

2019 Interim Study Proposals For Children's Health

The Children's Health Coverage Coalition (CHCC) is dedicated to ensuring the health and wellbeing of children and families in Texas. CHCC engages in public education and advocacy, working closely with state agencies and the Texas Legislature on behalf of children and their families. The following interim study recommendations highlight strategies Texas leaders can take to improve newborn outcomes and children's health, strengthen maternal health and safety, and ensure Texas children and families have health care they need to be healthier and more productive at home, school and work.

For additional information or questions, please contact Adriana Kohler, Senior Health Policy Associate at akohler@txchildren.org; and Laura Guerra Cardus, Deputy Director at Children's Defense Fund - Texas at LGuerraCar@childrensdefense.org.

House Human Services Committee

Early Childhood Brain Development

- Examine strategies and make recommendations for promoting early childhood brain development in Texas. Assess opportunities to scale up promising practices, achieve longer-term savings, and better leverage family supports, home visiting, and early childhood health initiatives, including using value-based payment models in Medicaid and Children's Health Insurance Program (CHIP) to promote infant health, reduce infant mortality, and ensure young children are ready to succeed in school.

** This is recommended as a joint charge: House Human Services and House Public Health Committees*

Rationale: A child's body and brain are developing at an unparalleled pace during the first three years of life. Strong parent-child relationships, robust early learning experiences, and access to preventive and medical care all create a strong foundation that affects whether a child is prepared to begin school, achieve academic success, and thrive as an adult in the workforce. With so much to gain, it's imperative that lawmakers focus on supporting early childhood development and be smart about investments in child care, health, Medicaid/CHIP, home visiting programs and other early childhood initiatives.

Children's Health Coverage

- Examine strategies for improving efficiency and reducing red tape in Children's Medicaid processes in order to decrease gaps in coverage for CHIP and Medicaid eligible children, avoid related costs to the state and managed care system, and promote quality-based value initiatives in Medicaid managed care. Determine how Texas' high child uninsured rate and drop in Medicaid enrollment are affecting rural areas and counties, including rural and safety-net hospitals, physicians, and providers.

Rationale: After years of steady improvement, Texas' child uninsured rate got worse between 2016 and 2017. Kids' enrollment in Children's Medicaid and CHIP has been steadily declining, with over 232,000 fewer children enrolled in Medicaid or CHIP in May 2019 compared to December 2017. This enrollment decline is far too steep to be entirely explained by a strong economy or income growth. Lawmakers have an opportunity to examine factors contributing to declining health coverage among children, study the impact of red tape in the Medicaid eligibility process, and evaluate how this enrollment declines impact health providers, the state's budget, and child health outcomes.

Medical Transportation

- Monitor the implementation of medical transportation legislation passed by the 86th Legislature, including HB 1576 and HB 25, as well as legislation addressing transportation barriers to health services. Monitor the agencies and programs affected by policy changes to the Medical Transportation Program, review readiness among Medicaid managed care plans and other relevant entities, and examine how transitions in the Medical Transportation Program will impact Medicaid clients, transportation providers, and health providers. The committee will study existing practices that ensure passenger safety, current regional availability and gaps, and opportunities to strengthen innovative, client-centered non-emergency medical transportation models.

Rationale: Texas enacted significant reforms to the Medicaid non-emergency medical transportation program during the 86th legislative session. Many changes were made to legislation during the final steps of the legislative process and the timelines for implementation are extremely tight. The Legislature should closely monitor implementation, examine the agency's and health plans' readiness, and understand the implications for health providers, contractors, and Medicaid clients.

Medicaid Managed Care

- Monitor the implementation of legislation passed by the 86th Legislature that made reforms to Medicaid managed care in Texas, including SB 1207, SB 1096, and HB 4533. Identify additional opportunities to improve timely availability of health care, decrease red tape and administrative costs, and improve patient and provider satisfaction. The committee should:
 - Review the status of rulemaking, HHSC contracts with managed care organizations, and federal approval needed to implement changes.
 - Examine how Medicaid managed care reforms affect access to and quality of care for kids, pregnant women and new mothers, and Texans with disabilities in Medicaid.
 - Make recommendations for steps needed to improve access to behavioral and specialty care, strengthen network adequacy, and ways to leverage quality measures and value-based funding strategies to support the health, brain development, and wellbeing of children.
 - Examine options for eliminating red tape that results in the erroneous denial of children's Medicaid coverage, which contributes to higher per-person Medicaid costs and harms the financial viability of rural and safety-net providers across Texas.

