



Texas CHIP Coalition: 2015 Legislative Principles

Principle 1: To ensure that outreach, enrollment, and the eligibility system are user friendly and support continuous coverage for Texas children and families:

1. Ensure that the Health and Human Services Commission (HHSC) has the resources and support needed to:
 - a. Operate an eligibility system that is fully interoperable with the Health Insurance Marketplace and able to provide “No Wrong Door” access for Texans
 - b. Ensure a robust and diverse network of Community Partners to maximize the benefit of the web portal and increase efficiency and access in the public benefits enrollment process
 - c. Enhance the agency’s capability to provide consumer assistance and ombudsmen services to the growing Medicaid population receiving services through managed care
2. Provide 12-month continuous coverage for Children’s Medicaid and eliminate the CHIP waiting period.
3. Remove unnecessary monthly eligibility reviews for Children’s Medicaid and any other unnecessary or redundant policies and procedures that prevent eligible children from receiving the health care coverage they need to grow and thrive.
4. Extend Medicaid coverage to foster care youth who move to Texas from other states, as Texas did for children living in Texas in 2013.
5. Ensure implementation of an effective hospital presumptive eligibility policy with achievable standards that assist in accessing coverage appropriately.
6. Identify opportunities to improve continuity of health care for women, including:
 - a. Extending Medicaid eligibility beyond 60 days postpartum and extending CHIP perinatal coverage for mothers beyond two postpartum doctor visits
 - b. Ensuring that women who deliver a baby through Medicaid are auto-enrolled into appropriate women’s preventive healthcare services when their Medicaid eligibility expires

Principle 2: To ensure that children can get the health services that they need:

1. Ensure that provider networks in Medicaid, CHIP and private insurance are adequate to meet the needs of children who are healthy as well as children who require highly specialized care.
2. Strengthen provider participation in Medicaid and CHIP by:
 - a. Increasing Medicaid and CHIP health care provider rates to reasonable levels that reflect the cost of delivering services,
 - b. Maintaining parity with Medicare for Medicaid primary care service payments, increased in 2013 and 2014,
 - c. Analyzing Medicaid and CHIP program integrity policies and practices to ensure proper balance between due diligence and administrative burdens, for both providers and clients.

3. Include safety net providers in the Medicaid and CHIP HMO networks, offer them a contract in network, and provide reimbursement methodologies for safety net providers to assure access to the full array of available services offered from that provider.
4. Maintain comprehensive benefits for children in Medicaid and CHIP and avoid benefit and policy changes that make children's coverage unaffordable through cost-sharing obligations that are excessive relative to family income.

Principle 3: To ensure adequate funding for critical health and human services:

1. Avoid policy changes that eliminate the current federal funding partnership guaranteeing that Texas can depend on increased federal funding to reflect both population and inflation growth as well as when greater need occurs in times of economic downturns and major disasters.
2. Preserve revenue for needed health services while improving public health.

Principle 4: To bolster the Texas health care workforce:

1. Increase investments in health care provider education and training programs with particular emphasis on expanding training and residency capacity to ensure that there are enough physicians and other providers to serve our fast-growing population.
2. Maintain funding for the Texas Nursing Shortage Reduction Program, a program that incentivizes increasing the number of nursing graduates in the state.
3. Invest in and develop innovative ways to recruit and retain mental health professionals at all levels of care.
4. Ensure that all available funding for the physician and dental loan repayment programs be appropriated to encourage more physicians and dentists to practice in medically underserved areas and other areas of need for the Medicaid and CHIP populations.

Principle 5: To improve the value of state spending by supporting practices that improve the quality and outcomes of care for children, mothers, and newborns:

1. Ensure adequate resources for the Maternal Mortality and Morbidity Task Force and ongoing support for Fetal, Infant and Child Fatality Review Programs.
2. Ensure access to critical maternal and neonatal services through:
 - a. Continued support for Neonatal Intensive Care Unit (NICU) policies and procedures that promote American Academy of Pediatrics (AAP) levels of care.
 - b. Support for maternity services that reflect best practices identified in current, peer-reviewed obstetrical literature.
3. Continue collaborative, evidence-based efforts with physicians, hospitals and other stakeholders to reduce preventable preterm births, including:
 - a. Providing low-income women with preventive care before and between pregnancies
 - b. Eliminating non-medically necessary early elective deliveries while also ensuring the provider network is not jeopardized
 - c. Strengthening access to prevention, intervention, and treatment services to address substance use among pregnant women and substance-exposed infants
4. Improve maternal and child health outcomes through:
 - a. Continued expansion of and support of home visiting
 - b. Continued efforts to support breastfeeding and increase continuity of care by increasing access to education, resources, and services for breastfeeding moms

5. Increase access to comprehensive, quality health care for moms and other uninsured women by closing the Coverage Gap for Texas women who make too much to qualify for Medicaid and too little to qualify for premium tax credits in the Health Insurance Marketplace.

Principle 6: To improve the health and well-being of Texas children by maximizing opportunities to connect entire families with affordable health care:

1. Take timely advantage of the flexible options available under federal law for Texas to close the Coverage Gap.
 2. Consider the positive impact on child and family well-being if low-income parents of children in Texas Medicaid could also access care.
 3. Assess the economic impacts of closing the Coverage Gap for state and local government budgets, including job creation, local and state revenue gains, reduced employer tax penalties, and offsets to current local and state health, mental health, and criminal justice costs.
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Organizations signed on as of January 5, 2015:

American Congress of Obstetricians and Gynecologists
Any Baby Can of Austin, Inc.
Center for Public Policy Priorities
Children's Defense Fund
Children's Hospital Association of Texas
CHRISTUS Health
League of Women Voters of Texas
March of Dimes

Methodist Healthcare Ministries
One Voice Central Texas
Texas Association of Community Action Agencies (TACAA)
Texans Care for Children
Texas Dental Association
Texas Hospital Association
Texas Pediatric Society
United Ways of Texas