



CHILDREN'S HEALTH COVERAGE COALITION

FORMERLY THE CHIP COALITION

Children's Health Coverage Coalition Meeting Agenda

Friday, April 23rd, 2021

11:00 A.M. – 1:00 P.M.

Meeting Location: Zoom Meeting

Meeting Chair: Anne Dunkelberg, Every Texan

11:00 A.M. – 11:10 A.M.

Welcome & Introductions

11:10 P.M. – 11:30 A.M.

Coalition Logistical Updates (Anne Dunkelberg)

- April 2021 is the last meeting for Melissa McChesney.
 - May 2021 is the last meeting for Maria Elena Garcia – internship posted.
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11:30 A.M. – 11:45 A.M.

Federal Update (Dunkelberg facilitates)

- Major developments since March meeting
-

11:45 A.M. – 12:50 P.M.

Latest on Legislative Session – priorities, status, and strategy updates (CHCC Legislative Working Group)

- [CHCC Legislative document](#)
- Overview of the Speaker's Healthy Texas, Healthy Families proposal (Helen Kent Davis – TMA)
- Discuss budget issues (Katie or Adriana, Anne D., Clayton group)
 - Coalition messaging and timing
 - Cost containment Rider
 - Status of Medicaid increase for under-age 3 (Clayton Travis TPS)
 - ECI generally
 - Overview of riders that need support such as PIC, CHIP Admin/CHIP HIS, ECI private insurance study.
 - COVID relief transparency
 - Cuts to I.1.1. Eligibility and Enrollment



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- Continuous Eligibility bills
- Coverage expansion
 - Debrief on House budget debate
 - (SickOfItTx update – Laura Guerra-Cardus, CDF)
- Maternity Extensions (Adriana Kohler TCFC)
- Telehealth bills (Alison Mohr Boleware - NASW)
 - HB 2612 Rainey
 - HB 4 Price
- Safety net program bills (Lauren R. CDF, or CDF designee)
 - HB 4334/SB 2082
- CHIP HIS/Outreach funding (Katie Mitten TCFC, Patrick Bresette CDF)
- Senator Menendez Bill on mixed-status families

12:50 P.M. – 1:00 P.M.

Announcements



Children's Health Coverage Coalition and OTA Meeting Agenda

Friday, March 26th, 2021

11:00 A.M. – 2:00 P.M.

On Video Conference Line:

Clayton Travis
Anne Dunkelberg
Maria Garcia
Betsy Coats
Sonia Lara
Anna Stelter
Helen Kent Davis
Nancy Walker
Preston Poole
Kim Horton
Yamel Herrera
Adriana Kohler
Melissa McChesney
Christina Hoppe
Alison Mohr Boleware

Meeting Chair: Anne Dunkelberg – Every Texan

Meeting Scribe: Maria Elena Garcia, Every Texan

Meeting Recording:

I. Coalition Logistical Updates (Anne Dunkelberg)

April 2021 is the last meeting for Melissa McChesney.

Anne Dunkelberg:

This is Melissa's last meeting with us because May 5th is her last day with Every Texan. She is going to an amazing health policy advisor role with Unidos US (formerly the National Council of La Raza). She will get to do amazing work there. We will be posting her position soon. We are excited about the opportunity for someone else to work with Every Texan and the CHCC. If you get on the Every Texan e-mail d-list (<https://everytexan.org/>), you will receive e-mails whenever new positions have been posted.

May 2021 is the last meeting for Maria Elena Garcia – internship posted.

Anne Dunkelberg:

Next month is Maria's last month and her internship has been posted on Every Texan website. We will virtually celebrate her in May!

II. Federal Update (Dunkelberg facilitates)

Major developments since March meeting



Anne Dunkelberg:

There are 3 different federal sign-on letters that have a due date of 3pm today. I will send these to you after we get off this call. There is a list of progressive advocates on it, and it might be too progressive for some organizations. They have some great things like encouraging the president to include health care on relief package. I will share with everybody two resources that I can rely on with thorough federal updates: Community Catalyst and the Big Tent.