- Evaluate opportunities in Medicaid to foster team-based and family-centered care, including rewarding high-quality pediatric care and leveraging community health workers, home visiting, and other family supports to improve child outcomes and achieve savings.
- Evaluate opportunities to improve care coordination for Medicaid enrollees with high-risk, chronic and/or complex medical conditions, including best practices to:
 - More timely connect care coordinators with patients and providers;
 - Deploy virtual care coordination models to rural and underserved communities;
 - Decrease administrative hassles for patients, physicians, and providers by reducing duplicative efforts to arrange and coordinate care; and
 - Pay providers to incorporate care coordination directly into their practices in lieu of using MCO coordinators.

** This is recommended as a joint charge: House Human Services and House Appropriations Committees*

Rationale: Texas adopted important Medicaid managed care reforms during the 86th legislative session. The Legislature should closely monitor implementation of the changes and continue to build on its efforts to increase managed care accountability and transparency.

Health Improvement Opportunities

- Identify opportunities for Medicaid managed care organizations, health care providers, and communities to partner to implement non-medical initiatives that will help patients be healthier and more productive at home, school, and work while also constraining Medicaid costs.

Rationale: Access to high quality, timely medical care is only one component of achieving better health outcomes. Texans also need safe, clean places to live, ready access to nutritious foods, and economic opportunities. The state cannot make meaningful headway towards reducing chronic diseases and poor health outcomes without addressing access to health care as well as non-medical factors that contribute to people’s overall health.

Health Care Access and Financing

- Examine how Texas is preparing for funding changes, such as phase down of the Texas 1115 Healthcare Transformation and Quality Improvement Program Waiver and the end of Texas’ Targeted Opioid Response Grant. Evaluate factors contributing to declining health insurance coverage among all Texans, especially among children, and study the impact of the uninsured rate on the state budget, counties, and rural hospitals. Evaluate options to extend Texas’ 1115 Transformation Waiver in a way that will enhance health coverage for low-income Texans as a means to promote greater prosperity among families and in a way that will bolster Texas’ ongoing efforts to improve health for children and pregnant and postpartum women.

**This is recommended as a joint charge: House Human Services and House Appropriations Committees*

Rationale: Texas’ 1115 Transformation Waiver will expire in 2022, resulting in the loss of billions of federal funds that are vital to the stability of Texas’ safety-net system as well as ability of working uninsured Texans to obtain necessary health care services. Texas is tasked with developing and finalizing

a transition plan that incorporates the state's delivery system reform efforts without Delivery System Reform Incentive Program (DSRIP) funding.

House Public Health Committee

Early Childhood

- Examine strategies and make recommendations for promoting early childhood brain development in Texas. Assess opportunities to scale up promising practices, achieve longer-term savings, and better leverage family supports, home visiting, and early childhood health initiatives, including using value-based payment models in Medicaid and CHIP to promote infant health, reduce infant mortality, and ensure young children are ready to succeed in school.

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Rationale: A child's body and brain are developing at an unparalleled pace during the first three years of life. Strong parent-child relationships, robust early learning experiences, and access to preventive and medical care all create a strong foundation that affects whether a child is prepared to begin school, achieve academic success, and thrive as an adult in the workforce. With so much to gain, it's imperative that lawmakers focus on supporting early childhood development and be smart about investments in child care, health, Medicaid/CHIP, home visiting programs and other early childhood initiatives.

Healthy Mothers and Babies

- Monitor the implementation of legislation passed by the 86th Legislature to improve the health of mothers and babies, including SB 750, SB 748, SB 749, SB 436, and SB 2132, and relevant budget riders (including Rider 28 and Rider 64). In conducting this review:
 - Examine investments aimed at fighting maternal mortality, improving infant health and early childhood brain development, and addressing primary, behavioral, and specialty care for women.
 - Analyze the health benefits and cost effectiveness of community health workers, doulas, and other labor and postpartum supports.
 - Identify strategies to provide women of reproductive age twelve-months comprehensive health care coverage to ensure they can obtain needed care before, during, and after pregnancy.

**This is recommended as a joint charge: House Public Health and House Appropriations Committees*

Rationale: Over the past several legislative sessions, lawmakers adopted important initiatives to improve maternal and newborn health, provide preventive and primary care services for low-income women, and improve birth outcomes for both mothers and babies. Yet there is still room for improvement. One in four women of child bearing age (ages 15 to 44) lack health insurance, which Texas' own data shows contributes to the death or severe complications for postpartum women.

- Review how Texas is best preparing for federal changes that impact health, including the Family First Prevention Services Act, which authorizes federal funding for behavioral health, the next phase of the 1115 Healthcare Transformation and Quality Improvement Program Waiver, the Texas Targeted Opioid Response Grant, and the Healthy Texas Women Section 1115 Demonstration Waiver.

