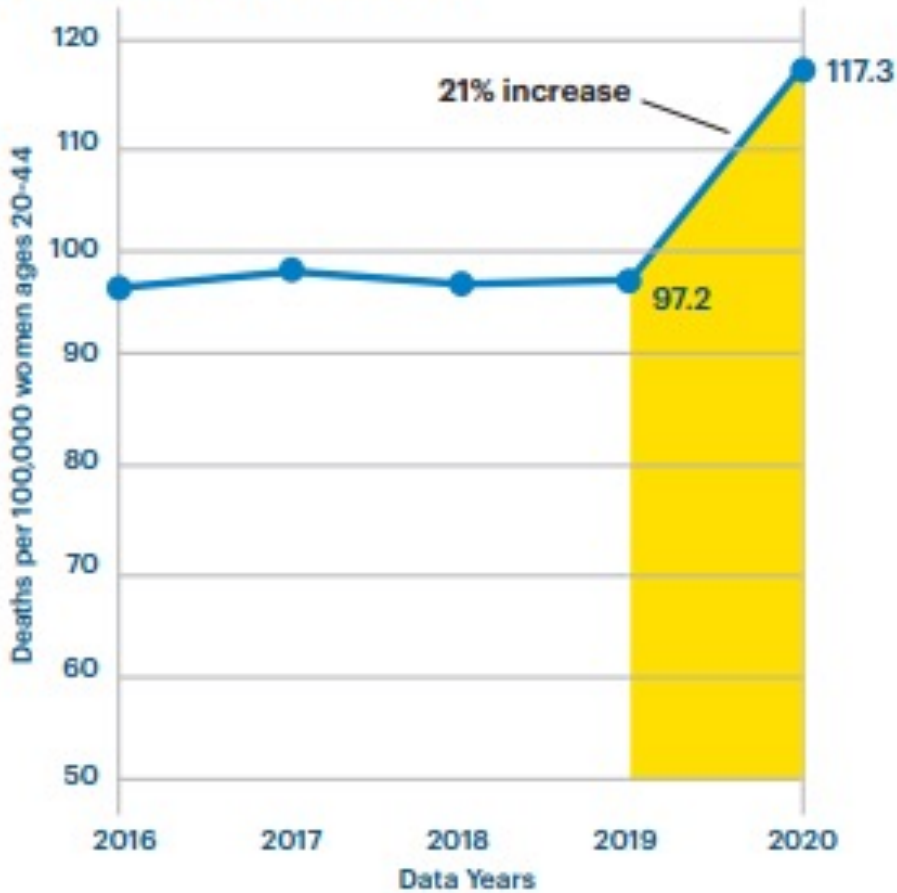
Maternal mortality

19.3 deaths per 100,000 live births in 2016-2020.

Source: HHS, HRSA, MCHB, Federally Available Data.

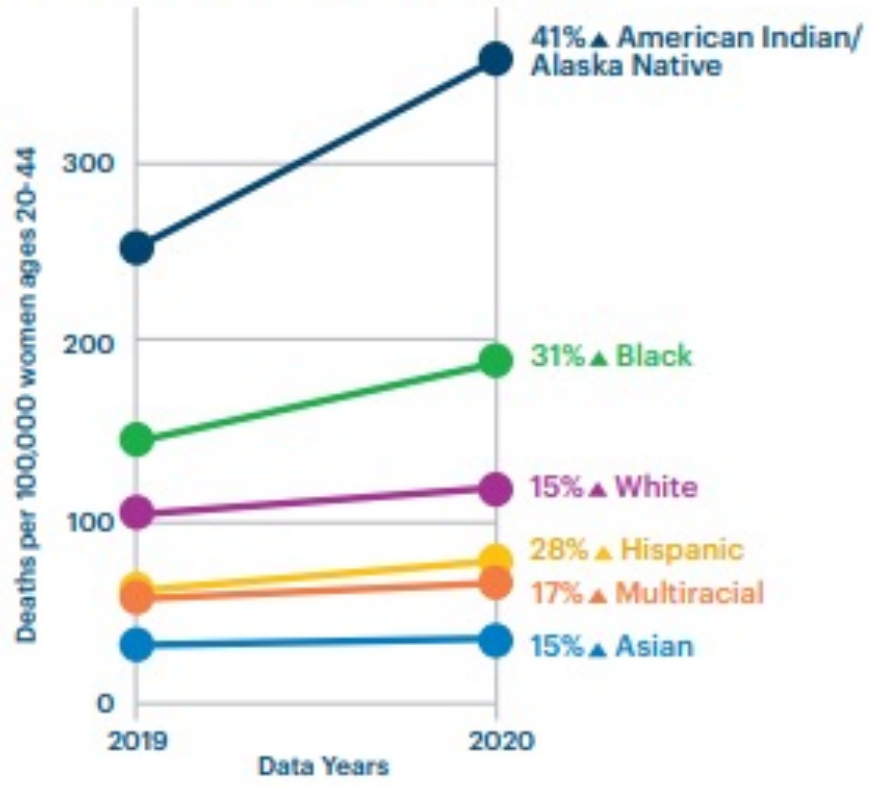


Mortality among women increased sharply between 2019 and 2020.



Source: CDC WONDER, Multiple Cause of Death Files.

Mortality among women increased significantly across most racial/ethnic groups.



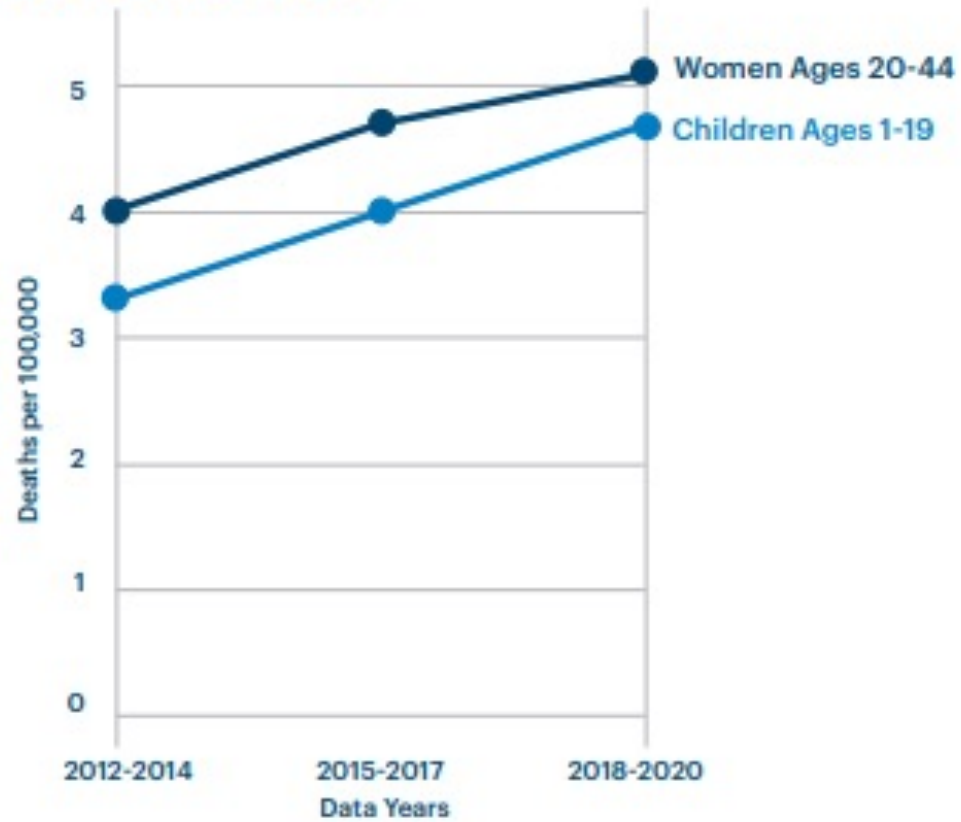
Source: CDC WONDER, Multiple Cause of Death Files, 2019, 2020.

Note: The rate increase was not significant among Hawaiian/Pacific Islander women.



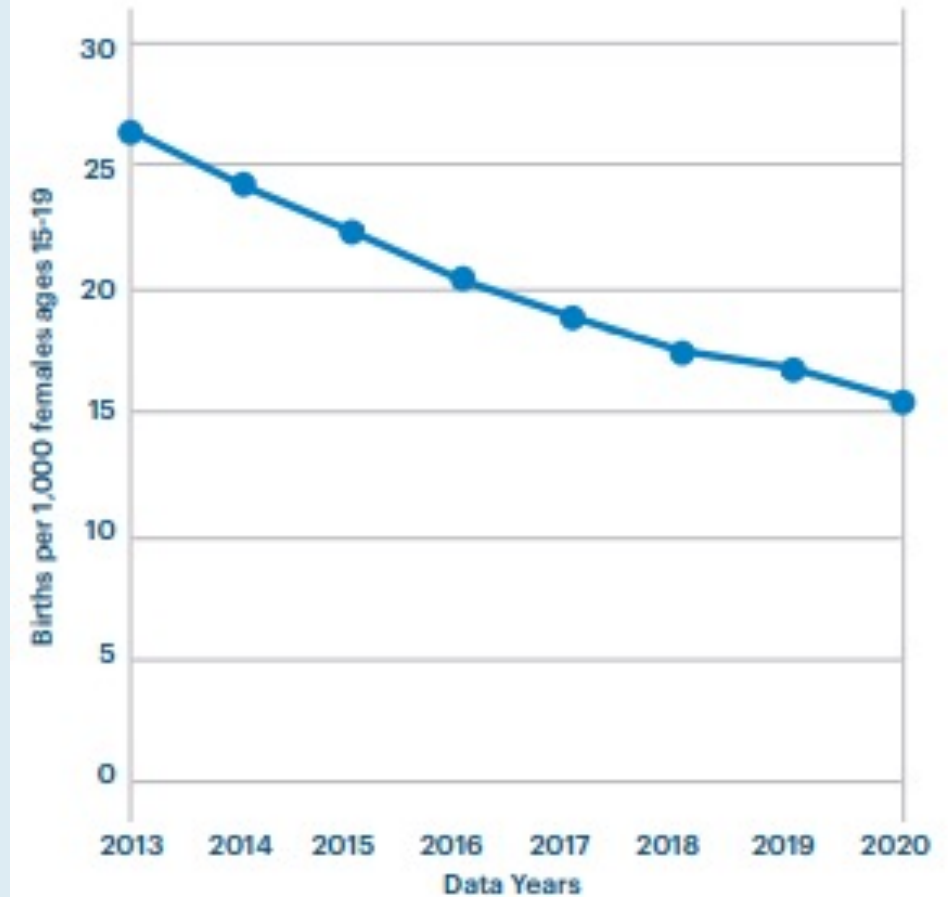
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Firearm deaths are on the rise among both women and children.



