Doctors for Change 2019 Policy Priorities

Improving Access to Care and Increasing the Health Care Workforce

ABOUT DOCTORS FOR CHANGE

Doctors for Change is a member-based organization with over 1,500 participating health care providers, students, and medical residents throughout the Houston region. Our members, Board of Directors, and Leadership Team donate countless hours to make our organization run. The Board and Leadership team work closely with committees and our staff members to accomplish all of the work that we do. Doctors for Change works to increase access to care and improve the health of all Houstonians and all Texans through research, education, collaboration, and advocacy.

WHY ACCESS TO CARE

Texas has both the highest number and highest percentage of uninsured residents in the United States – and the uninsured rate is actually getting worse. The state's uninsured rate went up from 16.6% (4.5 million people) in 2016 to 17.3% (4.8 million people) in 2017.

A high rate of uninsured Texans is bad for Texas. Uninsured Texans are more likely to delay care or forego preventive care. This leads to more expensive emergency room care or diagnosis of advanced stage disease requiring costly specialized therapies. This also leads to a lack of access to vital services like prenatal care or mental health care. Uninsured patients are less likely to receive follow-up care for chronic medical conditions. Overall, this impacts Texas businesses with a depleted work force and missed days of work.

We want to improve access to care. It is critical that Texans receive access to health care so they can seek timely medical expertise and avoid delays in diagnosis. This will reduce preventable mortality and improve productivity in the workforce.

Medicaid and the Children's Health Insurance Program (CHIP) currently provide essential access to health care for over 4 million Texans. Eighty percent of Medicaid enrollees are children, parents, and pregnant women. Fifty-three percent of births are paid by Medicaid. Without Medicaid and CHIP many hard working, low-income parents and their children will be uninsured with no access to primary or specialty care.

Doctors for Change strongly believes that the BEST way our state can improve mental health, prevent maternal morbidity/ mortality, keep rural hospitals open, and help children grow into healthy adults is to reduce the uninsured rate in our state. We can make improvements to the Medicaid program to optimize health outcomes for Texans.

RECOMMENDATIONS FOR IMPROVING ACCESS TO CARE INCLUDE:

1. Limit Medicaid funding cuts and fully fund access to Early Childhood Intervention (ECI)

Initial drafts of the budget propose enough funding to cover caseload growth for Medicaid, but do not account for the expected increase in health care costs. This is the same approach we have taken in the past regarding Medicaid – and will require that lawmakers to pass a supplemental budget for health care costs in 2021 to make up for this deficit.

We would like to see the full $71 million needed for the critical Early Childhood Intervention (ECI) program included in the final budget. ECI is a statewide program for families with children (0-3 years) with disabilities and developmental delays. For over 30 years, ECI has supported more than 800,000 families to help their children reach their potential through targeted developmental services and parent counseling and training. What makes ECI different than other services is its focus on training parents and other caregivers, such as grandparents, or child-care facilities on how best to aid their child achieve specific goals and developmental milestones. Unfortunately, we have seen a reduction in the number of contractors providing ECI services from 58 in 2010 to 40 in 2018 – more than a 30% drop.

Two major factors have overburdened many contractors to shut their doors:

- A state obligation passed onto contractors to serve every child deemed eligible without the matching funds to do so
- Decreasing per-child allotments to contractors who now must serve a higher need population of children based on eligibility restrictions

2. Children's Medicaid 12-month continuous coverage

Texas has the highest rate and number of uninsured children in the country — and the problem is getting worse. One in five uninsured children in the U.S. is from Texas. Allowing children to stay in Medicaid for a year is the single most effective step state leaders can take to keep kids connected to care. Currently, with extra paperwork and income checks at months 5, 6, 7, and 8, the combined effect of this excess red tape can cause eligible children to lose their Medicaid coverage. Streamlining Medicaid increases efficiency, improves our ability to track and pay for quality in Medicaid managed care, and keeps children from falling on and off Medicaid. We recommend that children be allowed to stay enrolled in Medicaid until (1) the first anniversary of the date on which the child's eligibility was determined; or (2) the child's 19th birthday.

