



**House Select Committee on Health Care Reform**  
**Texas Public Health Coalition Written Comments**  
*October 3, 2022*

Honorable Chair Harless, Vice Chair Rose, and esteemed members:

Thank you for the opportunity to submit comments on behalf of more than 30 organizations of the Texas Public Health Coalition (TPHC). We appreciate this committee prioritizing the health of Texas children and families by improving Medicaid and CHIP enrollment and addressing delayed care's impact on costs, lives, and wellbeing.

**Reaching Eligible Enrollees for Medicaid and CHIP**

To improve outreach to eligible families for Medicaid or CHIP enrollment, TPHC recommends the state conduct a sustained, robust outreach and enrollment campaign, which also prioritizes rural areas of Texas. We need to reach people where they are, within their communities, employ neighbors they know and trust, and conduct outreach that informs, assists, clarifies, and simplifies the program and enrollment process. Supporting efforts such as the [Texas Community Partners Program](#), having express lane eligibility processes in place, and proactively enrolling newborns are all strategies that can effectively improve enrollment into Medicaid and CHIP for those eligible.

Ending the federal public health emergency (PHE) is also of concern and will result in the unwinding of Medicaid continuous eligibility for 2.7 million Texans. Because of the pandemic, this policy has been in place for more than two years following the passage of federal COVID-19 legislation in 2020, which increased Medicaid funding to states in exchange for keeping people covered on Medicaid throughout the PHE. When it expires, Texas will be required to redetermine the Medicaid eligibility of everyone currently enrolled – a requirement we do not question. However, Texas must implement a thoughtful, staged, and accurate strategy to avoid inadvertently terminating coverage for anyone still eligible for Medicaid or another state or federal program, which could create confusion and increase costs across the health care delivery system. Already, Texans experience difficulty updating their Medicaid information or enrolling in the program – even if eligible – because of many unnecessary hoops and outdated systems.

Without controlled unwinding, Texas' health care system will be thrown into unnecessary chaos, disrupting care to patients.

**Impact of Delayed Care**

During the COVID-19 pandemic, many Texans delayed crucial preventative health care services, exacerbating already low primary care access rates. Though rates of preventative care services rebounded in 2021 compared to the acute drops in 2020, well-care visits – which include immunizations, prenatal care, and screenings for chronic diseases, behavioral health, tobacco prevention, and cessation – have not

fully recovered to pre-pandemic levels. The effects of delayed preventative care on such important health issues can have a profound impact on costs, health, and Texans' ability to thrive and enjoy their lives.

### **Immunizations:**

Many Texans delayed getting their routine immunizations during the COVID-19 pandemic, such as for measles, polio, whooping cough, and other vaccine-preventable diseases. For example, about 1 in 135 kindergarten students in Texas are behind on their measles shots.<sup>1</sup> Texas has seen measles outbreaks in multiple counties as recently as 2019.<sup>2</sup> Right now, health care professionals are having to play catchup with their patients to provide them with the immunity they need, especially to prevent infectious disease outbreaks within their communities. Texas has historically struggled to vaccinate our population against influenza; and, given delayed care and COVID-19 still circulating, our communities are still at risk for a potential "twindemic" of both COVID-19 and influenza that may overwhelm our hospitals and health care system. The costs of vaccine-preventable disease outbreaks, whether they are costs in well-being, productivity, or lives – are not worth it. The state is also currently facing issues with vaccine exemptions on the rise, and students are missing required vaccinations. The percentage of K-12 students in Texas with at least one conscientious exemption has increased by nearly 200% since 2011.<sup>3</sup> Having health insurance and access to health care plays an important role in people receiving the preventative care and vaccinations they need. According to the Centers for Disease Control and Prevention, children who are uninsured and living below the poverty level are most likely to be missing doses of recommended vaccines by their second birthday.<sup>4</sup>

As the state prioritizes preventing vaccine-preventable diseases, TPHC recommends the following regarding immunizations:

- Further investment in maintaining a strong Adult Safety Net (ASN) Program. ASN is an indispensable service for uninsured adults, allowing them to access potentially life-saving vaccinations.
- Additionally, we recommend modernizing ImmTrac2. The Texas immunization registry must provide current, accurate, and granular information to allow the state to better gauge a school's or community's vulnerability to disease outbreaks.
- Texas should ensure ImmTrac2 data is bidirectional and interoperable with school health systems. We also strongly support making ImmTrac2 "opt-out" versus "opt-in," which will save dollars by reducing staff needed to validate "opt-in" entries.