The Biden administration sent a letter to all federal agencies announcing that the public charge policy has been reverted to the way it was to 1999: Medicaid, CHIP, housing, and SNAP are no longer an adverse consideration for people trying to move through the immigration process. It is calling on all agencies to reverse the messaging by the Trump administration. It states that we need to encourage and reassure immigrants that it is safe to use health and anti-hunger services.

SCOTUS watch going on. We are waiting almost every Thursday morning on the fate of the ACA. No one can accurately predict what the Supreme Court is going to do. A major change to the ACA is not expected by legal experts, but there is no guarantee whatsoever.

The Made in America Tax plan includes increasing taxes on people who make over \$400,000 a year. Advocates nationwide are encouraging the president to do more in health care and acknowledge that there cannot be economic recovery with terrible exposure in medical debt.

Melissa McChesney:

Link: <https://www.hhs.gov/about/news/2021/04/21/hhs-announces-the-largest-ever-funding-allocation-for-navigators.html>

The Biden administration announced \$80 million in grants to be awarded to qualified Navigator organizations this summer. In grants.gov you can see the announcement. The Biden administration is restoring the funding and beyond. The most that we saw under the Obama administration was \$63 million, and the Trump administration slashed funding to less than \$10 million. Earlier this spring US HHS submitted supplemental funding to current grantees. Biden reopened the marketplace because of COVID, and it will be going on through August 15th.

The grant itself will be posted June 1st with an application due date of July 1st and expected award date at the end of August. We are working with O&E network to identify partners and make sure folks are coordinated and receive navigator grants. We want to see funding restored to north, central, east, and the panhandle of Texas.

Large organizations can provide letters of support for new navigators, existing navigators, and old navigators. We can let this coalition know the type of support that would be needed. If there is anybody that wants to be part of the conversation, I am happy to connect everyone.

Anne Dunkelberg:

People are far more likely to be enrolled in a plan if they have that 1-1 assistance. With documentation requirements and all different issues, it was key to have that assistance.

Melissa McChesney:



The need does not go away once someone is enrolled. Every year they have to reconsider which plan they are in and if it still meets their needs financially. The need for renewal continues to be there. I am excited to see that the Biden administration understands that.

Anne Dunkelberg:

We don't cover legal immigrant adults in Texas Medicaid but those adults can get ACA subsidies all the way to \$0 income. If I am a green-card-holding adult and at 85% of poverty, I can qualify for subsidies in the marketplace. It is a weird, arcane policy that Texas is in. Rep. Jessica Gonzalez filed legislation to reverse the decision to exclude legal adults from Medicaid and it seems unlikely that it'll get a hearing, but it is something to be aware of. I don't know if there will be progress, but I want to make people aware of it.

Melissa McChesney:

I am sure that the reapplication is at least three years for the navigator fund grant.

Anne Dunkelberg:

A week ago today, the Biden administration informed Texas that the extension approved on January 15 by the Trump administration, in an unprecedented extension of 10 years, was being rescinded because Texas failed to do the public notice required for 1115 waivers. It makes clear that the waiver remains authorized through October 2022. All other technical updates still remain. The uncompensated care pool remains funded at the same level (\$3.87 billion all funds/yr.) The references to higher numbers being lost refer to \$ 5 new and revised "directed payment programs" that were not part of the waiver extension approved by the Trump administration.

<https://hhs.texas.gov/sites/default/files/documents/laws-regulations/reports-presentations/2021/senate-health-human-services-2-march-10-2021.pdf>



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These 3
are part of
1115
(all others
are not)

