CHILDREN'S HEALTH COVERAGE COALITION

FORMERLY THE CHIP COALITION

Texas CHC Coalition
Meeting Minutes

July 21, 2017

Present:
Alice Bufkin, Healthy Futures of Texas
Clayton Travis, Texas Pediatric Society
Mary Allen, Texas Association of Community Health Centers
Mimi Garcia, Texas Association of Community Health Centers
Christina Phamvu, Methodist Healthcare Ministries
Whitney Miller, Methodist Healthcare Ministries
Kaitlyn Clifton, Texas Pediatric Society
Deborah Rosales-Elkins, NAMI-TX
Paul Townsend, Children's Hospital Association of Texas
Juanita Gutierrez, Community Care
Angelica Davila, Community Care

On the phone:
Sister J.T. Dwyer, Daughters of Charity
Betsey Coates, Maximus
Erika Laredo, Texas Children's Health Plans
Adriana Kohler, Texans Care for Children

Chair: Clayton Travis, Texas Pediatrics Society
Minutes Scribe: Kamia Rathore, Center for Public Policy Priorities
Next meeting: August 18, 2017

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I. Updates on Special Session *(Multiple Speakers)*

- **Clayton:** The maternal and child health work group has started reconvening because the special session has a call to extend the Maternal Mortality Task Force's authority before it expires in 2019.
- **Adriana**: We held a short call with the MCH group. There are two bills related to the task force that had a hearing today, SB 17 and 82. Hearing for both was generally supportive; both 17 and 82 would extend the taskforce to 2023 and expand its duties to include examining disparities and trends and identifying options to reduce mortality.
- **Clayton**: One of the bills, SB 17 also includes an additional section to create a Maternal Health and Safety Initiative that would promote and facilitate bundled care best practices —these would be a group of procedures for hospital to go through when an incident occurs such as hemorrhage, hypertension, or even screening that reduce mortality and morbidity. There's an emphasis on the need to create a coalition of the willing among providers and the state; the bill also includes a provision for collaboration with the Perinatal Advisory. There seems to be will on both sides of the aisle and chambers for this to go through. There are several companion bills in the House that have not received a hearing yet, as well as several other bills that do not relate to the task force as directly.
- **Clayton**: Another bill we have been monitoring would raises salaries for teachers by $1000, but do so by deferring payments from HHSC to MCOs and transfer to that money to TEA – MCOs are not happy with the bill, and it does appear to have the potential to be cut to HHSC. It also leans into the narrative that Medicaid and education are competing priorities in the state budget. The state could do this transfer and theoretically fund the hole later on due to Medicaid's entitlement status, but the current BCRA debate could put in place a Per Capita Cap or Block Grant program that limits this ability. The intention may be to not have this transfer delay trickle down to affect providers, but it may happen.

II. Planning for the Interim *(Multiple Speakers)*

- **Mary:** HB 3151 from the regular session would have created demonstration project to align the eligibility dates children in the same household, allowing families to enroll all their children on the same day and reduce the number of periodic income checks per year. The bill passed the house but could not get a Senate hearing. We're considering creating a work group over the interim. There's been expressed interest in submitting the issue for an interim study, and we would like to create a general list of interim priorities surrounding Medicaid eligibility and enrollment that may be suited for a study.
- **Mimi**: Some things we are considering are changing the language of denial letters to make it clearer which child is being denied and for what specific reason in plainer writing.
- Some of the pushback we received this session may have been because Periodic Income Checks are seen as a tool against fraud, not as a place where we can streamline enrollment and make Medicaid more efficient.
- **Clayton:** I'd also broaden the call for interim charge ideas to any other challenges related to the Medicaid and CHIP program, beyond those that get at the issue of eligible but uninsured populations and fighting churn.
- **Alice**: I'd like to see continuous care for the women's health programs studied: auto enrollment from Medicaid for Pregnant Women to Healthy Texas Women started last year, and I think it's important to look at the data for how many women receiving services. It might also be worth looking at auto-

enrollment between CHIP Perinatal and the Family Planning Program. TWHC is looking at its own interim charges soon, as well.

