



CHILDREN'S HEALTH  
COVERAGE COALITION  
FORMERLY THE CHIP COALITION

**Children's Health Coverage Coalition**

November Meeting Minutes

November 17, 2017

**Present:**

Courtney Seals, HHSC  
Mary Allen, TACHC  
Melissa Helber, RST/CTOR  
Mimi Garcia, TACHC  
Emily Price, NASW  
Helen Kent Davis, TMA  
Michelle Romero, TMA  
Adriana Kohler, Texans Care for Children  
Anne Dunkelberg, CPPP  
Clayton Travis, Texas Pediatric Society  
Patrick Bresette, Children's Defense Fund Texas  
Laura Guerra-Cardus, Children's Defense Fund Texas

**Conference Line**

Celia Kaye, League of Women Voters  
Johnna Blount, Texas Children's Health Plan  
Melissa McChesney, CPPP  
Christine Yanas, Methodist Healthcare Ministries  
Betsey Coates, Maximus Outreach  
Alice Bufkin, Healthy Futures of Texas  
Frank - Central Texas Health

**Invited Guests:**

Stephanie Muth, HHSC  
Gina Carter, HHSC  
Erika Ramirez, HHSC

*Chair:*

*Meeting Scribe:*

*Next Meeting:*

Clayton Travis, Texas Pediatric Society  
Jessica Giles, Children's Defense Fund Texas  
December 15, 2017

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**1. Interim Charges (11:00 a.m. — 11:40 a.m.)**

**Clayton Travis:**

- There have already been Harvey-related interim charges and a handful of general interim charges. Traditional interim charges are expected to begin in January.
- [See Interim Charges Handout]

**Helen Kent Davis on December Cost Containment Rider Report:**

- There is a Medicaid cost containment rider report due in December. They will not be taking stakeholder involvement until it's been released in December.

**Clayton Travis:**

- The report is a new requirement, which provides more transparency. CHC Coalition should look at next steps to take at December meeting so that Coalition can make a statement on it.

**Anne Dunkelberg on Human Services Charges:**

- In the charges, there is no language that looks into the eligibility language that has been brought up by health advocates. Working on compiling materials related to continuous eligibility, income checks, and alignment issues.

**Alice Bufkin on Women's Health & Birth Outcomes Charges:**

- Health Futures of Texas had very comprehensive recommendations that weren't fully covered in charges. Overall, the group is happy to see a charge focused on women's health. Good to see that they are looking at services provided, provider capacity, enrollment and transition between programs.

**Adriana Kohler on Substance Use and Addiction Charges:**

- Texans Care for Children is having three events to look at substance use and addiction and its impact on kids. December will look at parent's substance use and its impact on children. A lot of stakeholders are coming together to talk about current challenges and developing the right message to stay away from criminalizing moms and really focusing on the effects.

**Clayton Travis on Health Insurance Markets Charges:**

- We need to pay attention to these charges to make sure key protections are not waived. Cover Texas Now also working closely with these charges.

**Anne Dunkelberg on 1332 waivers:**

- Currently, 1332 waivers are only for Marketplace-income population. Committee will probably be interested in looking at something broader.

**Mimi Garcia:**

- CMS is interested in streamlining 1332 waiver and 1115 waiver to make it easier.

**Clayton Travis:**

- Will look at this more at Interim Charges at the December meeting. Interim charges still need to be filtered for prioritization. Need to start thinking about meeting with staff members.

## **2. Open Enrollment Update (11:40 a.m. — 12:00 p.m.)**

**Melissa McChesney:**

- [See Handout] Handout compares last year to this year with a one-day difference. Only US numbers are available, do not have local numbers yet. These numbers are a testament to the great work that we've put in. Even with all of those obstacles, we're still seeing an increase in an enrollment. BUT, we need to see this increase since we only have half the time to get people enrolled. Will not see final members enrolled until the end of December. Cover Texas Now Toolkit is out. Sending out weekly emails as well. Auto-enrollment bump is expected to go smoother than previous years. No estimate on

how many will likely part of the auto-enrollment bump, but an estimate is likely available somewhere. Detailed demographics are typically not available until Early Spring. Last year's numbers are available as estimates.

