
**Sign-On Form for Support of Texas CHIP Coalition Position
for the 79th (2005) Texas Legislative Session**

TEXAS CHIP COALITION

www.main.org/txchip

RETURN THIS FORM:

BY EMAIL: slara@tachc.org

If you reply by email, please fax or mail the signed original to:

BY FAX: (512) 329-9189

BY MAIL: c/o Texas Association of Community Health Centers

2301 South Capital of Texas Hwy.

Building H

Austin, TX 78746

QUESTIONS: Phone (512) 329-5959, Sonia Lara or Anita Mitchell

Our organization wishes to be listed as a member of the Texas CHIP Coalition and in support of the Coalition's position for the upcoming legislative session.

Name of Organization: _____

Is your organization (check one): Statewide _____ Local _____

Contact Person: _____

Email: _____

Address: _____

Phone: _____ Fax: _____

Authorizing Signature: _____

Please complete all items above!

**Even if your group has signed on with the CHIP Coalition in the past,
we must receive this new form in order to list your organization for
the upcoming session.**

Texas CHIP Coalition **Principles for 79th Texas Legislature**

Background

According to the U.S. Census Bureau, Texas has the fastest growing child population in the country, with children up to age 18 increasing by more than 335,000 from 2000 to 2003.ⁱ In 2005, there will be more than 6.4 million children under age 18 living in Texas.ⁱⁱ

Nearly 1 in 3 children in Texas—more than 2.1 million— are covered by Medicaid or the Child Health Insurance Program (CHIP), including half the pre-schoolers (children ages 2-4) and one third of elementary school students (children ages 5-11).

Private health care insurance is unavailable or unaffordable for many working families. According to recent studies, the full cost of private health insurance coverage for a family now averages almost \$10,000 per year.ⁱⁱⁱ

Lack of health insurance coverage is a major barrier to children receiving timely access to health care. Children without health insurance coverage are more likely to delay or not get necessary care, or to use the emergency room for routine care. In 2003, an estimated 1 in 5 children in Texas did not have public or private health insurance coverage.^{iv}

The Texas CHIP Coalition believes that every child in Texas:

- Deserves the opportunity to grow up as healthy as possible,
- Should have health insurance coverage, and
- Needs a “medical home”: a health care provider who serves the physical, mental and developmental health care needs of a growing child through a continuous and ongoing relationship.

To achieve these goals, the Texas CHIP Coalition outlines the following principles.

Outreach and Education

- Texas should commit anew to funding outreach to inform families about the availability of Medicaid and CHIP for children, to educate families about the importance of insurance coverage, and to inform parents about appropriate use of services.
- Texas should preserve and expand the role of Community-Based Organizations in outreach and education. Since CHIP's inception, CBOs across the state have played the lead role in outreach to families, and our historical investment in building local CBO partnerships should be continued.

Comprehensive Benefits

At inception, Texas CHIP adopted a benefit package specially designed for children's needs, including preventive and well child services such as check-ups and immunizations, routine services such as dental and vision care that will help children succeed in school, as well as other medically necessary care including mental health, physician, and hospital services.

Federal law requires comprehensive benefits in the Medicaid program, but not in CHIP. As a part of budget cuts, the 2003 Legislature cut CHIP dental, vision and mental health benefits. These services are essential to supporting healthy children who are productive in school and in the community.

- Texas should reinstate a comprehensive CHIP benefit package appropriate for children by restoring the services that were reduced or eliminated.

Family-friendly Eligibility and Enrollment

Enrolling children in Medicaid or CHIP should be as simple as possible for families. Administrative eligibility and enrollment processes should not become barriers to the provision of medically necessary, high quality care for children. Policies should not penalize families who save for higher education, retirement, or home ownership. Reasonable premiums and co-payments must be commensurate with families' ability to pay.

Texas should:

- Ensure that newborns and uninsured children receive prompt coverage,
- Eliminate waiting lists for medical and family support services for children with special health care needs,
- Restore 12 months of continuous eligibility for children in Medicaid and CHIP,
- Restore income deductions for critical expenses such as child care and child support payments,
- Eliminate the asset limit recently imposed on some CHIP families, and
- Revise CHIP cost sharing requirements to ensure that they are appropriate to families' income levels, and to include convenient options for families who do not have bank accounts.

Provider Participation, the Safety Net, and Restoration of Other Medicaid Cutbacks

Children live and grow up in families, and the health of children can be directly affected by the health and well-being of their parents and other adult family members. For example, mothers without prenatal care are more likely to deliver unhealthy newborns; a parent who smokes harms the health of a child with asthma; and a parent with an untreated mental health problem has consequences for the child.

The increasing number of children covered by Medicaid and CHIP requires a growing supply of primary care and specialty care providers participating actively in these programs. However, many physicians, dentists and other providers are restricting their participation in these programs because of inadequate reimbursement that is well below Medicare and commercial payment rates.

Cutbacks leaving Medicaid reimbursement rates below the costs of providing services have also weakened the capacity of health care safety net providers to continue serving Medicaid and uninsured patients. Eligibility and benefits cuts also increase uncompensated care for public and private health care providers. Texas needs to maximize the return of federal tax dollars to support our health care system, and not shift costs of care for vulnerable populations to local taxpayers.

- Texas should restore benefits and eligibility cutbacks to Medicaid eligible adults made in 2003.
- Texas should restore cuts to Medicaid and CHIP physician and provider payment rates, and improve rates further to increase the numbers of providers who participate, and thereby ensure an adequate provider network to serve the 3 million Texans covered by the programs.

ⁱ <http://www.census.gov/popest/states/asrh/tables/SC-EST2003-02/SC-EST2003-02-48.xls>, September 30, 2004.

ⁱⁱ http://www.hhsc.state.tx.us/research/dssi/00-40_TXProj_AgeGrps.html

ⁱⁱⁱ Texas Department of Insurance, <http://www.tdi.state.tx.us/general/PDF/spgIntBody.pdf>; Henry J. Kaiser Family Foundation, <http://www.kff.org/insurance/7148/>;

^{iv} http://ferret.bls.census.gov/macro/032004/health/h05_000.htm