Source: CDC WONDER, Multiple Cause of Death Files.

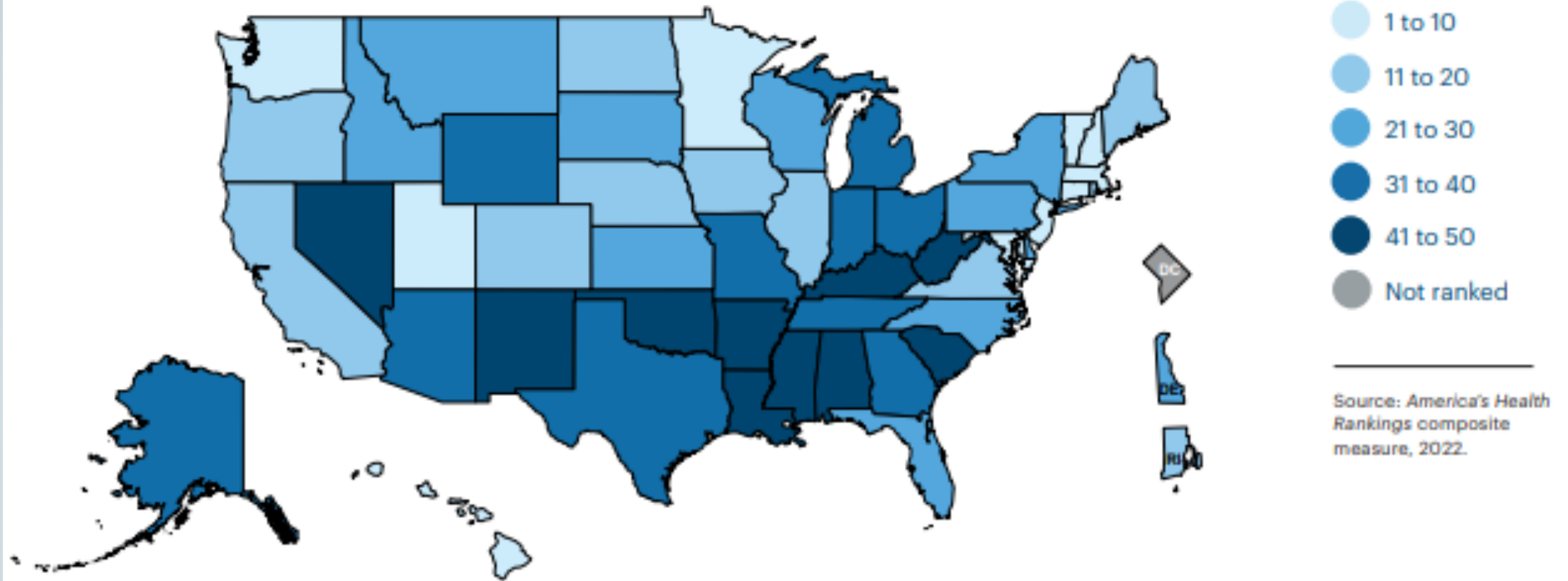
Teen births have continued to decrease.



Source: CDC WONDER, Natality Public Use Files.



2022 Health of Women and Children Report State Rankings



Texas

State Health Department Website: dshs.state.tx.us

Overall Rank:

34

TEXAS

Summary

Strengths:

- Low prevalence of multiple chronic conditions among women
- Low prevalence of illicit drug use among women
- Low prevalence of adverse childhood experiences (ACEs)

Challenges:

- Low prevalence of reading, singing or storytelling
- Low prevalence of physical activity among children
- Low prevalence of women with a dedicated health care provider

Highlights:

FIREARM DEATHS

▲86%

from 2.8 to 5.2 deaths per 100,000 children ages 1-19 between 2012-2014 and 2018-2020.

HPV VACCINATION

▲67%

from 32.9% to 54.9% of adolescents ages 13-17 between 2016 and 2020.

AVERAGE VOTER PARTICIPATION

▲24%

from 47.0% to 58.4% of female U.S. citizens ages 18 and older between the 2014/2016 and 2018/2020 elections.

MORTALITY

▲21%

from 85.3 to 103.4 deaths per 100,000 women ages 20-44 between 2019 and 2020.



Texas Rankings

Women

Children

- | | | |
|--|----|----|
| • Social & Economic Factors | 40 | 32 |
| • Physical Environment | | 43 |
| • Clinical Care | 50 | 49 |
| • Behaviors | 9 | 43 |
| • Health Outcomes | 3 | 10 |
| • Overall Ranking for Women and Children → | 34 | |





Infant Mortality in Communities Across Texas

Data Brief

CONTRIBUTORS:

Eileen Nehme, PhD
Dorothy Mandell, PhD
Daniel Oppenheimer, MFA
Nagla Elerian, MPH
David Lakey, MD

Design: Em Karimifar



Home > Offices > Health Affairs

Infant Mortality in Communities Across Texas

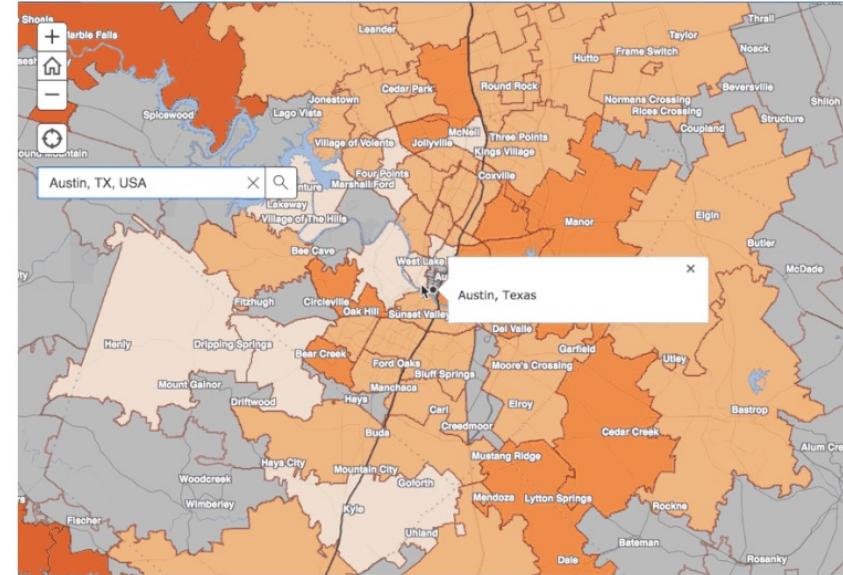
Health Affairs
Executive Officer
Staff & Contact Information

Senior Vice Chancellor for Health Affairs
Vice Chancellor for Health Affairs and
Chief Medical Officer

Organization Chart
Best Practices and Other Helpful
Information

Initiatives and Departments
Events

Education
Research
Health Care Resources
Our Commitment to Freedom of Speech



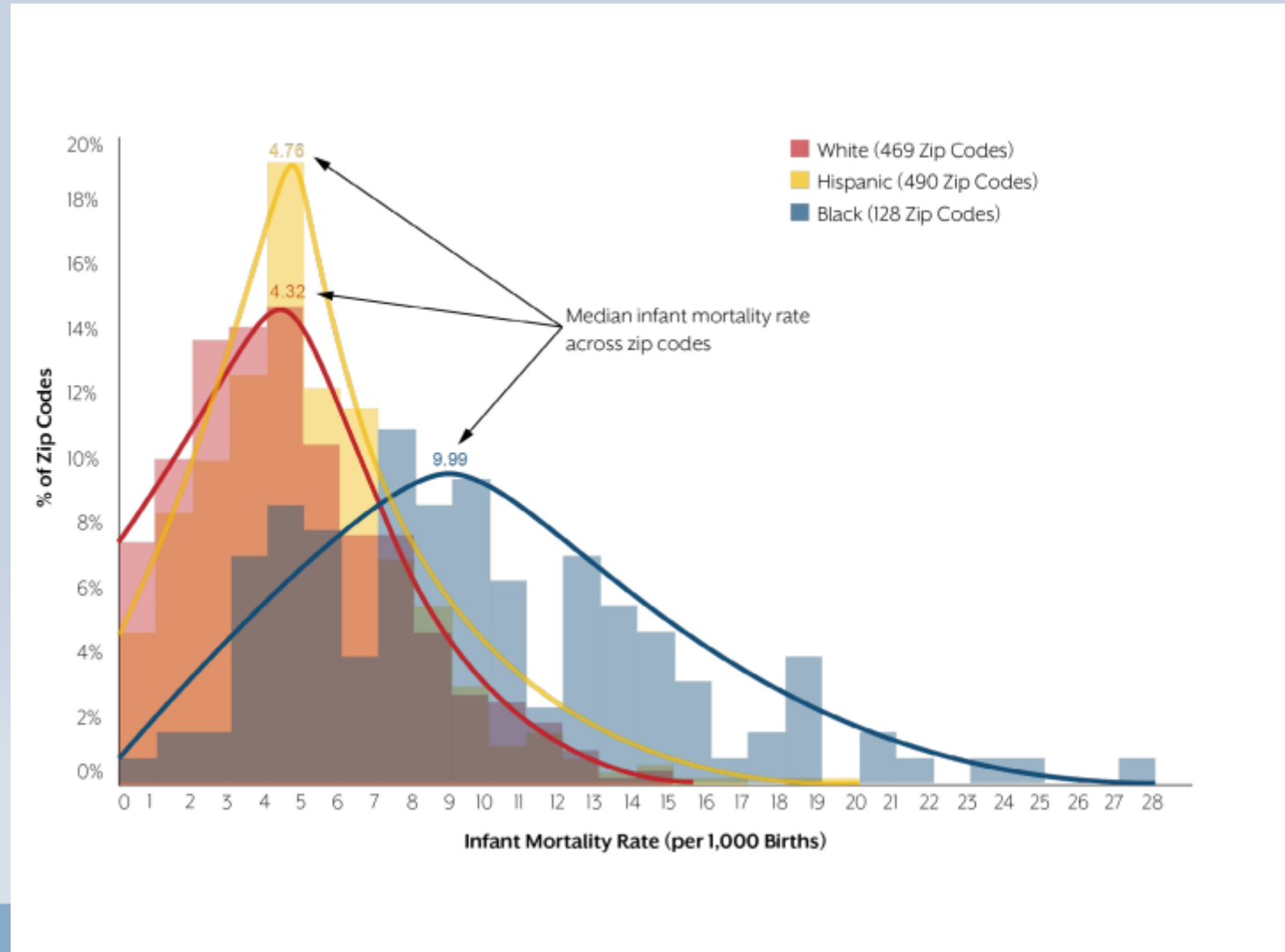
USEFUL LINKS

- [PDF of the Report](#)
- [Interactive Map](#)
- [Public Use Data Files](#)

