



CHILDREN'S HEALTH COVERAGE COALITION

FORMERLY THE CHIP COALITION

Children's Health Coverage Coalition Meeting Agenda

Friday, June 19th, 2020

11:00 A.M. – 1:00 P.M.

Meeting Location: Zoom Meeting

Recording of meeting:

<https://app.box.com/s/yd7quj83h6e7u5f21kgx4k7al0sdi28m>

Meeting Chair: Adriana Kohler, Texans Care for Children

11:00 A.M. – 11:15 A.M.

Introductions

11:15 P.M. – 11:45 A.M.

Group Discussion: Latest on COVID-19 Response, Pending Policy Items and Next Steps (Katie Mitten Texans Care for Children, Helen Kent-Davis TMA)

- Update on discussion with Office of Governor
- Month-to-month waiver extensions -- Helen Kent-Davis, TMA
- Practice Viability -- Helen
- Telehealth + other COVID issues - Helen
- Update on Provider Relief Fund distribution – Helen
- Identify top unresolved issues
- Discuss outreach to legislative offices

11:45 A.M. – 12:20 P.M.

Legislation Priorities Discussion (Adriana Kohler, Texans Care for Children)

- Start developing legislation priorities -- broad principles and/or specific legislation
- Budget priorities
- *See 2019 Policy Priorities here:*
<http://www.texaschip.org/pdf/2019-CHCC-Policy-Priorities.pdf>

12:20 P.M. – 12:35 P.M.

Update on Continuous Eligibility for Kids in Medicaid (Laura Guerra-Cardus, CDF - Texas)

- Debrief on small group strategy session (held June 11)



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- Update on next steps to advance continuous eligibility for children in Medicaid

12:35 P.M. – 12:45 P.M.

Story Collection Efforts (Cindy Ji, CDF- Texas)

- Discussion of story collection strategies for legislative priorities
- Pediatrician Story Questionnaire:
 - https://docs.google.com/forms/d/18_ab6Tc-L-f4MNcCY06T3nQC5kg7V1BNJgQFkLT4o1Y/edit
- Physician Story Questionnaire:
 - https://docs.google.com/forms/d/1sUDZgFkWFNnHpR7GGD90KGI06FDI_MwknGKSB17P6vc/edit

12:45 P.M. – 1:00 P.M.

Announcements

- Update on work to expand coverage for Texans, Laura Guerra-Cardus, CDF
- NASW forum on health disparities - Alison Mohr Boleware NASW



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11:00 A.M. – 1:00 P.M.

On Video Conference Line

Adriana Kohler, Texans Care for Children
Katie Mitten, Texas Care for Children
Helen Kent-Davis, TMA
Laura Guerra-Cardus, CDF – Texas
Cindy Ji, CDF – Texas

Alison Mohr Boleware, NASW

Clayton Travis, Texas Pediatric Society
Nancy Walker, representing Harris Health System
Leela Rice, Texas Council of Community Centers
Randal Alexander
Linda Litzinger, Texas Parent to Parent
Ashley McCool
Denise Gomez
Sonia Lara
Betsy Coats, Maximus
Michelle Romero, TMA
Jenna Darling
Catherine Riggle
Nataly Saucedo, United Way of Texas
Rosie Valadez, Texas Children's Hospital
Cristal Retana

Meeting Chair: Adriana Kohler, Texans Care for Children

Meeting Scribe: Maria Elena Garcia, Every Texan

- I. **Introductions (Adriana Kohler)** – [Meeting began at 11:01 AM]
- II. **Group Discussion: Latest on COVID-19 Response, Pending Policy Items and Next Steps** (Katie Mitten Texans Care for Children, Helen Kent-Davis TMA)
 - a. Helen Kent Davis: Update on telemedicine waivers
 - i. On telehealth waivers: Goal is to have waivers extended beyond month to month. Governor prefers to keep it this way because they want to know if the federal government wants to extend the public health emergency. Chatter in DC to pushback. Groups are trying to get Secretary Azar and President to extend the public health emergency. Current waivers of telehealth allow audio only which is important because of those who don't have access to technology or broadband.



