



**House Human Services Committee  
House Bill 342 (Cortez) – Medicaid Eligibility Efficiency  
Testimony of Ben Raimer, MD  
March 12, 2019**

Submitted on behalf of:  
Texas Pediatric Society  
Texas Medical Association  
Texas Academy of Family Physicians

Chairman Frank, Vice Chair Hinojosa, and Committee Members,

Thank you for the opportunity to provide testimony today. I am Dr. Ben Raimer, a pediatrician from Galveston testifying on behalf of the Texas Pediatric Society, Texas Medical Association, and Texas Academy of Family Physicians. **We testify overwhelmingly in support of House Bill 342 because it will reduce costs and improve quality of care within the state's Medicaid program for children.**

For over a decade, Texas and the nation have made steady progress reducing the child uninsured rate. Unfortunately, for the first time since we've made these gains, our child uninsured rate increased to 10.7 percent in 2017 – the worst rate in the country. Of the 835,000 Texas kids who were uninsured roughly 350,000 of them are eligible for Medicaid or CHIP, but are not enrolled. We now know that unnecessary procedures and paperwork are part of the reason for these children not maintaining coverage.

**Parents of children on Medicaid must submit unnecessary and burdensome paperwork to keep their children insured. If a parent inadvertently misses a deadline or does not submit all the documentation, his or her child will lose coverage even though in most cases the child remains eligible. Lost coverage means children often have gaps in care – gaps that harm their health and contribute to an inefficient Medicaid program for everyone – families, physicians, providers, and the state.**

**Among commercial health plans and the Children's Health Insurance Program (CHIP), children receive 12 months' continuous coverage. But Texas Medicaid is different.** Instead of 12 months of seamless coverage, Texas Medicaid provides six-month coverage, then switches to monthly eligibility thereafter. During this time, parents must respond to frequent, onerous and time-consuming income checks. We now know that at any one of these hurdles, around 4,000 children a month lose Medicaid simply for procedural reasons. Of these, nine in 10 remain eligible but become uninsured.

As a pediatrician, I know the value Medicaid coverage brings — everything from ensuring children get their vision and hearing checked to treating asthma to identifying mental health issues early. **The value of Medicaid grows exponentially the longer a child has continuous coverage.** As a child's primary care physician, I am able to maintain a relationship with the family and provide needed anticipatory guidance

appropriate to the child's age, such as correct use of a car seat for young children or the importance of healthy diets and exercise for older children. When necessary, I also manage a child's complex condition – physical or mental – to ensure he or she remains productive in school and healthy into adulthood. Continuity of care can be jeopardized if the child churns on and off Medicaid for any reason. If this happens, a patient can go without an asthma controller for an extended period and end up in the emergency department to treat a preventable attack. Or an adolescent suffering from anxiety or depression may not be diagnosed early, harming the child's school and home life. **As a family's trusted pediatrician, I do everything I can to ensure children receive medically appropriate preventive, primary, and specialty care at the right time, but all that is for naught if arbitrary red tape and government inefficiency cause a child to lose coverage.**

**Implementing 12 months' continuous eligibility reduces physician practice burden.**

**For doctors who take Medicaid, Medicaid's inefficient, overly complicated eligibility system increases physician office costs and hassle.** Without reliable eligibility, physician offices must confirm and reconfirm coverage prior to scheduling follow-up office visits, specialty care, or even surgical procedures. Many specialty services get scheduled weeks or months in advance, but without continuous coverage, specialty physicians may be reluctant to schedule a service. Gaps in coverage also undermine efforts to measure health care quality and new value-based payment arrangements, which measure how well physicians provide evidence-based and age-appropriate care. For children with special health care needs such as a physical or developmental disability, the child's health could be at risk. Many families rely on the care coordination services of a Medicaid managed care health plan, and forcing a family to reacquaint itself with another case manager is duplicative and unnecessary at best and harmful to the child's health and well-being at worst.

**Texas is a state that values fairness. In 2007, lawmakers adopted 12 months' continuous coverage as a best practice for children in CHIP. It is time to provide working parents of children enrolled in Medicaid the same treatment.**

Thank you for the opportunity to testify in strong support of HB 342.