Pools/Programs	DY 10 (FFY 21)	DYXX + W/O Extension	DYXX + Post-Extension
Uncompensated Care Program (UC)	\$ 3,873,206,193	\$ 3,873,206,193	\$ 3,873,206,193
Quality Incentive Payment Program (QIPP)	\$ 1,112,777,522	\$ 1,100,000,000	\$ 1,100,000,000
Delivery System Reform Incentive Payment (DSRIP)	\$ 2,490,000,000	\$ -	\$ -
Network Access Improvement Program (NAIP) ^{1,2}	\$ 493,364,220	\$ 250,000,000	\$ 250,000,000
Public Health Providers - Charity Care Pool (PHP-CCP)	\$ -	\$ -	\$ 500,000,000
Comprehensive Hospital Increased Reimbursement (CHIRP)	\$ 3,050,461,866	\$ 3,050,461,866	\$ 5,020,000,000
Ambulance Average Commercial Reimbursement	\$ -	\$ -	\$ 150,000,000
Texas Incentives for Physician and Prof. Services (TIPPS)	\$ -	\$ -	\$ 800,000,000
Behavioral Health Services	\$ -	\$ -	\$ 43,500,000
Rural Access to Primary and Preventive Services (RAPPS)	\$ -	\$ -	\$ 18,700,000
Total³	\$ 11,019,809,801	\$ 8,273,668,059	\$ 11,555,406,193

¹ Both NAIP and CHIRP (UHRIP) are larger than initially projected for FY2021 as a result of increased caseload.
² NAIP is estimated to be \$427.3 M in DY11 (FFY22), winding down to \$250.0 M in DY12-DY16, and 0 in DY17 onward.
³ Post extension total represents estimated amounts that are subject to change based on submitted preprints and/or CMS approval...

The other payments are not part of the waiver, **BUT along with the waiver funds, approval of them by CMS is subject to staying under a budget neutrality cap.**

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The Trump administration stated that they were not approving the payment mechanisms, and Texas HHSC knew that they had negotiations ahead of them. The Biden administration notified the states that 1115 waivers were going to be reviewed. Texas received a letter that their 1115 waiver were under review for both the Transformation waiver and the Healthy Texas Women.

An important goal of Texas was that they hoped to maximize how much the federal Medicaid was going to allow them for supplemental payments. They don't want to use GR to pay for the payment, and want to use local tax dollars and local provider taxes ("LPPFs"). In theory, Medicare rates are the only no cap on how much Texas can pay providers, and the states could increase Medicaid rates to make them more adequate within the regular Medicaid program rather than using supplemental Medicaid directed payment programs. It is not typically the MO of federal Medicaid to pull the rug out from states. There is no reason to expect that the federal government is going to deny Texas Medicaid a waiver extension, but I do presume they will try to encourage Texas Medicaid to move toward a Medicaid coverage expansion.

What about DSRIP: In 2019 HHSC started a process to draft a "transition plan" for winding down DSRIP. Nearly all stakeholder groups offered comments about offering a solution for the uninsured. When the comments were taken back to HHSC's Executive Waiver Committee, staff reported that coverage was consistently recommended, but noted that only the legislature could make that change. There was not public process for communicating that finding to the governor or the legislature. When HHSC renegotiates waiver extension, it's expected that a return to 5 years extension will be on the table, because only the Trump administration has ever approved 10-year extensions, and for only 3 states of which Texas is one. Texas Medicaid will work to get the proposed new \$500 million /year uncompensated care pool for local health departments and public mental health centers approved, and try to get approval for the largest



dollar cap on possible “directed payment programs” that are negotiated outside of the waiver. When HHSC starts the public comment period, we want to ensure a strong, coordinated input and participation.

Clayton:

Has any organization heard or gotten intel about the big 3’s consternation?

Anne Dunkelberg:

I have not heard anything on that. They were putting a lot of energy on getting Republicans that supported the coverage expansion bill to not support the Coleman budget amendment.

Christina Hoppe:

I would fully expect that Texas would file a lawsuit for the federal government rescinding the waiver. Generally, we have been trying to figure out where the governor and HHSC are on this.

Anne Dunkelberg:

The attorney general did announce he was going to file a lawsuit. It is hard to know how much weight to put on that, it is completely within the federal government’s authority to do this.

Nancy Walker:

With redistricting coming up I will be surprised if they did not take advantage of this for all that they can. These are great talking points for the governor. I expect to see that.

Adriana Kohler:

From a TCFC’s standpoint, the movement of important bills we want to be cautions and take a backseat and behind the scenes roll so that the children are not caught on this political fight.