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- ii. Waiver allowing telemedicine for well-child visits for kids over 24mo. TMA and TPS are trying to get extension, since it is difficult for providers to offer telemedicine and set up patient schedules ahead of time if approval only granted month to month. We don't know if waiver will be extended until July.
 - iii. CHIP April and May renewals were extended for three months. Those expiring in June will provide a one month extension. Once again HHSC is trying not to get ahead of the federal government.
- b. Update on Provider Relief Fund distribution – Helen
- i. CARES Act adopted by Congress in the Spring provided significant funding to help providers who were heavily hit by the pandemic (physicians, dentists, social works, psychologist, etc.) and were able to do telemedicine. There was significant drop in visits across provider hospitals. Some revenues dropped by more than 50%. Part of the CARES Act was to provide a safety net. First round was focused on providers under Medicare. Many pediatricians don't have Medicare numbers, neither do OBGYNs. Second round of funding wasn't as publicized or understood, not many people applied.. On June 9th CMS announced that they had set up a new portal to get provider relief funds to Medicaid and other safety-net providers. \$15 billion dollars for Medicaid and CHIP providers to apply for relief. Must submit application by July 20th. Providers who are eligible can go in, they have to admit to certain terms and conditions.
 - ii. Challenges: One requirement for provider relief funds is to not have received *any* funding from previous distribution. Some practices, mostly Medicaid and CHIP, might've received some funding. If they had any money distributed they are not eligible for this type of funding. Some physicians received \$11, yet under the conditions ANY distribution disqualifies from the new round of provider relief funding. CMS has been made aware. Featured in Washington Post. Hope of CMS to review issue.
 - iii. Next week there will be a webcast hosted by CMS and you have to register in advance and can submit questions. Helps providers with application process, some complicated worksheets that cause confusion. Lots of FAQs on CMS website. If you're a provider that wants to participate in webcast try to register today. For everybody else this is something that will help. As many as 20% PCP were closed. Devastating impact because of an increase in COVID. If Congress doesn't take additional measures it is a bleak terrain.
- c. Continuation of federal emergency period
- i. HKD: To me, the most important issue is the extension of the federal public health emergency fund. Telehealth waivers for those who still don't want to go out or psychologists appointments.
 - ii. Rosie: Texas Children's families are really worried about showing up in person. We need to have well checks and shots for those kids who are going back to school for the fall. I would definitely weigh in on talking to the elected officials.



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- iii. AK: do you think that a letter to Texas congressional delegation helps?
 - iv. Rosie: It never hurts to do that. I do think that weighs your communication. Focus on the executive order and why we need to have this extended and the importance of this for children and families. Focus it on COVID. That is very much top of mind.
 - v. HKD: Since there is so much focus on reopening, providers are a huge part of the economy in terms of employment. If we don't have that flexibility they can't continue to help on that process. If they close, that affects jobs and local economy. We are trying to do what government and others have asked and if the flexibilities go away, that can't continue what is being in question
 - vi. AK: Action item for coalition: drafting a letter for Senator Cornyn and Cruz. Would others be open in participating?
- d. KM: Update on call with office of the governor and updates on how we want to engage with state legislative offices.
- i. Texans Care for Children had a discussion with Heather Fleming from governor's office about the letter we sent on May 12. She appreciated the letter and the organized collective voices. It is easier to understand the key asks. Also mentioned that calls are helpful and coordinated calls are best than a lot of individual calls. We put an emphasis on month to month extensions. Good questions about how telehealth affects well checks and immunization. Impact on early childhood intervention services. HHSC is still unclear on if it will affect ECI. Importance on messaging families on well checks.
 - ii. We talked to David early with Rep Cortez. Big updates:
 - 1. Rep Cortez has submitted to the legislative council the same legislation they filed last session about 12 mo. cont. coverage. Coalition is still trying to figure out strategy around it.
 - 2. Periodic income checks are paused at the moment because of Federal Public Emergency and CARES Act
 - 3. We shared we would like to collect stories around impact on suspension of income checks and continuous eligibility
 - 4. We asked if he would be open to 12 mo. or 6mo, he said his boss would be open to both but that would require a larger conversation
 - 5. Asked about house select committee on healthcare cost. He said there was never a hearing schedule and there will be no hearing, probably.
 - iii. HKD: On that issue, I heard that Rep Bonnen doesn't intend to have a meeting on Select Committee on Health Care Costs, but there will be a form.
 - iv. KM: Also had call with Ari in Senator Powell's office:
 - 1. She was interested in the CHCC coalition's letter and asked if we would like for the Senator to submit letter to reiterate the ask
 - 2. If she could get in contact with HHSC, priorities are: need to extend flexibilities and extension on CHIP waiver which covers COVID testing and some copayments. Additional flexibility for kids on CHIP as they did on hurricane Hervey.



