

Texas CHIP Coalition Minutes
Friday, March 27, 2009 - 11:00-1:00 p.m.
Thompson Auditorium, 1st Floor
Texas Medical Association

Attendees: Jennifer Allmon, *Texas Catholic Conference*; Anand Bhat, *Texas Medical Association*; Miryam Bujanda, *Methodist Healthcare Ministries*; Robin Butler, *Children's Hospital Association of Texas*; Shane Casady, *Driscoll Children's Hospital*; Yasas Chandha Tangutun, *UT School of Public Health*; Katie Coburn, *Texas Association of Community Health Centers*; Melisa Creamer, *UT School of Public Health*; Anne Dunkelberg, *Center for Public Policy Priorities*; Kevin Denmark, *Maximus*; Shannon Foster, *Seton Health Plan*; Shelton Green, *Christian Life Commission*; Durquia Guillen, *Any Baby Can*; Patricia Harwood, *MedImmune*; Maria Huemmer, *Texas Catholic Conference*; Helen Kent-Davis, *Texas Medical Association*; Alison Little, *Texans Care for Children*; James Mason, *Texas Impact*; Scott McAninch, *San Antonio Non-Profit Council*; Angela McCoy, *MedImmune*; Maudie Roberts, *UT School of Public Health*; Blanche Rosas, *HHSC*; Morgan Sanders, *March of Dimes*; Melissa Shannon, *CPPP*; RexAnn Shotwell, *insure-a-kid*; Bryan Sperry, *Children's Hospital Association*; Kit Abney Spelce, *insure-a-kid*; Candise Spikes, *Catholic Health Association of Texas*; Stacy Warren, *Texas Medical Association*; Alison Winters *UT School of Public Health*.

Via conference call: Julia Easley, *Children's Medical Center*, Sister J.T. Dwyer, *Seton Family of Hospitals*; Laura Guerra-Cardus, *Children's Defense Fund*; Amy Casso, *La Fe*; Yvonne Maxwell, Catherine Blue, *Acorn*; Carol Huber, *Community First*.

Ms. Dunkelberg called the meeting to order of 11:09 am.

Ms. Dunkelberg formally introduced Alison Little from Texans Care For Children and informed the group that Ms Little has agreed to provide additional support and planning for the CHIP Coalition.

Discussion of House Human Service Committee

The House Human Service Committee held testimony on seven bills dealing with 12 month continuous coverage for Medicaid, and 13 bills addressing the expansion of CHIP to 300% FPL. Laura brought in four families to contextualize the situation – was a tremendous asset – big thanks for doing a great job in organizing this. There was a lot of support for CHIP buy in and 12 month Medicaid. Coalition members who had attended provided positive feedback. The families CDF brought who testified were noted as being particularly useful in providing a personal aspect to the problems associated with the current state of CHIP, Medicaid and the eligibility system. Ms Dunkelberg noted that the hearing served as a great opportunity to highlight the leadership in the House on increasing children's access to health care rather than advocating for a specific bill.

Specific Bills of Interest

SB 841: Expands CHIP coverage to 300% FPL with sliding scale buy-in with a full cost buy-in for those above 300% FPL.

Ms Dunkelberg reported that there some minor changes to the bill draft proposed. One component would require a longer waiting period for families above 200% FPL to prevent crowd out and substitution. Additionally, the existing limitations for higher income families will remain in place. It is anticipated that a 6 month waiting period will not pertain to children transitioning out of Medicaid, spend 10% or more of their income on premiums or have exhausted COBRA. She noted that there was a lot of discussion on Technical issues for assumptions from LBB on the fiscal note, and anticipated that more specific language to smooth out issues and prevent any imbalances for premium costs by family size.

Ms Dunkelberg informed the group that there may be some cap on the number of children enrolled in the full-cost portion of the bill as well as a lock out period for those who let CHIP coverage lapse by failing to pay the premiums. These provisions are meant to prevent families from dropping coverage for their children until they get sick and ensure this portion of CHIP does not become a pool primarily for sick children. Despite these potential changes, Ms Dunkelberg stressed that the bill is still it is consistent with what the Finish Line agenda states. She committed to distributing more information regarding Senator Averitt's SB 841 in time for the hearing in the Senate on April 2nd. (see <http://www.cppp.org/research.php?aid=849>)

HB 1541: Turner's comprehensive bill is the covers the full CHIP agenda, including: increased outreach funding, setting benchmarks for improved performance in the eligibility system for public benefits and increasing eligibility staffing levels at HHSC and extend children's Medicaid to 12 months.

Coalition members expressed some concern regarding the funding of the bill. Ms Dunkelberg noted that there had been some problems with getting information, but felt that the funds for this provision would be there as the expected costs should be fairly low and Reps. Cohen and Dukes are working on a rider to increase staffing levels at HHSC.

SB 66: Nelson's bill would attempt to provide health insurance coverage for children in the State's child support system who are not currently covered through private insurance, CHIP, or Medicaid. Ms Dunkelberg noted the program would likely have limited enrollment, and includes language to ensure kids do not get bounced out of CHIP or Medicaid. The bill does not seem to conflict with Senator Averitt's SB 841.

SB 76: Nelson bill would allow for small businesses in Texas to offer child-only plans to employees. While SB 76 would create new coverage options for some children, it may also allow for the potential substitution of existing adult coverage with coverage for children. The bill may also encourage some small employers to drop the traditional family plans they currently offer employees and replace them with plans that cover children only.

HB 1876: Ms Coburn made the group aware of Representative Chisum's bill which would increase access to primary care by offering \$37.5 million to establish a loan repayment fund for health care professionals working in underserved areas and provide an additional \$12.5 million to expand Federally Qualified Health Centers to serve more uninsured Texans.