**This is recommended as a joint charge: House Public Health and House Appropriations Committees*

Rationale: The Healthy Texas Women waiver has been pending federal approval for over 3 years. Texas' 1115 Transformation Waiver will expire in 2022, resulting in the loss of billions of federal funds that are vital to the stability of Texas' safety-net system as well as ability of working uninsured Texans to obtain necessary health care services. The Family First Prevention Services Act is a future opportunity for Texas to prevent child abuse/neglect, promote healthy mothers and babies, and ensure more parents can get behavioral health services to be strong parents. Texas must be prepared to capitalize on upcoming opportunities in the next few years.

House Public Education Committee

Children's Health and School Success

- Explore the relationship between school performance and child health insurance and identify ways to eliminate barriers to more Texas children gaining health insurance, including removal of red tape that results in children on Medicaid and CHIP unnecessarily losing coverage.

Rationale: Research shows that children with health insurance have better school attendance, perform better academically, and are more likely to graduate high school -- all of which are key factors to a child's future success as an adult. Yet the number and percent of Texas children without health insurance are growing after years of steady progress. Healthy, educated children go hand in hand. Texas must identify ways to reverse the number of children without health insurance in order to secure a future educated workforce.

House Appropriations Committee

Early Childhood

- Examine state investments in the health and brain development of babies and toddlers, including Early Childhood Intervention and other early childhood programs for children in the first three years. Evaluate opportunities to boost child outcomes and achieve longer term savings through innovative funding strategies and enhanced linkages between Medicaid and CHIP managed care organizations, health providers, home visiting programs, Head Start, and early childhood education programs.

Rationale: A child's body and brain are developing at an unparalleled pace during the first three years of life. When it comes to young kids, what happens at home, in early learning settings, and in the doctor's office can shape a child for a lifetime. With so much to gain, it's imperative that lawmakers focus on early childhood development and be smart about investments in child care, health, Medicaid/CHIP, home visiting programs and other early childhood initiatives.

Healthy Mothers and Babies

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- Review how Texas is best preparing for federal changes that impact health, including: the Family First Prevention Services Act, which authorizes federal funding for behavioral health; the next phase of the 1115 Healthcare Transformation and Quality Improvement Program Waiver; Texas' Targeted Opioid Response Grant; and the Healthy Texas Women Section 1115 Demonstration Waiver.

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Health Care Access and Financing

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House County Affairs Committee

Children's Health

- Examine how Texas is best preparing for federal changes that impact health, including the Family First Prevention Services Act, which authorizes federal funding for behavioral health, and the next phase of the 1115 Healthcare Transformation and Quality Improvement Program Waiver. Evaluate factors contributing to declining health insurance coverage among all Texans, particularly among children, and

study the impact of the uninsured rate on Texas counties, local budgets, and rural hospitals. Identify strategies for improving efficiency and reducing red tape in Children's Medicaid processes in order to decrease gaps in coverage for Medicaid and CHIP eligible children and reduce uncompensated care costs borne by Texas counties.

Rationale: Texas' 1115 Transformation Waiver will expire in 2022, resulting in the loss of billions of federal funds that are vital to the stability of Texas' safety-net system as well as ability of working uninsured Texans to obtain necessary health care services. Texas is tasked with finalizing a transition plan that incorporates delivery system reform efforts without Delivery System Reform Incentive Program (DSRIP) funding. Moreover, Texas has the worst uninsured rate in the country for children, women of reproductive age, and adults -- and the problem is getting worse. The high uninsured rate contributes to poorer health outcomes for Texans, higher uncompensated care for health providers and hospitals, and higher health care costs, premiums and taxes for everyone.

Children's Health Coverage Coalition (CHCC) includes the following member organizations:

Center for Public Policy Priorities
Center for Civic & Public Policy Improvement
Children's Defense Fund - Texas
Children's Hospital Association of Texas
Harris Health System
League of Women Voters of Texas
March of Dimes
Methodist Healthcare Ministries
National Alliance on Mental Illness (NAMI) Texas
National Association of Social Workers Texas
Teaching Hospitals of Texas
Texans Care for Children
Texas Academy of Family Physicians
Texas Association of Community Health Centers
Texas Association of Community Health Plans
Texas Association of Obstetricians and Gynecologists
Texas District of the American College of Obstetricians and Gynecologists—District XI
Texas Hospital Association
Texas Impact
Texas Medical Association
Texas Occupational Therapy Association
Texas Pediatric Society
Young Invincibles