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3. Talked about suspension of income checks, priority for us moving forward.
 - v. Interested in Medicaid enrollment data. Every Texan keeping an eye out on that data.
 - vi. KM: Wanted to see what this group thought, how should we move forward to engage state legislative offices?
 - vii. LGC: How many waivers and flexibilities are dependent on a continued federal public health emergency? If they are all tied, then we should all advocate on fed level. It'll be hard to ask the legislation to advocate on something dependent on a federal decision. Do you know if which of those three are tied to PHE?
 - viii. KM: I think all of them.
 - ix. AK: Telehealth is tied to public health emergency, and CHIP renewal tied to emergency, and Medicaid periodic income checks are all tied. I
 - x. LGC: We want to make sure that federal emergency stays as long as necessary on state disaster relief.
 - xi. KM: Yes we should focus our energy on getting the state of federal emergency and making sure that state's offices know that these are our priorities. Reach out to senators
 - xii. LGC: I think that could help us develop narrative long-term about economic crisis. We are still in crisis mode and even when that should be controlled then the measure of our crisis needs to be on an economic way.

III. Legislation Priorities Discussion (Adriana Kohler, Texans Care for Children)

- a. Start developing legislation priorities -- broad principles and/or specific legislation
 - i. AK: We did a good job last session of stating broad principles on page one of our legislative agenda. And it was followed by a few pages on additional legislative or budget items that we support as a coalition but it is not leading. Effort might be led by other coalitions but we support the effort. Take a look at that to give yourself a reminder. Covers budget (Medicaid, CHIP), managed care budget, children's health coverage and issues on broader coverage for women, moms, and Texans.
 - ii. That is what we prioritized last time. Priorities look different as do our lives.
 - iii. Open discussion. What do you consider priorities?
 - iv. Nancy: It is my understanding that my staff is writing reports as if there may not be any meetings. Offices are scrambling in looking for model legislation. I assume NCSL for ideas on legislation. Without hearings and having people come to capitol they are trying to get ahead of the game in submitting legislation request in things they can find in model legislation. Some pandemic in uniform law commission. Just FYI wanted to make you aware of that. Might be a good strategy to engage with some committees to see what they are going to put on those reports so we are not behind the curve.
 - v. LGC: Yes there will not be interim hearings so we won't have a chance to speak on these issues or organize. **Need to develop replacement structure.**



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Even better opportunities to get message across key staffers. Develop a round of coalition visits to talk about priorities we know will be issues for us or just key data points on information on what they are writing the reports on. CDF is happy to help divide some of that workload.