Suggested citation:

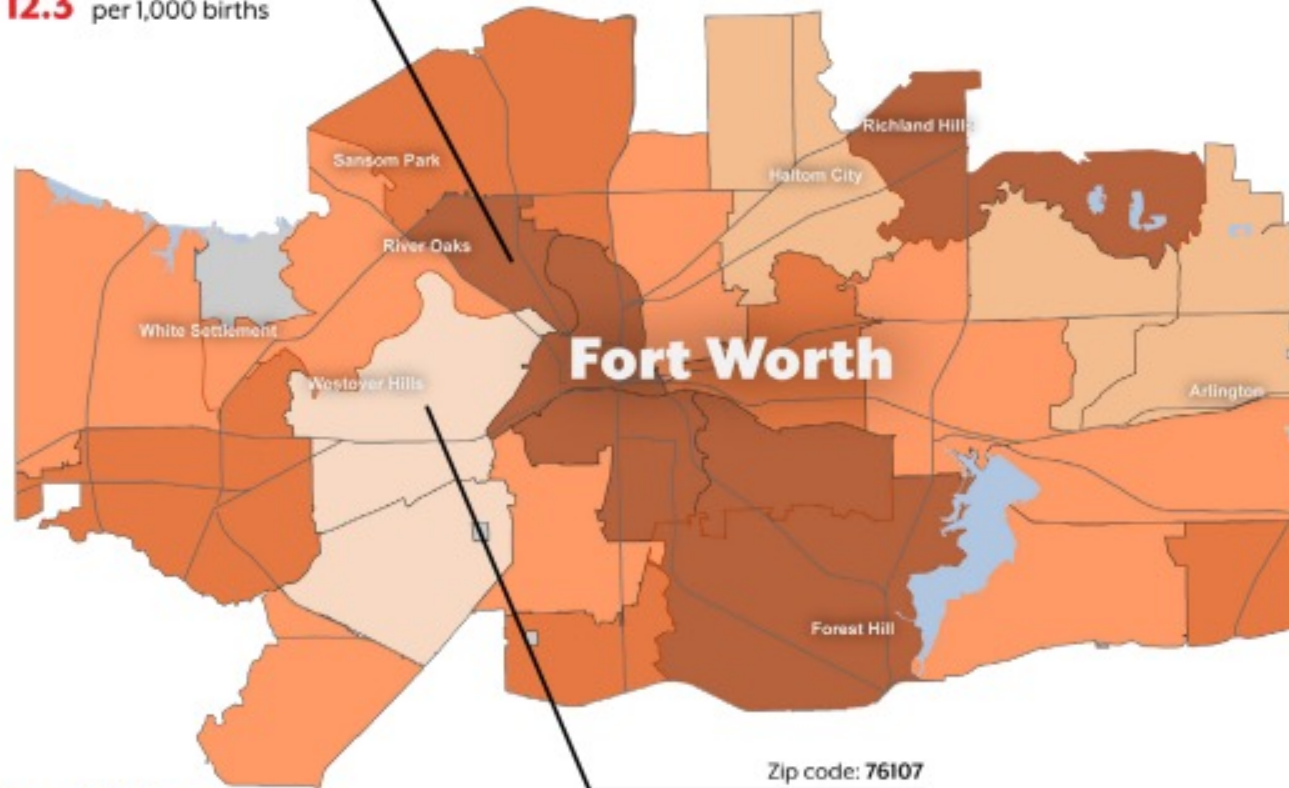
Nehme E, Mandell D, Oppenheimer D, Karimifar M, Elerian N, Lakey D. (2018) Infant Mortality in Communities Across Texas. Austin, TX: University of Texas Health Science Center at Tyler/University of Texas System.

Zip Codes and Infant Mortality in Texas



Zip code: 76164

Overall Infant Mortality Rate:
12.3 per 1,000 births



Infant deaths per 1000 births



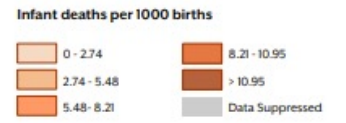
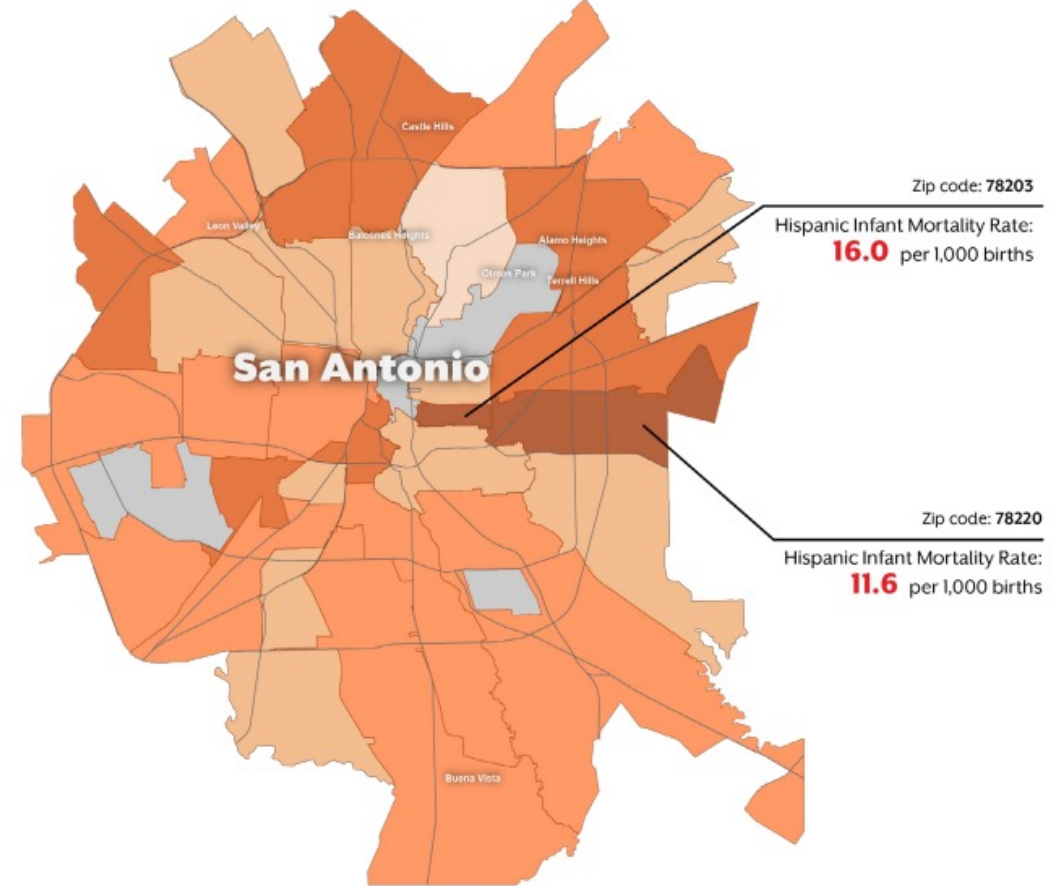
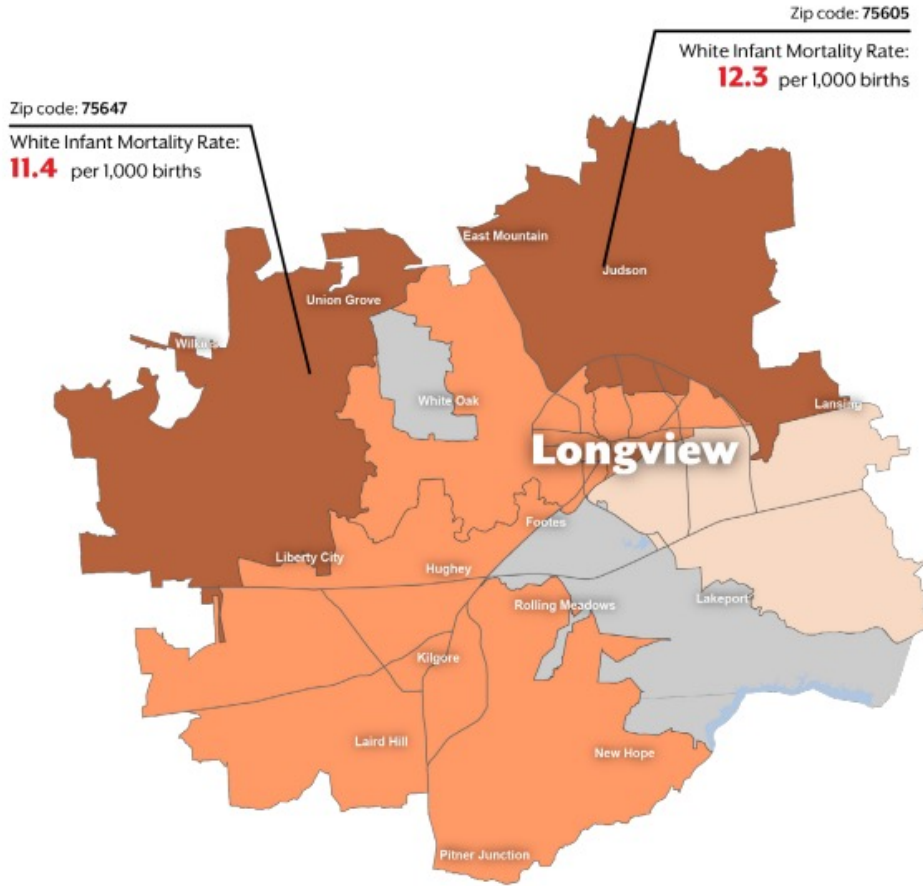
Zip code: 76107
Overall Infant Mortality Rate:
1.8 per 1,000 births



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WWW.UTSYSTEM.EDU

https://utsystem.edu/sites/default/files/sites/texas-health-journal/new%20site/IMR_Texas.pdf