- **Deborah:** I'd like to mention the foster care youth and Community Resource Coordination Groups (CRCG). Often times, CRCGs will work with foster care youth who are overmedicated and on over 10 different medications despite being incredibly young. I would want to see a study on nutrition and supplements as a potentially more effective approach that should be used before attempting psychotropics for foster kids.
- **Clayton**: It is early, but good to start thinking about interim charges ahead of time. The CHC Coalition could be a medium for pushing interim charges; groups could also push interim priorities individually and have the Coalition as place to check in on progress and developments. Last interim, we had talked about doing more educational events during the time between sessions but I believe we only ended up hosting one briefing right before the session. I'm still interested in pursuing educational public events during the interim, especially after health care reform at the federal level shakes out. Several briefings or events about how changes could affect kids in Texas may be worthwhile. Cover Texas Now, which is another health advocacy group with some overlap with CHC, has also been doing public events related to health reform, and they may be good model.

III. Federal Updates (*Multiple speakers)*

- **Clayton:** The CBO has scored a revised version of the BCRA that keeps some of the ACA's taxes, but did not score the Cruz amendment. The Cruz amendment has been noted by insurers and advocates as unworkable, with the potential to unravel the individual marketplace. Despite not scoring the Cruz amendment, the CBO still shows 22 million losing insurance over next 10 years under the BCRA without it. There will likely be an attempt to get a vote next week, with maybe more concessions made to get moderates on board. The bill doesn't have the votes to proceed with a straight repeal, so we'll likely see the revised BCRA If a deal can be worked to move past the motion to proceed, the Senate moves into vote-a-rama with unlimited amendments. It's important to keep promoting the message that the bill is unfixable and to continue to push moderates to remain a 'no' vote, as well as for more to publicly come out as a 'no.'
- **Mimi**: If it gets to the floor, don't get distracted by the amendments being added. Lots of amendments are symbolic; keep up messaging that the bill itself is unworkable. A $200 billion innovation fund that goes to uninsured people or states that have expansions rolled back is only about 17 percent of the bills overall cuts. Nothing compares to the size of how they're rolling back coverage through Medicaid and subsidies cuts.
- **Clayton:** CHIP reauthorization also happens in September, which is soon, but we haven't had time to really address the issue due to repeal discussions. Maintenance of Effort requirements are in place until 2019 and it's important to make sure that ACA 23 percent matching bump stays intact. If CHIP goes away, nearly 400,000 kids become either uninsured or move to the marketplace, where there's a lot of instability currently. Private insurance is also not as robust as CHIP – CHIP benefits and cost-sharing

requirements were designed specifically for the needs of low-income children with input from providers and other stakeholders.

- **Alice:** Back in 2011, Texas submitted an 1115 waiver for its family planning program, looking to receive funds for a program that would exclude Planned Parenthood as a provider. The waiver application was denied by the Obama Administration because of its interpretation of Medicaid law to require the inclusion of any willing and capable provider. The state then created a new form of the women's health program called Healthy Texas Women which was fully state-funded and excluded Planned Parenthood. The state is now applying for an 1115 waiver to receive federal Medicaid funds for HTW while continuing to exclude Planned Parenthood. TWHC has focused on enrollees of HTW and services offered if funding is delayed, and national advocates are looking at the impact of this waiver decision on other states. If approved, Texas could become the model for other states that want to do something similar to exclude Planned Parenthood. In Texas, the HHSC public comment period ended a few weeks ago—no changes were made based on stakeholder comments before submission to CMS. The federal comments period closes August 4.
- **Paul**: Something we're keeping an eye on is the discussion around the 340B program. 340B is a drug discount program that was expanded to include children's hospitals, health centers and Disproportionate Share Hospitals to help ensure access to pharmaceutical drugs for indigent patients. It's been run by a sub-agency in CMS that's seen a program that's exponentially grown in size over time by the agency budget and resources have not increased. There have been issues with adequate oversight and a few bad actors in the program – there was recently a House hearing indicating that there may be bipartisan will to reform the program to provide more oversight and give more regulatory authority. Congress wants to see more reporting on how providers have to use funding. CMS put out proposed new rules for 340B that would cut the reimbursement rate that providers receive; this was brought up by Democrats at the hearing as a potential concern, but it is being sold as a 'cost reduction' for the program. The proposed CMS rules are open for comment until September.
- **Mimi**: Medical education programs to increase and incentivize doctors and nurses to enter primary care are also tied up in some of the federal funding debate; we could see a negative impact on the primary care shortage across the country.