- vi. AMB: I am open to that too. I had conversations more on the House side but I think the biggest thing is ensuring access to mental health services through telehealth and telemedicine. I think that is the biggest priority for us and also extended converge for a year. Telehealth and telemedicine is important. And the 30-day renewal is not helpful for consumer or provider. I know it's political but it will be great to get it extended beyond 30 days at a time. Thinking ahead to session from Social Worker perspectives: audio only visits helped underserved engaged in services. For parents, telehealth would be helpful to make sure services can be continued, ensuring they will be paid the same rate. And allowing provider to choose platform of their choice.
- vii. Rosie: there are populations that are exceptionally vulnerable that will not be able to flip to telemedicine. Foster parents will have a hard time. There has to be a way for the state to focus group vulnerable populations about their attitudes towards Telemedicine or Telehealth, then we have a stronger legislation to stand on.
- viii. AMB: Yes! I am foster mom and it was tough virtually. Absolutely not everything needs to be done through telemedicine and both consumers and providers have done that. So how can we allow us to continue? And yes, focus groups would be important.
- ix. AK: Are you focusing on mental health or additional services only?
- x. AMB: NASW is focusing on psychotherapy services.
- xi. DG: Children's Hospital in Dallas had a 300% increase for Telemedicine. The numbers have increased significantly since COVID has been introduced. It would be wise to continue efforts on telemedicine. Can't say specifics to decide on that but that would be a focus area for us moving forward.

b. Budget priorities

- i. AK: It is up to us to advocate for fully funding critical services. We have had budget as a priority but we might have to dedicate more focus on Medicaid and chip on this session. How broad or limited to we make that? Do we get on provider cuts?
- ii. LGC: I would agree that it has to be prioritized. At CDF we are already thinking about collecting positive Medicaid and CHIP stories to defend that. From last time there were major cuts, but one of the main targets are provider rates. I would support having strong language on that and having many partners participate as much as possible. Target on provider rates.
- iii. CT: Thank you for supporting provider rates. Key components to access.
- iv. AMB: I wonder how much of it will be to play defense for all Medicaid and CHIP providers. Maybe a more broad general statement?



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- v. LGC: Makes me think about the recommended messaging around budget that has been sent out. Not adding to the narrative that cuts are required. Something for next meeting: talking about dos and don'ts for setting up our frame, can help us broaden our agenda.
 - vi. AK: I can bring in Peter on comms team to help massage the language. He has advised us on thanking and moving forward to encourage to funding. Not assuming there will be cuts.
 - vii. LGC: We want to talk about supporting children's access to coverage which includes removing known barriers. Using the opportunity to talk about health equity and access under current climate which includes pandemic and loud public voice for inequities in the system. We can push our asks in that way. Also discussion about balancing the need for 12 month continued eligibility. Which goes with health equity, which would feel better than 6 month continued eligibility. Also thinking about children's coverage, there had been increasing outreach funding. The climate is different now but I would encourage us to think if we still have it as a priority and ask for it. Would any of the federal packages might have funding streams to allow outreach for CHIP, Medicaid, and other. Identify funding that will make it more politically viable. I will throw this out: I don't know if others have ideas for connecting systems for outreach. Should we encourage child care centers to include health insurance on their forms? Healthcare centers in schools interact in a different way?
 - viii. AK: from the Zoom chat box: comment from Nataly on non-emergency medical transportation. AK response: HHSC is adding ride share to Medicaid transportation program. It should go into effect by end of the year. I'm not sure that additional reforms are needed because we haven't seen progress made or proposed rules about current reforms that have been implemented from last sessions.
 - ix. Comment in Zoom chat: Alison wants to improve language on access for POC.
 - x. AK: ECI is important budget priority. We saw huge cuts to ECI in 2011 so we're nervous on more cuts.
 - xi. LGC: I think we need to add the need for expanding coverage for Texas in the coverage gap. Partly because it is health equity. From past budget discussions I remember coverage for everybody was a priority for TMA.
 - xii. **AK: I'll work with Maria to get the started document ready.** We have a little time to talk about specifics of continued eligibility for kids in Medicaid.
- c. See 2019 Policy Priorities here: <http://www.texaschip.org/pdf/2019-CHCC-Policy-Priorities.pdf>

IV. Update on Continuous Eligibility for Kids in Medicaid (Laura Guerra-Cardus, CDF - Texas)

- a. Debrief on small group strategy session (held June 11)