### **Prenatal Care:**

The COVID-19 pandemic has reinforced the need for ongoing, coordinated quality improvement and educational initiatives to improve maternal health outcomes. Ensuring comprehensive, preventative health care for all women of childbearing age, infants, and children needs to continue to be a priority. Research has shown that preventive health measures can improve individual and public health while saving health care dollars.

While we still wait to see the findings of Texas' MMMRC and its recommendations to state leadership, the latest national data show the challenges to maternal and infant health include substance use, mental health, and infectious disease. Analysis of 2019 survey data found that 6.6% of women reported prescription opioid use during pregnancy. Among these women, 21.2% reported misuse (obtaining from a source other than a health care provider or using for a reason other than pain), 27.1% wanted or needed to cut down or stop using, and 31.9% reported not receiving provider counseling about how use could affect an infant.<sup>5</sup>

Congenital syphilis (CS), a preventable chronic infectious disease, increased 261% from 2013 to 2018 (from 362 to 1,306 cases), according to Centers for Disease Control and Prevention (CDC) surveillance data. CDC says as many as "40% of babies born to women with untreated syphilis may be stillborn or

*die from the infection as a newborn.*” Additionally, a child may develop later complications, including visual, hearing, or neurological impairments. The increase in CS is attributable to inadequate treatment for mothers (31% of CS cases), followed by a lack of prompt prenatal care (28%). Of the 1,306 CS cases in 2018, nearly nine in 10 occurred in the southern or western regions of the U.S.<sup>6</sup>

Our organizations strongly recommend that the state *at least* maintain investments in the maternal health initiatives it currently funds. There are clear areas that with appropriate state support can make a difference in maternal and child health: (1) access to care, (2) behavioral health prevention and treatment, (3) quality improvement and educational initiatives, and (4) public health programming.

### **Behavioral Health:**

Delayed care has had a significant impact on behavioral health. Often, behavioral health issues are first addressed in the primary care setting, where patients consult with their health care provider whom they have built a long-term, professional, trusting relationship with over years of care. Providing quality health care may include screening for mental and behavioral health concerns, especially for that of children. When patients miss visits, it can cause a ripple effect, which can impact their mental health and cause developmental concerns.

Medicaid and the Children’s Health Insurance Program (CHIP) play an essential role in delivering mental health services for both adults and children. Pre-pandemic, 15% of all Texans were enrolled in Medicaid, most of them children, parents, and pregnant women who face economic hardships. Medicaid covers 53% of pregnant women, while Medicaid and CHIP together insure 43% of children. (As a result of the public health emergency, Medicaid enrollment grew. These figures do not reflect changes in enrollment due to COVID-19.) Through these programs, patients can receive behavioral health assessments, interventions, and treatment. However, 12.7% of Texas children lack health insurance, despite many being eligible for Medicaid or CHIP, but not enrolled.

During the 87<sup>th</sup> legislative session, Texas appropriated \$8.44 billion across 25 state agencies to fund behavioral health-oriented programs,<sup>7</sup> including additional funding for the Texas Child Mental Health Care Consortium (Consortium), established by lawmakers in 2019. The Consortium’s mission is to “Advance mental health care quality and access for all Texas children and adolescents through inter-[academic] institutional collaboration...” Among its services are the [Child Psychiatry Access Network \(CPAN\)](#),<sup>8</sup> which provides training and virtual psychiatric or mental health professional consultations to primary care physicians and other providers, and the [Texas Child Health Access Through Telemedicine \(TCHAT\)](#) program,<sup>9</sup> which provides in-school behavioral telehealth care to at-risk children and adolescents. Last year, lawmakers also allocated federal funds to pilot a Perinatal Psychiatric Access Network (Peri-PAN) to improve the treatment of perinatal mental health needs among pregnant and postpartum women.<sup>10</sup> Despite their short existence, both CPAN and TCHAT have proven their value to Texas children and families, providing a much-needed bridge to address severe gaps and deficiencies in the state’s mental health care system. We need to continue to support these efforts to address the behavioral health needs of Texans.