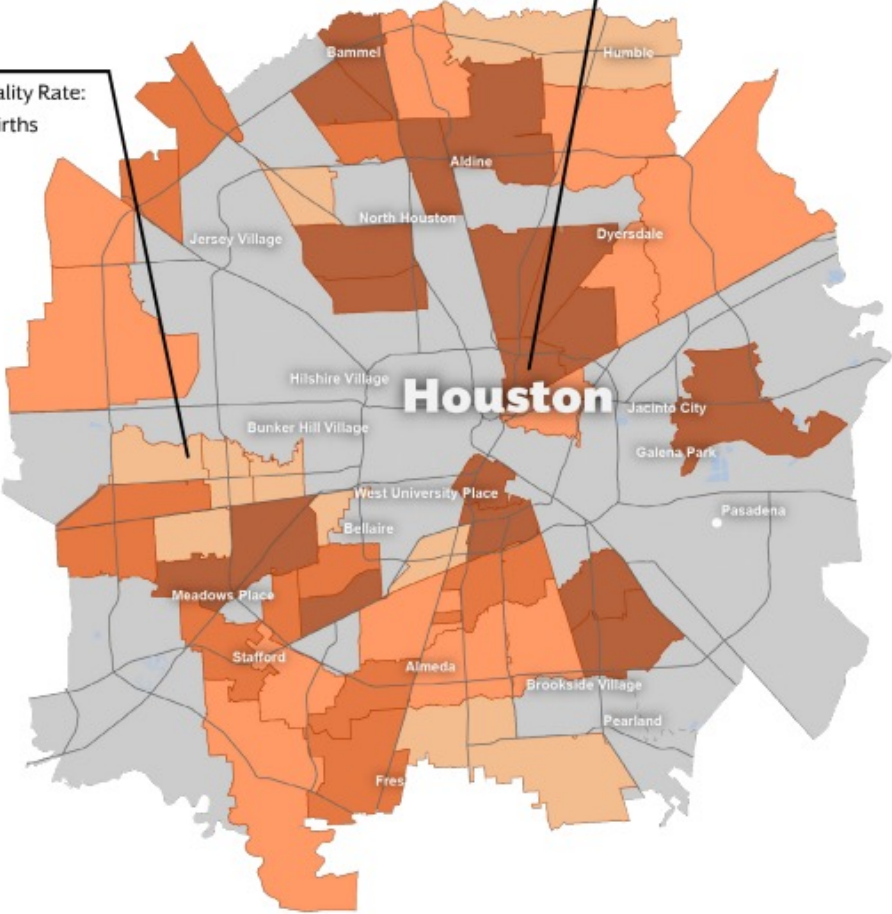


Zip code: 77026

Black Infant Mortality Rate:
28.1 per 1,000 births

Zip code: 77077

Black Infant Mortality Rate:
3.3 per 1,000 births



https://utsystem.edu/sites/default/files/sites/texas-health-journal/new%20site/IMR_Texas.pdf





**Texas Maternal Mortality
and Morbidity Review
Committee and Department
of State Health Services Joint
Biennial Report 2022**



TEXAS
Health and Human
Services

Texas Department of
State Health Services

**As Required by
Texas Health and Safety Code, Section
34.015**

December 2022

*This report covers a partial cohort for
maternal deaths that occurred in 2019.
DSHS will issue an update to the report
following final analysis of the 2019 cohort.*



MMMRC Case Cohort Review Findings

1. 44 percent of the reviewed pregnancy-associated deaths from the 2019 case cohort are pregnancy-related
 - of the 118 reviewed pregnancy-associated death cases, 52 (44 percent) were pregnancy-related, and 42 (36 percent) were pregnancy associated, but not related.
2. Most pregnancy-related deaths were preventable.
 - there was at least some chance for preventability in 90 percent (n=47) of reviewed 2019 case cohort pregnancy-related deaths (N=52)
3. Six underlying causes of death accounted for 79 percent of all reviewed 2019 case cohort pregnancy-related deaths.
 - Obstetric hemorrhage (25%), mental health conditions (17%), non-cerebral thrombotic embolism (12%), injury (10%), cardiovascular conditions (8%), and infections (8%)
4. Multiple underlying causes contributed to reviewed pregnancy-related deaths caused by obstetric hemorrhage.
 - Ruptured ectopic pregnancy was the top underlying hemorrhage cause (N=13), accounting for 23 percent of pregnancy-related hemorrhage deaths (n=3).
 - Uterine rupture, placental abruption, and placenta accreta spectrum (n=2 each) were tied as the second leading underlying hemorrhage causes.

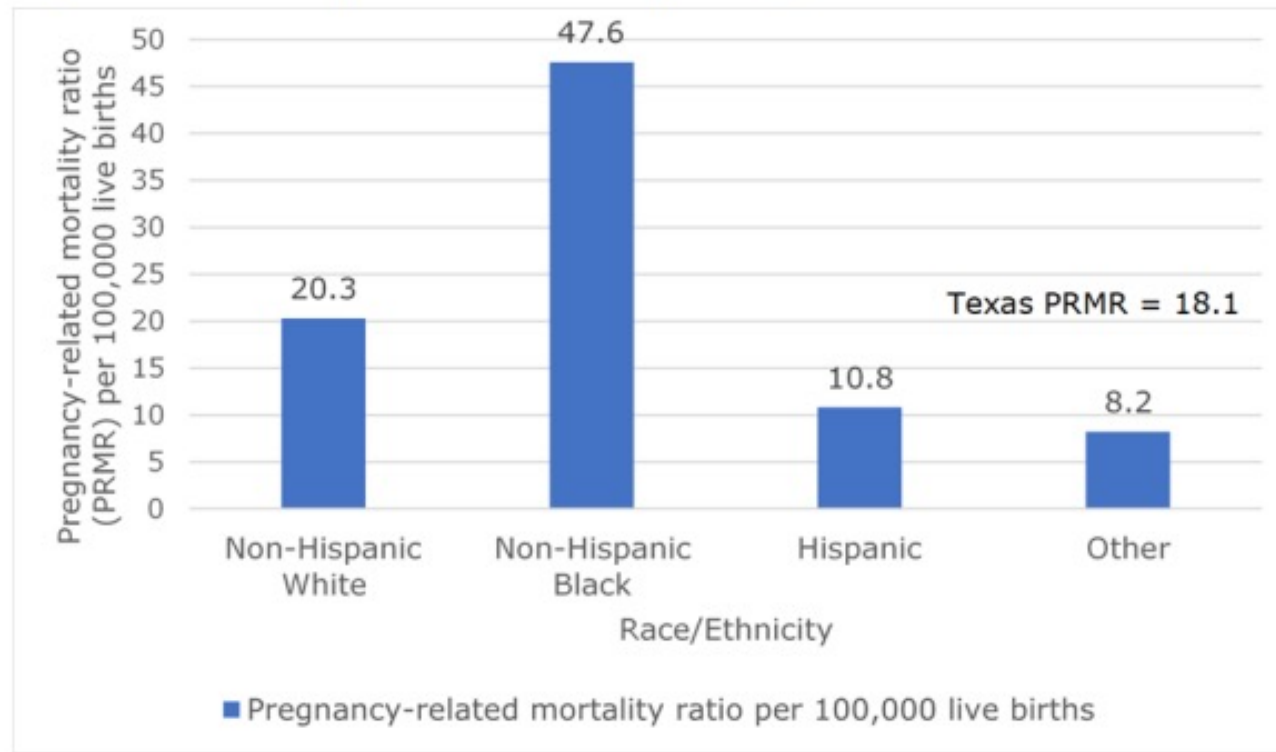


MMMRC Case Cohort Review Findings

5. Obesity, mental disorders, discrimination, and substance use disorder each contributed to pregnancy-related death.
 - Obesity (21%), Mental disorders other than substance use (21%), Discrimination (12%), Substance use (8%)
6. Violence contributed to pregnancy-related death
 - Violent pregnancy-related deaths with a manner of death of suicide or homicide represented 27 percent of pregnancy-related death (n=14; N=52)
7. A complex interaction of factors and characteristics contributed to preventable death
 - The MMMRC identified 390 factors that contributed to the 2019 preventable pregnancy-related cases (N=47), an average of 8.3 contributing factors per case.
8. Disparities persist in maternal mortality with Non-Hispanic Black women being most disproportionately impacted.
 - The final pregnancy-related mortality ratio in 2013 for Non-Hispanic Black women was over twice that for Non-Hispanic White women and over four times higher than Hispanic women



Figure E-1. PRMR by Race and Ethnicity, Texas, 2013



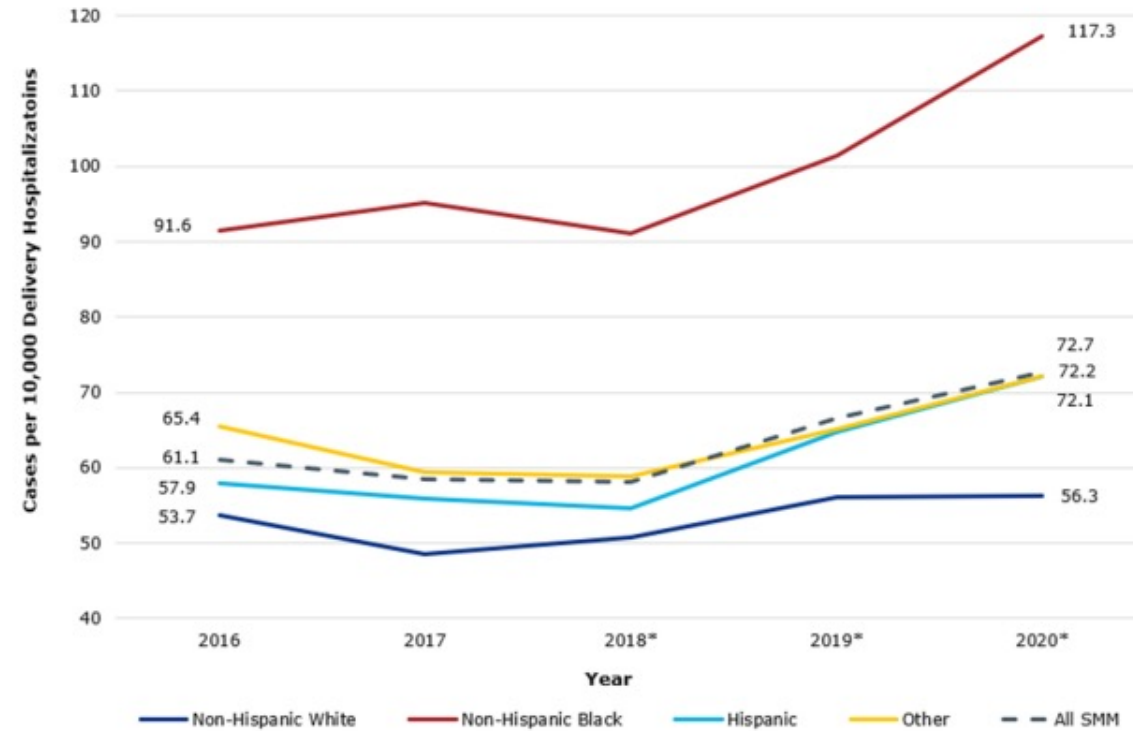
PREPARED BY: Maternal and Child Health Unit (MCHU), Healthy Texas Mothers and Babies (HTMB) Branch, Community Health Improvement (CHI) Division, the Department of State Health Services (DSHS).