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- i. LGC: A group of us met to dig into strategy around continued eligibility for kids and came up with some frames for next steps that I can go through but will like to hear feedback and thoughts.
 1. Recognized that there is a current pause on periodic income checks because of health emergency, included continuation on suspension of income checks in last letter. At some point we might want to do a one-issue ask to agency.
 2. Wanted to wait on new enrollment numbers from HHSC that will tell us more on what happened to enrollment since suspension on income checks. Can we continue working on request? After this data, do a focus ask on this issue.
 3. Develop a one-pager of our policy asks on this area about something on 12 month coverage and something about no cost for 6 month eligibility. Need to keep 6 month strategy in our work because we need to find senate support for this and it is easier to envision getting support for 6 month continued eligibility in Senate. Senate members voted for 6 month continued eligibility policy that we can use as part of strategy.
 4. Including 12 month is still important and framing issue regarding COVID, economic crisis, and health equity.
 5. Wanted the get everyone up to speed in cost.
 - a. Fiscal note for 12 month 5-7mill for first biennium
 - i. Difference between past fiscal notes and the one from last year which was quite small.
 - ii. Rumor about discrepancy between fiscal note and budget that HHSC have been given.
 - iii. Members doubting numbers is considered a barrier to address. First step in everyone getting on the same page to explain difference and what really happened between HHSC and LBB?
 - b. Estimates are not off
 6. Identify the need to develop Rep Four Price. TPS will do work on that but flagging for others. He is a member to raise issue. Impacts representative's population. Anne Dunkelberg already had meeting with Senator Kolkhorst. She didn't know enough about policy and was open to listening and understand the history of policy but her understanding doesn't translate for movement. Few subgroup members were reaching out to some of her political advisors to provide insight on how to get her on board.
 7. Thinking about future Senate sponsors. Recognition that we needed something stronger than meeting with members, instead doing work with board members in business and faith community to know who we are connected with that have influence with this members.



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- a. Put together info on campaign donations to priority policy makers Gov, Lt. Gov, Nelson, Kolkhorst, Perry, Nichols.
 - b. Ask each partner to connect with their boards and influential community leaders on who the right folks might be to connect and sway members.
 - c. Two key areas raised:
 - i. Chambers of commerce
 - ii. Business partners
 - d. Is there any way we can get the faith leaders to talk on children's work?
8. Looking at our targets and trying to figure out as many connections as we have collectively that can have some sway with them.
 9. \
- ii. Denise: Any state level faith groups?
 - iii. LGC: Yes, our strongest partnership was with TX Impact but we need more. Anyone got connections with Ed young or Joel Olsten? When we did this back in '09 we did some work with Houston chamber and in Dallas. Takes resources and big conventions aren't of the moment. Figure out what other settings work for generating discussion on kids coverage in groups of business leaders and other influences is a challenge and something we need to start working on.

V. Story Collection Efforts (Cindy Ji, CDF- Texas)

- i. CJ: I was brought to CDF to work on story banking and Sickofft. Work on story collection from providers as we do advocacy work. Wanted to touch on overall strategy and how provider stories can fit into it.
 1. Currently working on getting post cards so people can go and share stories
 2. Working with Melissa to identify barriers to enrollment or renewal
 3. On provider side, worked on a questionnaire:
 - a. Collects basic contact info: where they practice (stories to districts) physician questions are to identify stories in coverage gap, space for physicians to share additional perspectives.
 4. Wanted to make sure everyone can do more later on (recording, testifying, etc.). Ways for them to stay connected with coalitions
 - a. Pediatrician questionnaire is similar to collect stories on kids who are uninsured or receiving Medicaid and CHIP. Also Laura mentioned earlier knowing how tough this is for budget. We want to share positive stories of kids who get coverage on Medicaid or CHIP.
 5. *video on coverage gap*
 - a. Encourages Medicaid expansion
 6. We can record their video directly and have them share stories with their faces and share images. The idea is that this could be a point



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where we can identify providers that want to mobilize and do more than writing it down.