Christina Hoppe:

These issues are getting mixed in terms of the political push. The waiver is focused on Medicaid-eligible folks. What we are hearing from our hospitals is that with extension there was a roadmap to where we were going, but as we go forward there is uncertainty with the complicated dynamics of Texas.

III. Latest on Legislative Session – priorities, status, and strategy updates (CHCC Legislative Working Group)

[CHCC Legislative document](#)

<https://everytexan.org/2021/04/07/statement-on-speaker-dade-phelans-press-conference-on-health-coverage-for-texans/>

Overview of the Speaker’s Healthy Texas, Healthy Families proposal (Helen Kent Davis – TMA)

Helen Kent Davis:



Back on April 7th, the speaker joined by a bipartisan group of lawmakers held a press conference and laid out 12 bills that are priorities for the house. Many of which are ones that this coalition is interested in, HB 290, HB 133, HB 4. We will talk about those a little bit later. Other aspects of the legislation that attempt to address a wide range of issues like broadband and health equity. HB5 on broadband access. HB 290 and HB 797 allowing home health and hospice to provide vaccines. Rep. Oliverson was part of the group on HB 18 to address drug prices on people who need insulin.

HB 2487 regarding disclosure of prices was heard on house public health and it looks like they will take the senate version of that bill. HB 3924, HB 3752 are all relating to short-term health insurance products and products that are not regulated by TDI or other entities. TMA didn't take a position on those bills.

This is an interesting package and is part of an effort of the house to convey unity in using Medicaid dollars to address coverage.

HB 133 and HB 290 are out of the house and into the senate.

Anne Dunkelberg:

HB 133 has been referred to committee and HB 290 has not.

Helen Kent Davis:

And nor has HB 18. HHSC has raised concerns about this bill. It takes work to set up and they have questions about that. We will see if Sen Kolkhorst gets it heard.

Telehealth bills (Alison Mohr Boleware - NASW)

Alison Mohr Boleware:

HB 4 was one of the bills that would make the covid flexibilities permanent. It calls out several different programs/services that have to be covered through Telehealth and Telemedicine. Importance to mental health folks allows audio only element of behavioral health. It's the biggest Telehealth bill on the house or senate side and also on the TDI or Medicaid/CHIP side. No other bills were moving. It has been referred to senate HHSC. Because Sen Buckingham's bill has been heard, does it also need to get a hearing?

Nancy Walker:

It does not.

Alison Mohr Boleware:

HB 5 is a broadband bill but there is a lot of support for it. A couple of other Medicaid Telehealth and Telemedicine bills: HB 2612, I will share an analysis for it. It is pending on committee and I am sorry to say that I don't have intel on it. The bill adds eligible sites for rural health clinics and telehealth and telemedicine. It also requires payment parity and states that a request may not be denied because an in-person services did not occur. It also offers platform choice in CHIP.



There is another Medicaid-related bill that hasn't had a hearing yet: HB 3396 and it has not gotten any traction.

HB 4 only applies to Medicaid. None of the other TDI bills are moving. It'll be hard for the private bills to move because of how much the health plans are pushing back.

Christina Hoppe:

We supported the same bills and can attest to that.

Alison Mohr Boleware:

We will continue to support and push for them. I will put the analysis on the chat. I think HB 4 is the main bill this session.

Discuss budget issues (Adriana, Anne D., Clayton group)

Status of Medicaid increase for under-age 3 (Clayton Travis TPS)

Clayton Travis:

The bill is on the house budget, not on the senate.

ECI Update

Adriana Kohler:

House funding level is more appropriate to meet the per child needs. We have been praising the house funding level and stating that we don't like the senate funding level and targeting so the house level stays in.

Helen Kent Davis:

We are working on a letter as well.

Adriana Kohler:

In the meantime, I will send you our blog. It includes ECI and other important riders.

<https://txchildren.org/posts/2021/4/5/key-takeaways-for-kids-in-the-updated-state-budget-bill>

Anne Dunkelberg:

We want to open up the invitation if someone has any riders that made it to the house budget related to anything from periodic income checks, CHIP admin and CHIP health services initiative and the ECI private insurance study. A reminder that if you want to mention them it's great but it is also important to share those riders with the coalition so they can add their support.