“

A QUOTE FROM DFC MEMBER AND LOCAL PEDIATRICIAN

“As a pediatrician working at a federally qualified health center, I see many families who depend on Medicaid to get medical care for their children. The renewal process every 6 months can be a barrier that impacts a child's care. I often see children who have missed or delayed checkups and vaccines because they can't afford to pay for the visit out of pocket. Specifically, I cared for one 9 month old boy who had delayed surgery for an undescended testicle because his Medicaid coverage lapsed. Early surgery is standard of care to avoid problems later in life, such as with fertility or cancer. Luckily, he was eventually able to have the surgery a few months later through renewed coverage with Medicaid, but it was delayed more than necessary because of the missed appointments in the interim.”

”

Pertinent legislation:

- HB 342 (Cortez): Relating to the period of continuous eligibility for the medical assistance program. **Left pending in committee on 3/12 in Human Services.**
- HB 829 (Rose): Relating to the period of continuous eligibility for the medical assistance program. Referred to Human Services 2/25.
- SB 637 (Zaffirini): Relating to the period of continuous eligibility for the medical assistance program. Referred to Health and Human Services 3/1.

3. Women's Medicaid coverage for 12 months after giving birth

Texas’ Medicaid for Pregnant Women program provides insurance to low-income, uninsured women while they are pregnant, but this coverage ends 60 days after delivery. Our state continues to struggle with high maternal morbidity and mortality rates – and the state's Maternal Mortality and Morbidity Task Force recommended 12-month postpartum coverage as a means to address this issue. In addition, data from DSHS suggest that the loss of insurance coverage 60 days after childbirth contributes to the under-diagnosis of and difficulties accessing care for postpartum depression.

Pertinent legislation:

- HB 241 (Farrar): Relating to the Medicaid eligibility of certain women after a pregnancy. Referred to Human Services 2/19.
- HB 411 (Thierry): Relating to the Medicaid eligibility of certain women after a pregnancy. Referred to Human Services 2/20.
- HB 610 (Walle): Relating to the Medicaid eligibility of certain women after a pregnancy. Referred to Human Services 2/21.
- HB 744 (Rose): Relating to the Medicaid eligibility of certain women after a pregnancy. **Left pending in committee on 3/19 in Human Services**.
- HB 1110 (Davis, Sarah): Relating to the Medicaid eligibility of certain women after a pregnancy. **Scheduled for public hearing in Human Services on 4/9**.
- HB 1589 (Ortega): Relating to providing notification to certain pregnant women regarding their eligibility for coverage under Medicaid and the Healthy Texas Women program. **Considered in Calendars on 4/2**.
- SB 147 (Rodríguez): Relating to the Medicaid eligibility of certain women after a pregnancy. Referred to Health & Human Services 2/1.
- SB 308 (Watson): Relating to the Medicaid eligibility of certain women after a pregnancy. Referred to Health & Human Services 2/7.

4. Accept federal Medicaid expansion funding to cover as many low-income adults as possible

The federal government offers states Medicaid expansion funding to provide a health coverage option to low-wage workers who do not receive insurance from their employers. Texas remains one of the minority of states that continue to turn down this funding. With the nation's highest uninsured rate and with rural hospitals closing at an alarming rate - there is a growing urgency for Texas to draw down these funds and improve health coverage.

Pertinent legislation:

- HB 565 (Coleman): Relating to healthcare coverage in this state. **Left pending in Insurance committee on 3/5**. This bill would expand Medicaid to cover janitors, child care teachers, cashiers, and other low-wage workers. It also codifies the essential health benefits and protections under the Affordable Care Act (ACA) into state law. This bill would help over one million Texans gain health coverage.
- HB 590 (Israel): Relating to the expansion of eligibility for Medicaid to certain persons under the federal Patient Protection and Affordable Care Act. Referred to Appropriations 2/20.
- HB 816 (Bernal): Relating to the expansion of eligibility for Medicaid in certain counties under the federal Patient Protection and Affordable Care Act. Referred to Human Services 2/25.
- HB 840 (Bucy): Relating to the expansion of eligibility for Medicaid to certain persons under the federal Patient Protection and Affordable Care Act. Referred to Appropriations 2/25.
- HB 1210 (Beckley): Relating to the expansion of eligibility for Medicaid in certain counties. Referred to Human Services 2/26.
- HB 1395 (Reynolds): Relating to a "Texas Way" to reforming and addressing issues related to the Medicaid program, including the creation of an alternative program designed to ensure health benefit plan coverage to certain low-income individuals through the private marketplace. Referred to Human Services 2/27.
- HJR 40 (Israel): Proposing a constitutional amendment requiring the state to expand eligibility for Medicaid to certain persons under the federal Patient Protection and Affordable Care Act. Referred to Appropriations 2/12.
- HJR 46 (Bucy): Proposing a constitutional amendment requiring the state to expand eligibility for Medicaid to certain persons under the federal Patient Protection and Affordable Care Act. Referred to Appropriations 2/25.
- SB 327 (Alvarado): Relating to the expansion of eligibility for Medicaid in certain counties under the federal Patient Protection and Affordable Care Act. Referred to Health and Human Services 2/7.
- SB 524 (Johnson): Relating to the expansion of eligibility for Medicaid to certain persons under the federal Patient Protection and Affordable Care Act. Referred to Health and Human Services 2/14.
- SJR 34 (Johnson): Proposing a constitutional amendment requiring the state to expand eligibility for Medicaid to certain persons under the federal Patient Protection and Affordable Care Act. Referred to Health and Human Services 2/14.

5. Establish seamless transition for young women from Children's Medicaid and the Children's Health Insurance Program (CHIP) to Healthy Texas Women

In a report released by HHSC in May 2018, the commission found that the state could stand to save approximately $58.7 million in general state revenue over the course of five years by implementing this auto-enrollment measure. HHSC found that the state could realize such savings through the fact that they would be providing auto-enrolled women with better access to family-planning services and therefore preventing an estimated 11,275 unplanned pregnancies.

Pertinent legislation:

- HB 606 (Thierry): Relating to the automatic enrollment of certain women in the Healthy Texas Women program. Referred to Public Health 2/21.
- HB 1879 (Sarah Davis): Relating to the automatic enrollment of certain women in Medicaid and the Healthy Texas Women and CHIP perinatal programs. Referred to Public Health 3/5.
- SB 189 (Miles): Relating to the automatic enrollment of certain women in the Healthy Texas Women program. Referred to Health & Human Services 2/1.

6. Medicaid coverage of transportation to prenatal and postpartum doctor's visits with children

Medicaid transportation does not permit women with medical appointments to bring other children with them in the transport vehicles. The Houston Endowment/Steering Committee for Reducing Maternal Mortality included lack of transportation to prenatal visits as a reason many women may not access prenatal care. The Fetal and Infant Morbidity Review/Syphilis and HIV (FIMRSH), which identifies barriers to health care that may account for perinatal HIV and syphilis transmission in Texas, also identified this as a barrier to prenatal care, citing three tragic cases in which infants were infected with HIV or syphilis due to this issue (2 of these infants died).

"

A QUOTE FROM DFC MEMBER AND LOCAL OBSTETRICIAN/GYNECOLOGIST

"I cannot count the number of calls we receive in our clinic from women who have to cancel last minute because a baby sitter did not show up or because they have limited social support to guarantee childcare while they go to an appointment."

"

“

A QUOTE FROM DFC MEMBER AND LOCAL OBSTETRICIAN/GYNECOLOGIST

“Yesterday, my social worker fought tooth and nail to obtain Medicaid transportation for one of our women living with HIV to attend a postpartum visit. She was scheduled to come in 10 days postop after a Cesarean section for a post-surgery check and to attend her group’s final two hour Centering Pregnancy session. She was traveling with her newborn in a stroller and infant carrier. Medicaid said she was eligible for bus transportation only. Our social worker said, “I am sorry. This woman just had surgery. She has a newborn to take care of and she needs to be seen.” They said the baby needed to also have an appointment. Our social worker therefore scheduled a pediatric visit, just so it was on the record. A Medicaid vehicle finally was arranged. It should not be so hard.”