DATA SOURCE: 2013 Death Files, 2011-2012 Live Birth and Fetal Death Files. Center for Health Statistics (CHS), DSHS.

NOTES: The MMMRC classified deaths as pregnancy-related through the MMMRC review process. For 2013, the MMMRC reviewed 70 pregnancy-related deaths.



Figure G-1. Rate of Delivery Hospitalizations Involving Severe Maternal Morbidity (SMM) in Texas per 10,000 Delivery Hospitalizations by Race and Ethnicity, 2016-2020



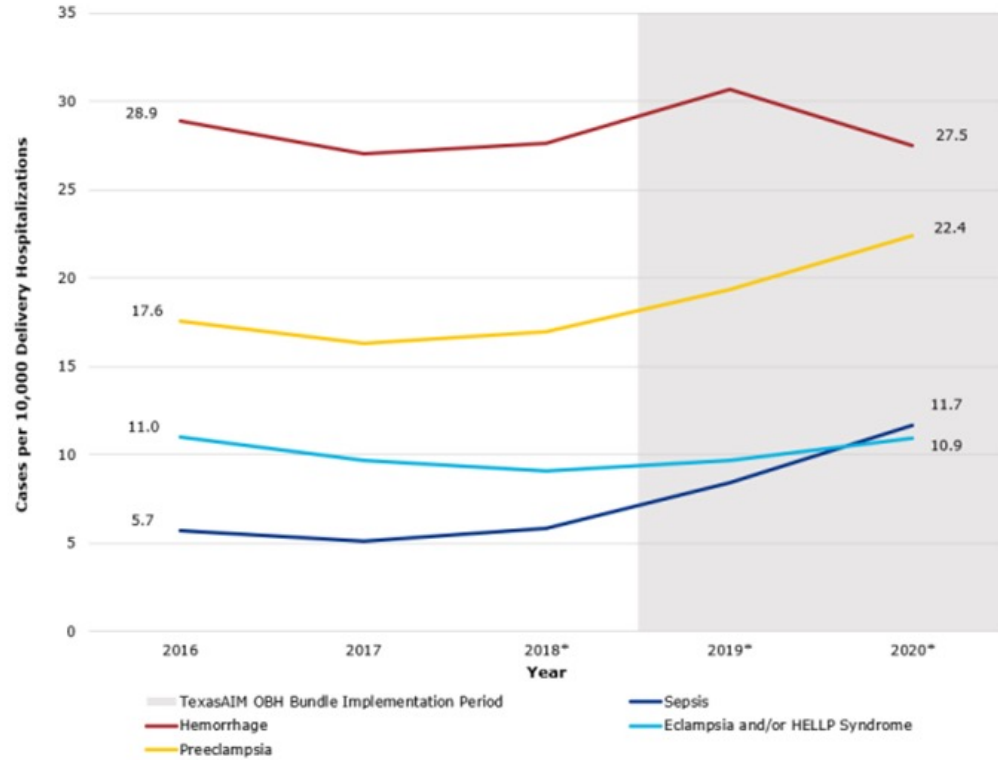
PREPARED BY: Maternal and Child Health Epidemiologists (MCHE), Community Health Improvement (CHI) Division, DSHS.

DATA SOURCE: Hospital Inpatient Discharge Research Data File, 2016-2020. Birth Files, 2016-2020. Center for Health Statistics (CHS), DSHS.

*NOTES: 2018-2020 Birth Files are provisional. SMM calculated using the Updated Alliance for Innovation on Maternal Health (AIM) SMM Codes List, v08-09-2021. The SMM National Workgroup recently advised calculating SMM using SMM indicators while excluding blood transfusion-only cases. Previously reported SMM rates may not be comparable. See: saferbirth.org/wp-content/uploads/Updated-AIM-SMM-Code-List_10152021.xlsx.



Figure G-4. Rate of Delivery Hospitalizations Involving Severe Maternal Morbidity (SMM) in Texas per 10,000 Delivery Hospitalizations by SMM Indicator, 2016-2020



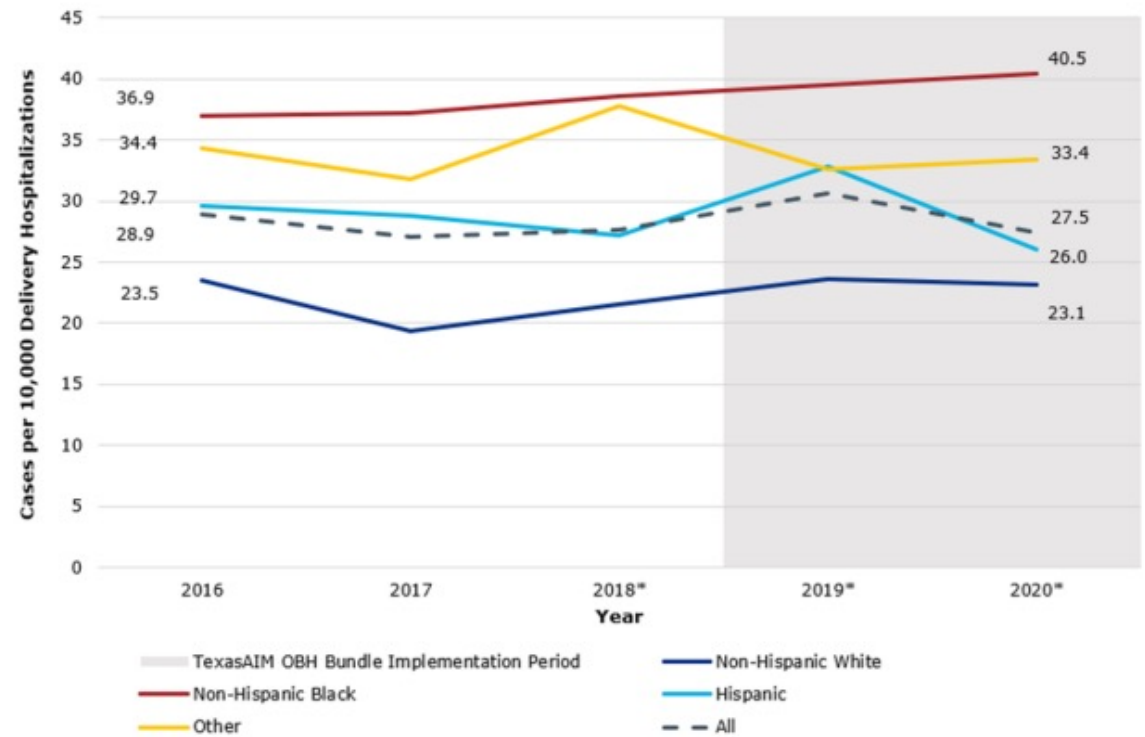
PREPARED BY: MCHE, CHI Division, DSHS.

DATA SOURCE: Hospital Inpatient Discharge Research Data File, 2016-2020. Birth Files, 2016-2020. CHS, DSHS.

NOTES: 2018-2020 Birth Files are provisional. SMM calculated using the Updated AIM SMM Codes List, v08-09-2021. The SMM National Workgroup recently advised calculating SMM using SMM indicators while excluding blood transfusion-only cases. Previously reported SMM rates may not be comparable. See: saferbirth.org/wp-content/uploads/Updated-AIM-SMM-Code-List_10152021.xlsx.

Eclampsia is a severe complication of preeclampsia characterized by one or more seizures during pregnancy or postpartum period. HELLP syndrome is one of the most severe forms of preeclampsia. It can lead to liver injury, a breakdown of red blood cells, and lowered platelet count.

Figure G-6. Rate of Delivery Hospitalizations Involving SMM in Texas Associated with Hemorrhage, by Race and Ethnicity, per 10,000 Delivery Hospitalizations, 2016-2020



PREPARED BY: MCHE, CHI Division, DSHS.

DATA SOURCE: Hospital Inpatient Discharge Research Data File, 2016-2020. Birth Files, 2016-2020. CHS, DSHS.

*NOTES: 2018-2020 Birth Files are provisional. SMM calculated using the Updated AIM SMM Codes List, v08-09-2021. The SMM National Workgroup recently advised calculating SMM using SMM indicators while excluding blood transfusion-only cases. Previously reported SMM rates may not be comparable. See: saferbirth.org/wp-content/uploads/Updated-AIM-SMM-Code-List_10152021.xlsx.

Summary of MMMRC Recommendations (1 of 2)

- 1. Increase access to comprehensive health services during pregnancy, the year after pregnancy, and throughout the preconception and interpregnancy periods to facilitate continuity of care, implement effective care transitions, promote safe birth spacing, and improve lifelong health of women.**
- 2. Engage Black communities and those that support them in the development of maternal and women's health programs.**
- 3. Implement statewide maternal health and safety initiatives and incorporate health equity principles to reduce maternal mortality, morbidity, and health disparities.**
- 4. Increase public awareness and community engagement to foster a culture of maternal health, safety, and disease prevention.**
- 5. Improve integrated behavioral health care access from preconception throughout postpartum for women with mental health and substance use disorders.**



Summary of MMMRC Recommendations (2 of 2)

6. Improve statewide infrastructure and programs to address violence and intimate partner violence at state and community levels.
7. Foster safe and supportive community environments to help women achieve their full health potential.
8. Support emergency and maternal health service coordination and implement evidence-based, standardized protocols to prevent, identify, and manage obstetric and postpartum emergencies.
9. Improve postpartum care management including education and health care coordination for those with mental health and/or high-risk medical conditions.
10. Prioritize continuing education, diversification, and increasing capacity of the maternal health workforce.
11. Apply continuous process improvement strategies for maternal mortality review protocols to support and increase case review capacity, quality, and recommendation development.