Adriana Kohler:

All these riders are in the blog I just sent around. It doesn't mention the specific numbers but it mentions the concept and they were added to the house budget including Katie's persistence with



appropriations. We want to make sure the riders stay in the final package. They will help with O&E with kids in Medicaid and CHIP. Understand the impact of periodic income checks.

Cuts to I.1.1. Eligibility and Enrollment

Anne Dunkelberg:

We came out of last night with no change that both senate and house budgets retained the cuts even though HB 2 restored them in the current biennium. We are concerned about how that affects eligibility and we have the additional rider from last night that was adopted, and it takes money from it and program administration at HHSC and puts it on alternatives to abortion. We have questions about the agency's ability to operate existing programs.

Adriana Kohler:

Where they took the money from IT and program operations, is that a separate strategy from this strategy?

Melissa McChesney:

The flexibility of our agency to update their systems as needed to administrate the programs would be on the line. Our IT system have to meet federal standards and our ability to update them is important to meet the requirements. It can also have implications for being timely on programs, correct processing, etc.

Anne Dunkelberg:

The IT oversight and program support is under a separate goal. They are separate buckets to HHSC and the one from last night is specific to eligibility. They are two buckets, but it is a question for members to ask HHSC.

Adriana Kohler:

Thank you.

Melissa:

There is a specific piece of the ARPA funds specific for IT.

COVID Relief Transparency

Nancy Walker:

The amendment said in a regular or special session. Rep Morrison was talking about more educational funds. Am I incorrect?

Nancy Walker:

Rep Howard had the amendment that requires that before any of these decisions can be made that the full committee of senate financial and house appropriations would have a public hearing. All the federal funds.



Anne Dunkelberg:

There is another important amendment about education.

Helen Kent Davis:

I can't imagine anything like this stays in. The governor would probably decline.

Anne Dunkelberg:

At least there is a broader and somewhat bipartisan concern about transparency.

Maternity Extensions (Adriana Kohler TCFC)

Adriana Kohler:

Not too much to report on HB 133. It was part of the bipartisan package and passed the house with 121 votes. It is now in the senate and has been referred. We have obstacles in the senate: funding, making sure we have support on both sides of the isle, get a hearing in a timely fashion. We need to get Sen Kolhorst to set the bill. It will need local pressure from her district. Thank you to all of you and TACHC sent a letter from local FQHC's from her district. I am working with March of Dimes to do a similar one. We need local pressure. If you think of any members from your networks in Corpus, Bryan, Fort Bend, we need to make sure that she hears us.

We have an action alert on TCFC's website to get their senator to support this bill. It goes by zip code. Please use that, it will get to the Lt governor. We need to have a meeting with Lt Gov offices and the gov offices. I will need to rely on others. If you want to talk more about strategy please let me know.

There is a joint list on Hb 133 please let me know if you want to be included. TPPF supported all the bills on the bipartisan package.

Safety net program bills (Lauren R. CDF, or CDF designee)

Patrick Bresette:

On bill 4334, it directs people that enroll their kids to school it will let them know what benefits they are eligible for. I will love if everyone could add that to the bills they support.

Anne Dunkelberg:

On HB 290 has not been referred to committee. That is our next challenge.

Adriana Kohler:

We had a meeting with Jessica Willson for today and I am nervous about 290. We might need some help. We need the meeting with Lt. Governor, I don't think it's the best time for TCFC to be point of contact there. It'll be great if someone wants to lead charge to reschedule with Jessica.

Helen Kent Davis:



Maybe Cortez of Frank could speak with the It governor.

Senator Menendez Bill on mixed-status families

Anne Dunkelberg:

I mentioned at the beginning that the bill was for legal immigrant adults to access services. It directs HHSC to target mixed status families. It is similar to Rep Gonzalez' bill.

We have about 10 minutes, is there anything anyone wants to talk about? I want to mention that one of our challenges will be figuring out in what form do we continue the OTA section of our meeting. That will be going through some restructuring and hopefully we will have someone to replace Melissa and be involved in that.

Meeting adjourned 12:56