- ii. LGC: Pediatrician form is positive Medicaid stories and also need for 12 month continuous eligibility. We are specifically talking about those issues in the form. It's been an issue that is harder to get stories on individual clients. Also more fear around speaking up because public charge and growing distrust for federal government. Providers see that impact all the time. And it has questions on physicians' experiences on kids dropping on and off coverage and how would it be if that did not happen. General physician on coverage gap and pediatricians on 12 month eligibility.
- iii. CT: On the pediatrician form, 12 month continuity is major priority. What about access to care? Specialist and general care.
- iv. LGC: We are open to adding additional questions that you find helpful or can allow survey to serve dual purpose. Coalition priorities and own priorities. Want to develop a tool providers can feel good using and be as helpful as possible. Right now we have CDF, you could put your own brand on it if organization has issue.
- v. CT: Will work on that and can be an opportunity to create enough buy-in. Would you be available to talk to our TPS leaders?
- vi. CJ: Yes!
- vii. HKD: Thank you for that work. I want to say in rural areas family physicians provide a lot of pediatric care, be mindful to collect their stories as well. Prior to COVID we had to put it on hold, but because of HIPAA we have to be careful, working with attorneys to get physicians to share stories. Would like to connect with you guys.
- viii. LGC: Yes, would love to.
- ix. CJ: We can switch language to talk to all of those who provide care to kids
- x. LGC: We want to reach out to them to engage in this. Any other major group? TMA, TPS? Family Docs?
- xi. AK: ECI providers might be interested. They see many kids in the Medicaid program. Not sure if separate survey or making pediatric one broader. I think they'd be interested in providing stories.
- xii. KM: I can connect Cindy to see if your efforts align.
- xiii. CJ: My e-mail is in chat to figure out how we can work with certain groups to collect more feedback how we can get those forms more buy-in
- xiv. CT: Additional groups to contact include Children's Hospital Association and Texas Association for Community Health Centers
- xv. LGC: other groups may include groups that do outreach and connect with some who can get them care.. NASM navigators CAC...
- xvi. Denise: We have a team that does CHIP outreach. The other group is Betty that works with Maximus and they do a great job of doing CHIP and Medicaid outreach as well.
- xvii. CR: I manage the CHIP, Medicaid application and enrollment program for Children's Hospital, including getting Community Partners.



VI. Announcements

a. LGC:

- i. Next week: National week of action for ACA around healthcare repeal lawsuits
- ii. Thursday 25th filing opening arguments for it and will be rehashing narratives around this. In response, national partners asked to join them in a week of action June22-26.
- iii. Asks:
 1. If you have events happening next week during that week for action and it feels appropriate, talking about ACA benefits and the dangers of having it repeal
 2. Promote three actions
 - a. Story-collection efforts (how ACA helped) SickofIt campaign social media on “did you know?” Highlight most importance pieces: pre-existing conditions, 26 coverage, lesser known like LGBTQ support, health equity.
 - b. Twitter targeting Senators Cornyn and Cruz to say they didn’t vote against ACA.
 - c. Paxton petition to drop the lawsuit. Signature collection and delivery.

See the stories people submit and prepare that for delivery to Cruz, Curnyn, Paxton. We’ll modify personal info and have us be contact if legislation wants to contact with families or submissions.

b. LGC: Other announcements

- i. Events around coverage coming up in next months. Medicaid/are anniversary July 30th want to do something around that Sept.
- ii. We are in the works of planning cross state event between states who have not expanding Medicaid yet (14). Southern solidarity action. Fact that states are all southern and there is such inequity is not a coincidence and something that will be inserted into the narrative. NC is leading the effort. They had vigils in big and small cities with the goal of a lot of locations participating in action. Idea to model something similar. Many states participate and some kind of vigil. In-person, social distancing, out and open air with safe parameters, with the option of virtual events. If you want to be part in coordinating we are having a planning call on July 2 at 2pm.

VII. Meeting Adjourned (12:48)