Important Statewide Initiatives to Improve Texas Perinatal Outcomes

- Texas Alliance for Innovation on Maternal Health (AIM) by DSHS
 - Obstetric Hemorrhage Bundle
 - Obstetric Care for Women with Opioid Use Disorder Bundle
 - Severe Hypertension Bundle
- Texas Collaborative for Healthy Mothers and Babies
 - <https://www.tchmb.org/about-the-collaborative>
 - Current Quality improvement projects
 - Newborn Admission Temperature
 - Postpartum Preeclampsia in the Emergency Room
 - Health Equity initiative funded by the Center for Disease Control and Prevention
 - **Data System initiative**
 - Previous quality improvement projects
 - Maternal Early Warning System
 - Breast Feeding and Human Milk in the ICU
- TCHMB Annual Summit February 16-17
 - <https://www.tchmb.org/2023-summit>



Addressing Maternal Mental Health In Texas



TCMHCC Programs

More info at
www.tcmhcc.utsystem.edu/



Child Psychiatry Access Network (CPAN)



Texas Child Health Access
Through Telemedicine



Community Psychiatry Workforce
Expansion

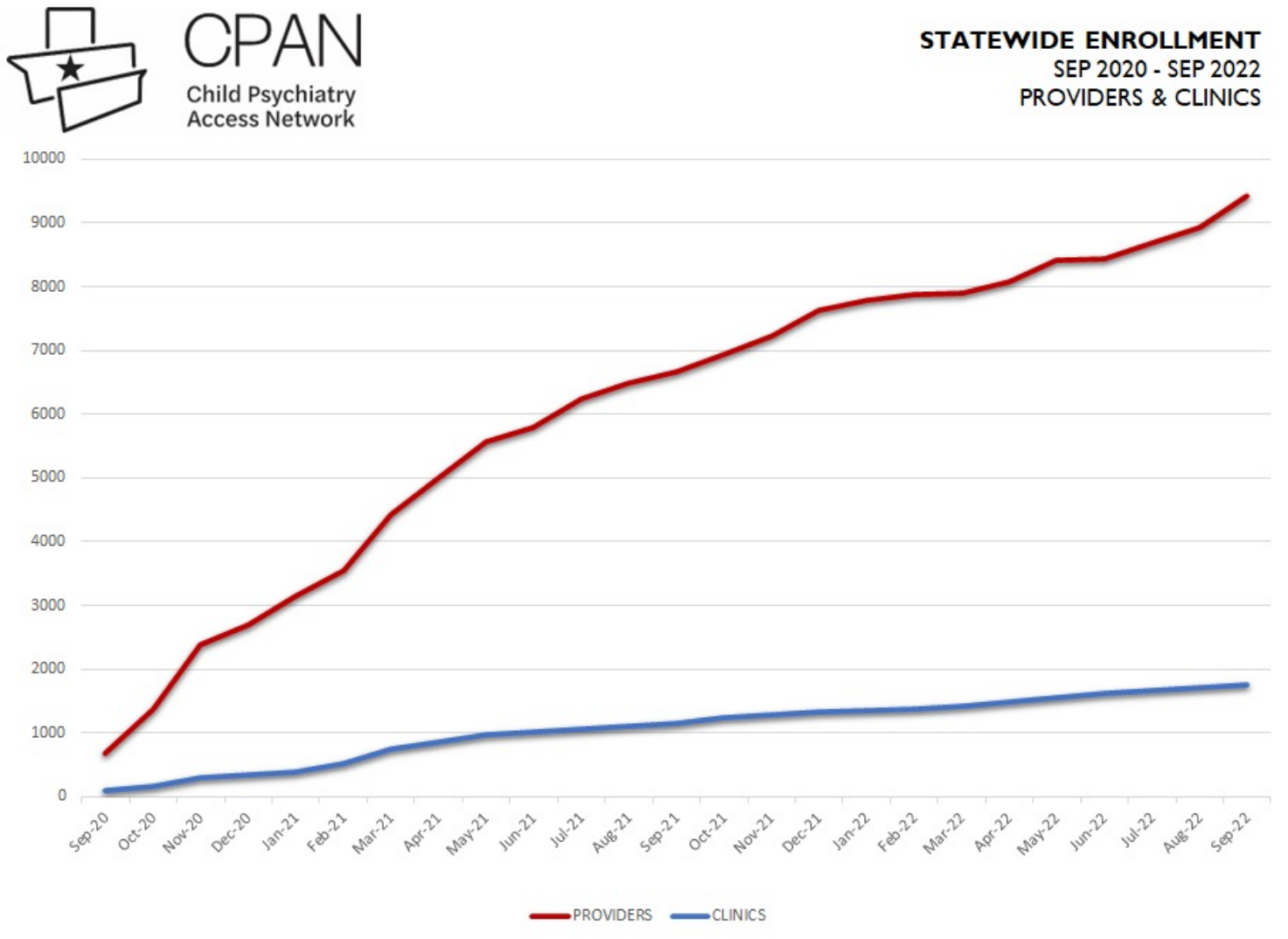


Child & Adolescent Psychiatry
(CAP) Fellowships



Children's Mental Health
Research

CPAN Statewide Enrollment



9,428
Enrolled Providers

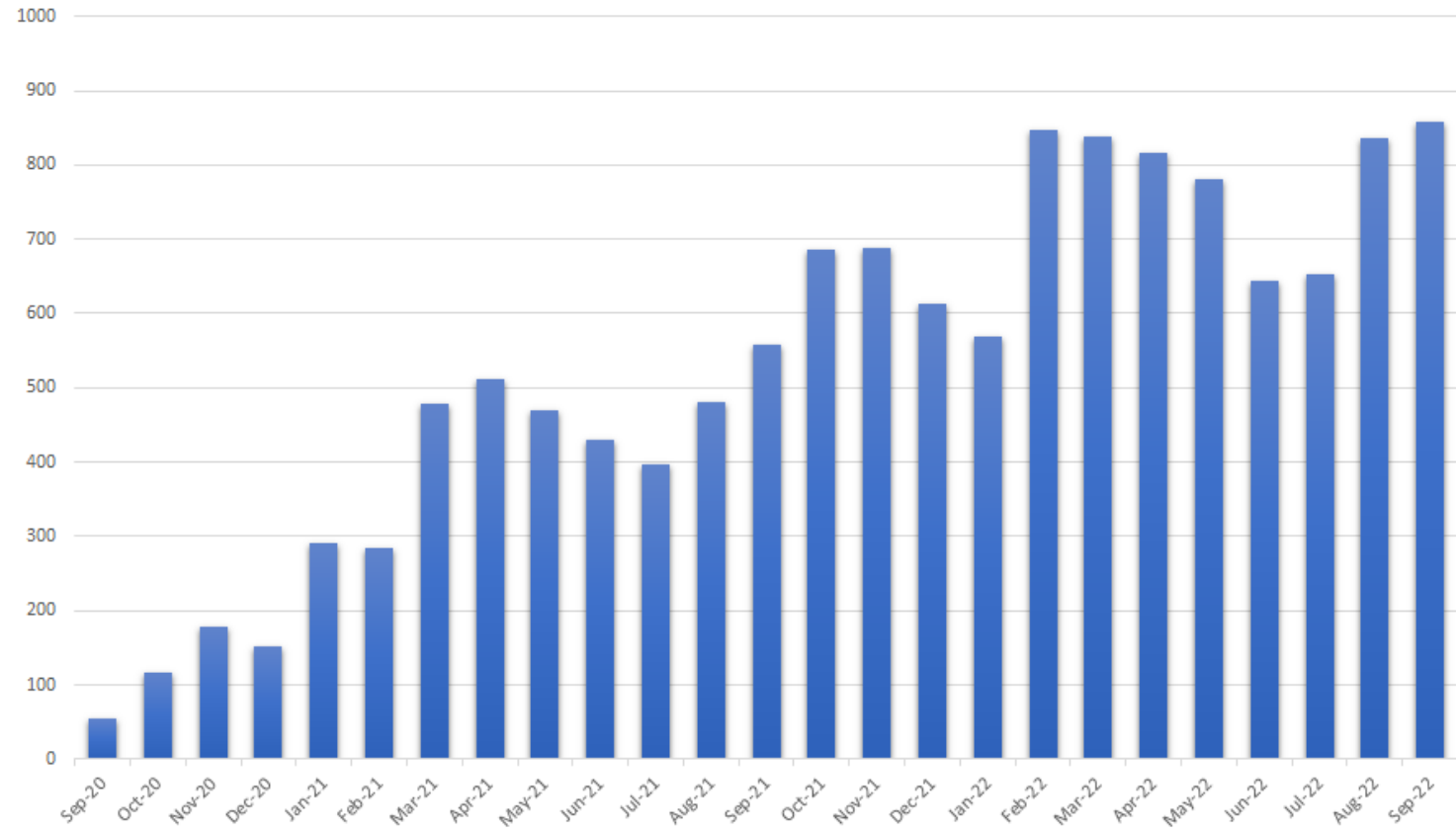
1,755
Enrolled Clinics



Statewide Monthly CPAN Consultations



STATEWIDE MONTHLY CONSULTATIONS
SEP 2020 - SEP 2022



 **13,381**
Completed Consults

 **12,057**
Patients Served



Expansion of Child Psychiatry Access Network (CPAN)

CPAN provides telehealth-based consultation and training to primary care providers.

1. Maternal Mortality and Morbidity Review Committee (December 2020)
 - Mental and Substance Use Disorders are significant contributors to maternal death in TX
 - Improve access in integrated behavioral health care from preconception to one year post partum
2. CPAN expansion opportunity in the 3rd Special Session of the 87th Legislature (2021) – American Rescue Plan Act (ARPA)
 - To support pregnant and postpartum women through establishment of PeriPAN

Why PeriPAN?

- Shortage of mental health care providers in almost every county in Texas
- MMHC 16% of pregnancy-related deaths in Texas
- Up to 1 and 8 pregnant and postpartum women in Texas suffer from mental health disorders like depression

Untreated MMHCs are costly and have multigenerational consequences.



MMHCs account for an estimated **\$2.2 billion** in societal costs for all births in 2019, from conception through five years post-delivery.