Pertinent legislation:

- HB 25 (González, Mary): Relating to the provision of services to certain children under the Medicaid medical transportation program. **Committee report sent to Calendars on 4/5.**
- HB 1114 (Davis, Sarah): Relating to the provision of services to certain children under the Medicaid medical transportation program. Referred to Human Services 2/26.

”

7. Continued development of telemedicine to improve access of quality care at a fraction of the cost

The 2017 Texas Legislature passed a law that defines telemedicine as a way to deliver health care, not a health care service. It also clarifies that the standard of care for a telemedicine visit is the same as when a physician sees a patient in person. Now Texas has the opportunity to address additional barriers and expand the use of telemedicine to help address our many health care shortage areas. We recommend that the Texas legislature now:

- Improves broadband access across Texas to accelerate telemedicine adoption and implementation.
- Supports innovative uses and applications of telemedicine.

- Ensures that patients' regular physicians can use telemedicine to treat their patients (i.e. not require the use of an outside vendor). Requires health plans to reimburse patients' physicians utilizing telemedicine. This is especially critical within the Medicaid program.

Pertinent legislation:

- HB 870 (Price): Relating to Medicaid telemedicine and telehealth services. **Left pending in Public Health on 4/3.**
- SB 670 (Buckingham): Relating to Medicaid telemedicine and telehealth services. **Out of the Senate and referred to Public Health on 4/1**.
- HB 871 (Price): Relating to use of telemedicine medical service by certain trauma facilities. **Left pending in Public Health on 4/3.**
- HB 1111 (Davis, Sarah): Relating to maternal and newborn health care. "STUDY ON PROVIDING CERTAIN MATERNAL CARE MEDICAID SERVICES THROUGH TELEMEDICINE MEDICAL SERVICES AND TELEHEALTH SERVICES." **Left pending in Public Health on 4/3.**

8. Maintain funding for Graduate Medical Education primary care through the Texas Higher Education Coordinating Board

Texas has a severe physician shortage. From the TMA: "The state currently has 12 medical schools — three of which opened since 2016 and have yet to produce a graduating class. Three more are scheduled to open by 2021. The annual number of graduating physicians will grow from about 1,800 in 2019, to more than 2,200 by 2024. But becoming a physician is a two-part process: four years of medical school, followed by three or more years in residency, or graduate medical education (GME). Texas retains 80 percent of physicians who complete medical school and residency in Texas, but a much smaller share of those who go out of state for GME (after Texas taxpayers spent about $180,000 each to support their medical education). Thanks to strong, continued support from the Texas Legislature, the state has engaged in a steady expansion in the number of GME slots available. In 2018, Texas finally reached its goal of having 1.1 GME positions for every medical school graduate. A much larger investment will be needed to keep up with all the new medical schools and to keep as many new doctors in Texas as possible." We recommend that the Texas legislature now:

- Continue to fund the Primary Care Statewide Preceptorship Program.
- Increase the permanent funding for residency positions to cover a ratio of 1.1 entry level residency slots/medical school graduates.
- Fully fund the Physician Education Repayment Loan Program to cover 200 physicians in each of the key primary care areas: internal medicine, family medicine, pediatrics and obstetrics/gynecology (this will help recruit more physicians to practice in rural areas).

9. Incorporate more funding for intergenerational health services within the Medicaid program

Caregiver health is important in the medical outcomes of the child. Intergenerational family services involve providing health services to caregivers and improving their mental and physical well-being in the pediatric setting to maximize the health of children. In 2017, the Texas legislature changed Texas Medicaid policy to allow pediatricians and family physicians to screen mothers for PPD during well-child visits and reimburse screening costs through the children's Medicaid coverage. This is a great start, but other states cover so much more through the children's Medicaid program – and data show improved outcomes for both the parents and the children. We therefore recommend that the state consider covering the following intergenerational health services through the children's Medicaid program:

- Treatment for maternal/postpartum depression (other states will fund 1-6 counseling sessions through the child's Medicaid coverage)
- Parenting education (which has been shown to decrease child abuse and improve child developmental outcomes)
- Flu shots for parents (to help protect the young children who are highest at risk for complications and hospitalization from the flu)
- Smoking cessation
- Screening for social determinants of health