IV. Foster Care Workgroup Update (*Kaitlyn Clifton, Texas Pediatrics Society and Paul Townsend, CHAT)*

- **Kaitlyn:** I'll start by talking about the climate surrounding child welfare reform before the legislative session and talk about our priorities at TPS, how it played out, what that means going forward.
- Child welfare system was ruled by a federal (?) judge to pose an unreasonable risk to children and violate their constitutional rights; kids that entered the care system emerged more damaged. Homes without 24-hour awake care were shut down and Special Masters who were child care experts were ordered to be appointed. The state has gone back and forth in court about whether Special Masters need to be appointed. The state has been given a deadline of January by which to abide by the Special Master ruling.
- **Paul:** Some of CHAT's priorities this session included implementing an American Academy of Pediatricians recommendation that children undergo an initial health screening within 72 hours of

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removal from a foster care placement and having a designated CPS caseworker embedded in children hospital. We did a case study in San Antonio with an embedded caseworker and found that it smoothed foster care transitions, helping to explain treatment plans to families and reduce re-admissions. Through SB 11, we were able to get a modified version of the medical assessment. The bill found more opposition later on in the session from lawmakers who believed that not all kids needed a screening. We eventually ended up with a system in which, moving forward, foster youth with complex medical needs, diagnosed medical illness, or who were removed as a result of sexual or physical abuse or obvious injury will receive a medical screening within 72 hours.

- CHAT has a foster care work group that meets with staff members from HHSC and DFPS. We're working with them to see how they implement screenings starting in December of 2018. We've reached out to help develop guidelines for the screenings. One concern is that the rules may lead to case workers having to make medical determinations of whether a child is required to get a screening within 72 hours, which could lead to liability issues.
- We also got a budget rider for DFPS to allow CPS to put caseworkers in hospitals, but did not receive funding. The understanding is that facilities will have to meet regional CPS directors and explain the value of why an embedded caseworker is needed. One other development also relates to immunizations – during initial exams, a provider cannot administer an immunization beyond an emergency tetanus shot without parental consent.
- **Kaitlyn**: Also during this legislative session, a change in statute was passed to require that when DFPS notifies Superior (the MCO that manages STAR Health) that a placement change occurred, the MCO must notify the primary care physician and treating specialists to coordinate transition. DFPS is also working on an action plan to make sure that more kids are receiving the EPSDT check up within 30 days. Some larger reform bills include HB 4 which modified and expanded kinship provider reimbursements– it is currently a flat one-time $1000 payment, and HB 4 changes the reimbursement to being monthly payment for kinship families within CPS that is half of the daily basic rate of a foster child payment. A family has to be below 300% FPL to qualify and can only receive payments for a year, with agency discretion to extend payments by up to six months. HB 7 mostly addressed controversy over judges court-ordering specific treatments without any medical provider input. The bill requires that it be noted in the record if a judge declines to follow medical professional recommendation. We're watching to see what happens in this area and if this will actually lead to more consultation of medical professionals before ordering specific treatment.
- **Paul:** Taking a look ahead, the next meeting of the work group is in September. Superior has told us it has an internal Medical Advisory Committee that intends to look at provider recommendations to improve electronic record keeping system that follows foster children to address provider issues with accessing and using it. CHAT also implemented a pilot in Dallas that has had success with completing medical assessments within 72 hours, so we feel confident that statewide implementation of the requirement will go well.

Diane Rhodes from Texas Dental Association will chair the August 18th meeting, which is an OTA meeting.