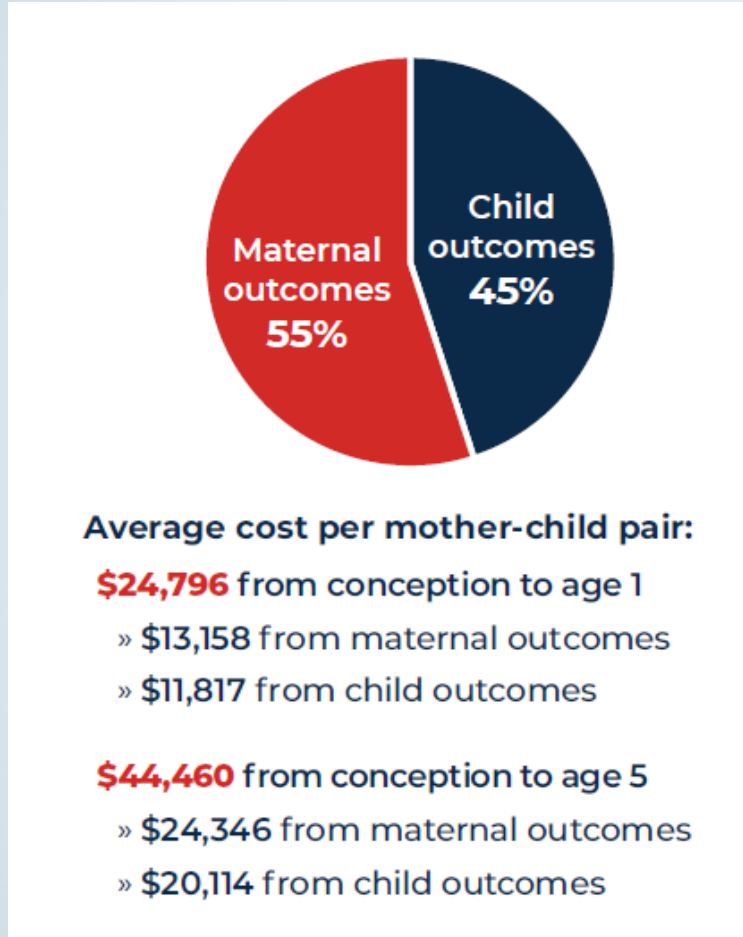
Nationally, half of perinatal women with a diagnosis of depression do not get the treatment they need.



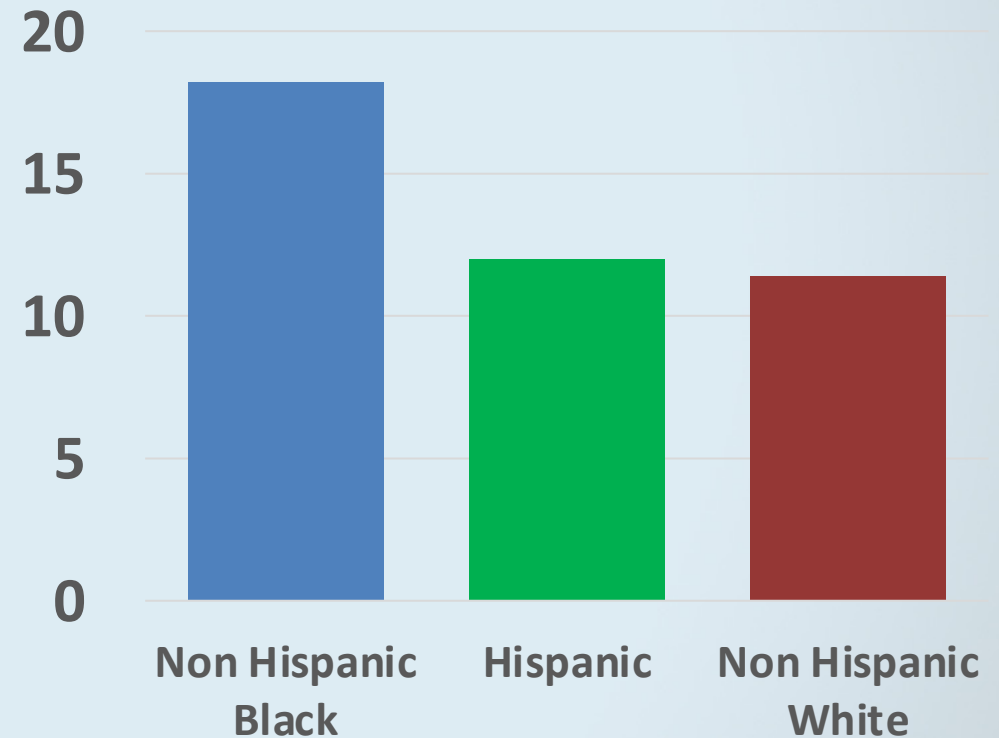
Margiotta, C., Gao, J., Vohra, D., O'Neil, S., & Zivin, K. (2021). Untreated maternal mental health conditions in Texas: costs to society and to medicaid. *Mathematica Progress Together. Mathematica. org.*(March 23, 2021).



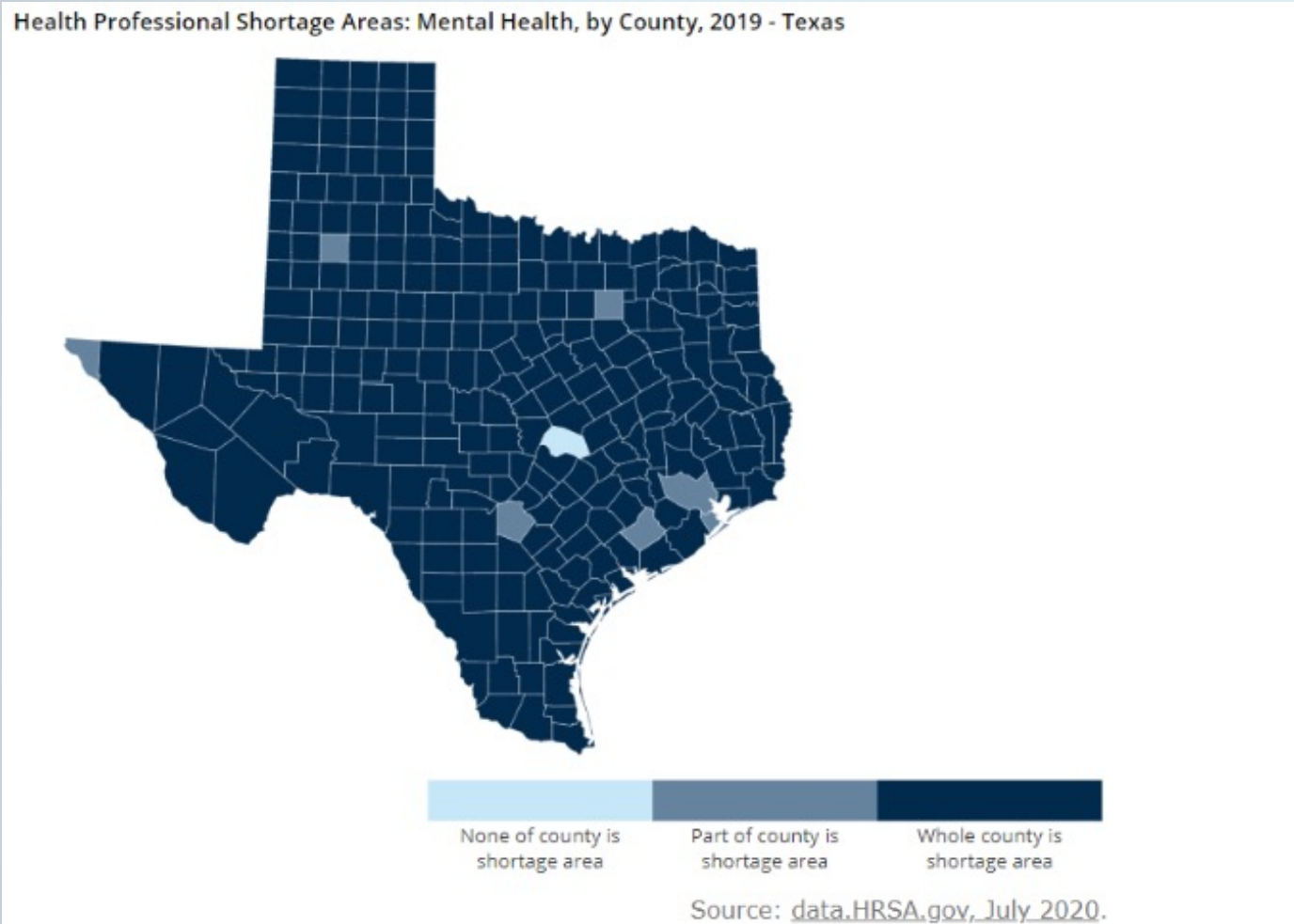
2019 Society Costs of MMHCs



Disparities in Untreated MMHCs in Texas (2019)



Mental Health Professionals Shortage in Texas



Texas has continued to have high shortage in mental health (MH) professionals. Of these available MH health professionals, few have perinatal mental illness training.



3rd Special Session, 87th Texas Legislature

Section 8 of SB 8 provides American Rescue Plan Act (ARPA) resources to “...support the operations and expansion of the Texas Child Mental Health Care Consortium to expand mental health initiatives for children, **pregnant women, and women who are up to one year postpartum** during the two-year period beginning on the effective date of this Act.”

- The funds are provided for the following services:
 - Enhancements and expansion of the **Child Psychiatry Access Network**;
 - Enhancements and expansion of the **Texas Child Access Through Telemedicine program**;
 - **Expansion of the child and adolescent mental health workforce**; and
 - Administrative expenses.
- Letter from Governor’s office received March 25, 2022 authorizing the Texas Higher Education Coordinating Board to appropriate ARPA funds to TCMHCC institutions.