### **Screening for Chronic Diseases and Obesity:**

The COVID-19 pandemic has shed light on just how vulnerable Texas’ population is, with a growing number of residents aged 65 and older<sup>11</sup> and a large proportion of people with chronic diseases such as diabetes, heart disease, and obesity. The top 10 leading causes of death in Texas include heart disease, cancer, stroke, Alzheimer’s disease, and diabetes.<sup>12</sup> Individuals with underlying chronic conditions such as diabetes, heart disease, obesity, and others are at an increased risk for severe illness or even death as a result of COVID-19.<sup>13</sup> We recommend continued health promotion and chronic disease prevention efforts to encourage Texans to be physically active, make healthy food choices, get their routine health screenings, and other strategies to prevent chronic illnesses. Investment in these efforts helps avoid high medical costs and promotes future savings overall for our state.

We also must be cognizant of the impact COVID-19 had on the overall health, mental wellbeing, and healthy weight management of Texans. Obesity impacts children, chronic illnesses for all people, mental health, and can be a predictor of other downstream negative outcomes. Despite the continued increase in the prevalence of obesity and the acknowledgment by the medical field that obesity is a disease, many individuals continue to view obesity as a lifestyle choice or personal failure. It is time for a paradigm change, and for all public and private health plans to adopt a comprehensive benefit approach toward treating obesity. Individuals affected by obesity should have the same access to care as other recognized disease states: screening and treatment of obesity from a diverse range of health care providers who specialize in obesity care, coverage of FDA-approved anti-obesity medications, and access to surgical treatment options.

Delayed access to preventative care has an immense impact on obesity. Lack of health insurance coverage is especially linked to delayed care and treatment. One retrospective study shows that preventive measures result in a higher percentage of weight loss among a study population.<sup>14</sup> Obesity can result in other health care conditions that can be costly and difficult to manage/treat. Therefore, it is important to prioritize primary care and educational interventions targeting healthy practices at an earlier stage. Moving forward, TPHC recommends the following priorities to be considered:

- Ensure all Texas children have access to a well-rounded education which includes recess, physical education, and instruction on health.
- Eliminate food insecurity exacerbated by the COVID-19 pandemic; increase Texans' access to healthy foods and decrease their risk of obesity.
- Maintain and strengthen Texas' current public health and educational infrastructure to address obesity.

### **Cancer Screening and Tobacco Use/Vaping:**

An estimated 9.4 million cancer screenings were foregone or delayed in the US during 2020,<sup>15</sup> which no doubt has had a profound impact on early detection of cancer, disease progression, and morbidity and mortality. Tobacco use remains one of Texas' most preventable causes of death, with 27% of cancer deaths in Texas attributable to tobacco.<sup>16</sup> As such, TPHC remains concerned with the high rates of e-cigarette use among youth and the impact on their current and future health. In 2021, 11.3% of U.S. high school students and 2.8% of middle school students reported current use of e-cigarettes<sup>17</sup>. E-cigarettes are the most used tobacco product among teens and have been since 2015<sup>18</sup>. In 2021, almost 40% of Texas high school students reported they had previously used an electronic vapor product at least once, 18.7% indicated use within 30 days of the survey, and 5.7% reported near-daily use.<sup>19</sup>

Preventative care and access to early education about the effects of tobacco use and vaping can help reduce rates of child and adolescent substance use. The state and Texas school districts must consider regulatory procedures as well as how to assist and prevent students from vaping. When considering e-cigarette use, a major concern for youth is nicotine addiction and dependence, which can lead to lifelong tobacco use. 90% of adult cigarette smokers began smoking before the age of 18, and the adolescent brain is more susceptible to nicotine addiction.<sup>20</sup> To curb the e-cigarette epidemic among students, TPHC recommends the following action items:

- Taxing e-cigarettes at a meaningful percentage of their price is comparable to the taxation of conventional cigarettes.
- Ensure retailers are compliant with state law and are not selling to underage people.
- Increase the investment in the state efforts to eliminate vaping and tobacco usage among teens by utilizing funds from tobacco settlements, including those of the recent JUUL settlement.
- Promote effective programs like Quitline, which equips smokers with the tools they need, or "Say What!", a youth-focused program encouraging peer-to-peer support to avoid tobacco use.

- Encourage school districts to strengthen tobacco education efforts aligned with state and national standards and address underlying addiction issues with research-based interventions in any district enforcement policies.
- Make sure any flavored tobacco products, including e-cigarettes, that the FDA has not approved are appropriately taken off retailer shelves.
- Ensure tobacco cessation funding by supporting the DSHS LBB Exceptional Item 5 (Reducing the Impact of Preventable Disease) to address the threat of youth tobacco use in Texas.