SB 6: The Healthy Texas Bill would help small business provide coverage to workers by reducing premiums to near average rates. Additionally the bill would invest public funds to cover some high cost claims and reduce the risk and variability for insurance companies. The Healthy Texas program is modeled after a similar initiative in New York State. The bill has the potential to put private health insurance coverage within reach of many low and moderate income families without access to coverage.

HB 531: Representative Anchia's bill would require insurance companies use at least 75-80% of premiums dollars on medical expenses. The bill is quite technical, and Representatives found difficulty in responding insurance industry stakeholders' testimony. The experience certainly raised concern about the Coalition and other health care advocates to improve education efforts for representatives before hearings.

Ms Dunkelberg requested Coalition members circulate any additional legislative bill they want to share.

Improving Calls to Action

Ms Bujanda said while she was pleased with the current effort in generating momentum for the CHIP agenda, she hoped that the Coalition could strengthen the effort by tracking the effectiveness. Mr. Sperry and Ms Kent-Davis noted they used services that track via email and that this might be an easier way to accurately track correspondence to legislative offices. Group members agreed this would be helpful and Ms Bujanda committed to taking the lead on developing options to improve the communications.

Ms Easley commented that she has experienced problems with legislative staff being dismissive of her calls. She noted that she specifically targets representatives that are on a committee hearing a bill of interest and they suggest that she calls the representative in her district. Ms Abney Spelce stated that she had similar experiences. Ms Allmon suggested that it may be helpful to employ a 'strength in numbers' approach, the staff will be less inclined to discount the message. Mr. Sperry agreed and recommended listening to the feedback the legislative staff provides and integrating it into the next visit on the issue. Ms Easley noted that the CAP-Wiz communications system that Ms Bujanda will be looking into may route calls directly to committee members as well as the local representative's office.

Budget

Ms Dunkelberg opened up discussion on concerns over the budget. Several group members expressed difficulty in following debate over the budget, as documents or even explanations of

where the budget is going have not been well distributed. The LBB assumptions of Medicaid caseloads and cost per client are significantly less than HHSC projections, however, this is not uncommon. For 12-month children's Medicaid, HHSC projects higher enrollments, roughly 285,000 (LBB) as opposed to 376,000 (HHSC), which would take Texas out of 1st (worst) place for uninsured kids. Ms Dunkelberg continued, noting if the funds are available for 12 month Medicaid it would likely come from the enhanced FMAP funds. Members agreed to distribute information. (See: <http://www.cppp.org/research.php?aid=836>)

Dollars and Sense Symposium Update

CDF's Dr. Laura Guerra-Cardus provided an update on the Greater Houston Partnership's Business Symposium entitled *Dollars and Sense: Texas, Taxes and Uninsured Children*. The event was held on March 6th and was well attended by 200 business leaders and some high profile government officials, including: Houston Mayor Bill White, Senator Kay Bailey Hutcheson and Lieutenant Governor David Dewhurst. The symposium focused on who are the uninsured and investigated why this poses a problem for economic growth in Texas. The message focused on preserving the 'Texas Sweet Spot' for Texas businesses: low taxes and low-cost labor force, but the rising number of uninsured threatens this position. The Partnership supports expanding coverage to 500,000 children through 12 month continuous Medicaid, offering a CHIP buy-in provision, increasing HHSC eligibility staffing levels and maximizing federal matching funds. The event received good media coverage, including the *Houston Chronicle*. A white paper will be produced with the outcomes discussed, and distributed across the state within the business community and to public officials.

Dr. Guerra-Cardus concerned over Lt Governor Dewhurst's remarks. His office compiled different cost estimates, and expressed doubt that there are not enough state funds to push for the agenda. Instead he noted that other states are cutting Medicaid, indicating that Texas is ahead of the curve, despite having the highest number of uninsured children in the country. Dr. Guerra-Cardus suggested the Coalition should follow up with the Lt Governor to message appropriately so that he understands the high number of uninsured children is a critical issue.

Outreach & Technical Assistance/Outreach & Eligibility Workgroup

Dr. Guerra-Cardus informed the Coalition that the Outreach and Eligibility Workgroup (previously a function of the CHIP Coalition) has been re-vamped into the Outreach and Technical Assistance Workgroup with the assistance of Pamela Hardin of HHSC. Transitioning to this model has increased the number of stakeholders throughout the state of Texas involved as well as having a permanent support from HHSC. There have been two meetings which have focused on identifying the key barriers of access for eligible families and creating a mission statement. Information will be distributed as the group finalizes details. Dr. Guerra-Cardus explained the group is trying to develop a database and create a listserv to reach out to additional

interested parties. The next meeting will be held April 24th, from 10am-12pm at the Texas Hospital Association.

In Harm's Way Update

Dr Guerra-Cardus informed the group of the upcoming release of the Children's Defense Fund's report *In Harm's Way*. The report focuses on problems with the eligibility system, the benefits of continuous 12 month coverage on Medicaid and the difficulties families earning more than 200% FPL have in obtaining health coverage for their children. Dr Guerra-Cardus thanked all of the members who assisted, by finding compelling family stories. Members can download a copy of the report at:

<http://www.childrensdefense.org/child-research-data-publications/data/in-harms-way-2009.html>

Infant Health Group

Ms Little informed the group of a new infant health group that will meet once a month. She wants to ensure that all interested parties are able to attend the discussion, and will set a regular meeting timetable once scheduling conflicts have been resolved. Interested persons may contact her at alittle@texanscareforchildren.org.

With no other business the meeting ended at 12:58.