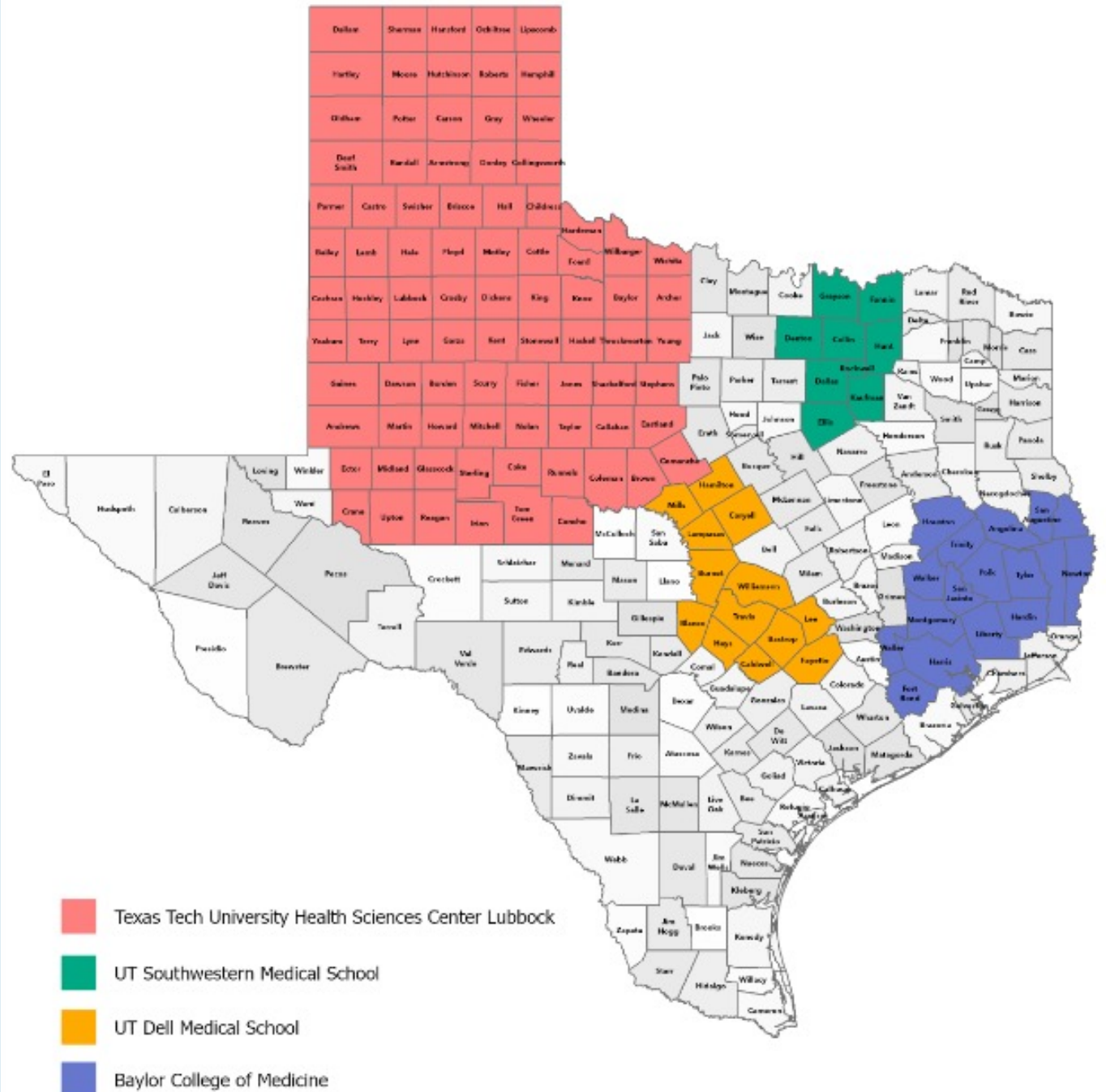
Perinatal Psychiatric Access Network (PeriPAN)

- **Built on the model and infrastructure of CPAN**
- **Purpose**
 - Support providers of maternal health care to identify and manage their patients' mental health
 - Expand access to education about maternal mental health disease burden and effective treatments
 - Improve the mental health care and systems of care for women who are pregnant, post-partum, suffering perinatal loss or planning pregnancy
 - Improve the mental health care and systems of care for children and adolescents of Texas by supporting the women who care for them



PeriPAN pilot

4 Texas Regions for 2 years



Core Components of PeriPAN

- Prompt phone-based consultation
 - offering guidance and case management
 - assistance in assessing perinatal mental health diagnoses
- Resource navigation and vetted referral services for women with complex needs or substance use issues
- Training and education on reproductive mental health services



How it Works

- **Clinician-to-Clinician**
 - **OB/Gyns**
 - **Pediatricians**
 - **Family practitioners**
 - **Psychiatrists**
 - **Psychologists**
 - **Midwives**
- **One call to enroll and speak to regional hub**
- **Clinician will call back in 30 mins or less (average time is less than 10 mins)**
- **Services are free to use**
 - **Clinician's time to initiate consultation is billable for reimbursement**
 - **No limit on number of calls**
- **Centralized Operating Support Hub**
- **Dr. Sarah Wakefield from TTHSC-Lubbock is the Medical director**



Status Update

- **Went live August 18, 2022**
- **All 4-sites are live and taking calls**
- **As of October 31, 2022:**
 - **41 consults**
 - **Clinic types calling for consults include Obstetrics/Gynecologist (14), Family Medicine (10), Pediatrics (10), Integrated Primary Care and Wellness (3), and Other (4)**
- **We have requested funds (\$19 million) to make this service statewide starting in September 2023**

Obesity in Texas



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WWW.UTSYSTEM.EDU

Healthy Children, Healthy State:

CHILD OBESITY CRISIS IN TEXAS

Michael & Susan Dell Center for Healthy Living

Obesity is a major public health crisis in Texas¹:



Texas has the 8th highest obesity rate for youth ages 10-17 and the 12th highest adult obesity rate in the U.S.¹



17.3% of Texas youth ages 10-17 have obesity.



In Texas, Hispanic and African American children have higher rates of obesity compared to non-Hispanic white children².

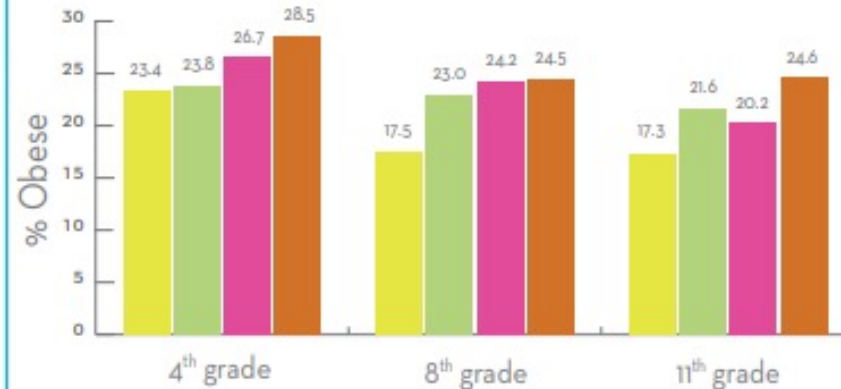


Percent of Texas children who have obesity, by grade and ethnicity^{2,3}

Childhood obesity in Texas is getting worse.

Trends in childhood obesity from 2004-05 to 2019-20^{2,3}

2004-05 2009-11 2015-16 2019-20



Childhood Obesity is Risky

Obesity is associated with increased lifetime risks for adverse health outcomes^{4,5}, including:

- diabetes
- heart disease
- asthma
- high blood pressure
- depression
- sleeping difficulties
- higher risk of being obese as an adult

Childhood Obesity is Costly

Childhood obesity results in extra health care costs. A child with obesity has **\$12,900** more in medical costs than a child with normal weight⁶.

Educational attainment is associated with lifetime earnings⁷. Obesity in childhood is associated with poorer educational outcomes^{8,9,10}, including:

- lower GPA
- lower reading scores
- lower math scores
- more school absences

We must do more to combat obesity in Texas.



TEXAS
Health and Human
Services

Texas Department of State
Health Services



partnershipforahealthytexas.org
 @txlegeobesity



PRIORITIES FOR THE 88TH LEGISLATIVE SESSION



The Partnership for a Healthy Texas gratefully acknowledges Methodist Healthcare Ministries of South Texas, Inc. for their financial support of this publication. The opinions expressed in this document are those of The Partnership and do not necessarily reflect the views of Methodist Healthcare Ministries.



The Partnership for a Healthy Texas began in 2006 and has grown to a coalition of more than 50 organizations. We serve to improve the public health as a valued partner in the fight against obesity and continue to have a concerted influence on Texas policy. We believe that by working together we can maximize our impact on the health of Texans and drive economic productivity by reducing the burden of chronic disease.

MISSION: To develop and promote state policies that prevent and reduce obesity in Texas.



Find what works
for Texans

Set priorities for
the Legislature

Follow through
and track success

Chair: David Lakey, MD
*Chief Medical Officer and Vice Chancellor for Health Affairs,
 The University of Texas System*

Vice-Chair: Clayton Travis
*Director of Advocacy and Health Policy,
 Texas Pediatric Society*

Legislative Chair: Joel Romo
*Vice President of Governmental Affairs,
 The Cooper Institute*

Communications Co-Chair: Michelle Smith
*Senior Field Manager,
 Action for Healthy Kids*

Communications Co-Chair: Kara Ihedigbo
*Interim Project Coordinator,
 Healthy Living Matters*

Programs Chair: Tiffni Menendez
*Senior Program Manager,
 Michael & Susan Dell Center for Healthy Living
 UTHealth School of Public Health Austin Campus*

Partnership for a Healthy Texas Committee Membership:



Modernize the Texas Supplemental Nutritional Assistance Program (SNAP) to eliminate food insecurity, increase Texan's access to healthy foods, and decrease their risk of obesity.

- 1. Update the SNAP Vehicle Asset Test.**
- 2. Address hunger on college campuses by allowing students in vocational or technical programs to receive SNAP.**
- 3. Allocate funding for implementation of the SNAP Incentives program, Double Up Food Bucks, to increase SNAP beneficiaries' access to fresh fruits and vegetables.**



Ensure all Texas children have access to a well-rounded education which includes recess, physical education, and instruction on health and school infrastructure to help them develop healthy habits.

4. Protect and enhance evidence-based requirements around recess, fitness assessments, physical education, and health education.

5. Invest in healthy school environments by allowing local education agencies to draw down federal funds for Medicaid services, including nursing services and counseling, provided at school for Medicaid enrolled students.

6. Promote accessible paths for K-12 students to get to school on foot or on bike through funding and state level support for both safe infrastructure improvements and non-infrastructure education to support families' options for active transportation.



Recognizing the complex nature of obesity, empower Texas Medicaid to implement cost-saving initiatives that incorporate evidence-based treatments and healthy food interventions.

7. Advocate for the inclusion of all evidence-based weight management therapies as a required benefit of Medicaid.

8. Support the adoption of a statewide policy framework to better integrate clinical and community services to improve access to healthy foods



Thank you!



TX RPC Resources

TX RPC Resources

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