TPHC urges the state to implement a public health messaging campaign to encourage Texans to go back to their health care providers' offices, get their checkups, and catch up on their preventative care, including their well-care child checkups, immunizations, screenings for chronic diseases, behavioral health, and tobacco prevention and cessation. DSHS has sent a strong message to Texans about the importance of preventive measures, including vaccines, in the wake of the COVID-19 pandemic. Now as we deal with the aftermath of delayed care due to the pandemic, DSHS can pivot their messaging to ask Texans to consider making preventative care appointments, while encouraging providers to help remind patients to check-in.

**Access to Insurance and its Impact on Delayed Care**

Lastly, TPHC would like to point out that 5.4 million Texans – more than the population of Arkansas and New Mexico combined – lack health insurance at all, resulting all too often in delayed or forgone care due to costs. Every day, Texans have to make tradeoffs when confronted with health care services they cannot afford, such as skipping medications or health care services. Sadly, we have seen firsthand the tragic, even deadly, consequence of delayed or forgone care. Not only can it result in financial harm stemming from missed work or lower productivity, but long-term disability or death. Texas must enact a comprehensive plan to reduce its rate of uninsured. Texas' rising rates of uninsured have a profound human, social, and economic impact on your constituents. Decades of research show the lack of health care coverage not only poses serious health consequences but also contributes to higher health care costs and curtailed job growth. Insured women have healthier pregnancies and healthier maternal and infant outcomes, reducing Medicaid costs. And more insured Texans contribute to lower health care premiums for everyone. Some strategies to address the rising number of uninsured in Texas include:

- Pursue federal dollars to design a health care coverage initiative for Texans by Texans to increase coverage among working-age adults and parents;
- Extend Medicaid postpartum coverage to a full 12 months;
- Mitigate potential gaps in health care coverage during the Medicaid continuous eligibility “unwinding” by ensuring an effective, timely, and organized process to redetermine eligibility;
- Enhance coverage under Texas' Breast and Cervical Cancer Treatment Program; and
- Conduct a sustained, robust outreach and enrollment campaign to ensure all Texans eligible for Medicaid or the Children's Health Insurance Program (CHIP) are enrolled.

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TPHC appreciates the efforts of this committee to find ways to ensure those eligible have access to health care through Medicaid and CHIP and by addressing the deleterious impact of delayed care on Texas families. Thank you very much for the opportunity to comment. Should you have any questions, please do not hesitate to contact Kaavya Venkat, Coordinator, Texas Public Health Coalition, at [Kaavya.Venkat@texmed.org](mailto:Kaavya.Venkat@texmed.org), and Matt Dowling, Director, Public Affairs, Texas Medical Association, at [Matt.Dowling@texmed.org](mailto:Matt.Dowling@texmed.org).

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- <sup>2</sup> Texas Department of State Health Services, <https://www.dshs.texas.gov/IDCU/health/Alerts/Measles-Health-Advisory071019.pdf>
- <sup>3</sup> Texas Department of State Health Services, <https://www.dshs.texas.gov/immunize/coverage/Conscientious-Exemptions-Data.shtm>
- <sup>4</sup> CDC, <https://www.cdc.gov/mmwr/volumes/69/wr/mm6942a1.htm>
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- <sup>8</sup> <https://www.childrens.com/for-healthcare-professionals/refer-a-patient/provider-resources/cpan>
- <sup>9</sup> <https://www.bcm.edu/community/healthcare-outreach/mental-health/texas-child-mental-health-care-consortium/texas-child-health-access-through-telemedicine>
- <sup>10</sup> <https://tcmhcc.utsystem.edu/peripan/>
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- <sup>16</sup> <https://www.tobaccofreekids.org/problem/toll-us/texas>
- <sup>17</sup> <http://dx.doi.org/10.15585/mmwr.mm7039a4>
- <sup>18</sup> <https://sph.uth.edu/research/centers/dell/project.htm?project=eba3915a-f124-4b88-a045-a35b1f07a730>
- <sup>19</sup> Texas Department of State Health Services. 2021 Texas Youth Risk Behavior Survey Data. Austin, Texas: Texas Department of State Health Services, 2022. Email correspondence Aug. 29, 2022.
- <sup>20</sup> <https://publications.aap.org/pediatrics/article/143/6/e20182741/37188/>