### **3. CHIP Funding Update from HHSC (12:00 p.m. — 12:30 p.m.)**

**Stephanie Muth:**

- [See Timeline Handout]
- Conversations are happening at all levels. HHSC is trying to be flexible. At some point, HHSC will have to move forward with the unwinding of the CHIP program, if no efforts are fruitful. Texas has enough funding to continue CHIP to the end of January. Depending on reallocation, funds could be available until the end of February. Will know about reallocations by mid-December, we will know, but that's too late. \$90 Million of \$190 million is what is needed to continue through February and Texas is trying to get \$90M assured. Have put in an official request asking and are waiting to hear back, but CMS is currently focusing on states that are running out now. If nothing happens, the system will deny people starting **December 14th**. Denial notices and notices to existing clients will go out to existing clients on **December 22nd**.

**Helen Kent Davis:**

- Will the notices have anything about the chance that it might get renewed?

**Stephanie Muth:**

- HHSC is drafting this language for the notices currently. The notices will hopefully include some language about this.

**Laura Guerra-Cardus:**

- If the program is eventually renewed, will HHSC send new notices out to the families?

**Stephanie Muth:**

- Yes. HHSC is really hoping to get the \$90M commitment from CMS, because otherwise, multiple notices will likely have to be issued. Dec. 9th is the date that reallocation needs to be assured by to keep from beginning the process. Hopefully there will be no reversal, but looking at how to do this. Reallocation money comes from unexpended balances—money that hasn't been spent that was already authorized by Congress and then gets redistributed by states. August estimate was that Texas would get \$190M, so asking for \$90 is well-under. Aiming for February to Congress more time to act.
- This timeline has been communicated with members and CMS. One key takeaways is that the timeline can shift based on funding availability.

**Laura Guerra-Cardus:**

- Are there other potential sources of funding?

**Stephanie Muth:**

- Appropriations bill reads like we don't have the authority if federal funds are available. LBB would need to speak towards the options for other funding.

**Clayton Travis:**

- CHCC will try to engage with LBB.

**Clayton Travis:**

- Is there a monthly estimate of how much it would take to go forward after February?

**Stephanie Muth:**

- Roughly \$200 million per month.

**Patrick Bresette:**

- What does front line staff know about what is going on?

**Stephanie Muth:**

- Have specifically had conversations with call center staff.

**Gina Carter:**

- Haven't communicated anything to the field staff yet, because the likelihood that it will pass. Haven't communicated broadly and there hasn't been a spike to 211.

**Anne Dunkelberg:**

- Melissa has done a fact sheet to send out to navigators and CACs, will share with HHSC.

**4. Federal Updates (12:30 p.m. — 12:50 p.m.)**

**Anne Dunkelberg on Federal Budget:**

- It is all very confusing right now because there is a budget, tax plan, and so much going on. There's no good news for Medicaid, CHIP, or ACA in either bills.
- Some promising news on CHIP. Got confirmation of receipt from Governor's and Cornyn's office. Received some thanks from governor's office.

**Clayton Travis:**

- CHCC has a raised profile from being outspoken on CHIP.

**Laura Guerra-Cardus on Tax Plan:**

- Bottom line is that it's very important for healthcare advocates to get involved with the tax plan. Cuts in the tax plan are larger and worse than the ACA bill. This bill is setting up really bad outcomes for healthcare: \$1.5 trillion dollars added to the deficit, which is the same amount that has been proposed to be cut from Medicaid and Medicare. Even though we're not tax advocates, this is important.
- A few days ago, Senate committee added repeal of ACA individual mandate. CBPP came out with an assessment- repealing individual mandate increase premiums by 10%, creates more market instability, projected that by 2025 there will be 13 million uninsured individuals. Projected to impact sign-ups for employer and Medicaid coverage as well.
- Thinking about adding Alexander-Murray bill to the tax bill to make things seem stable, but AM won't undo any of the harmful effects caused by repealing individual mandate. Individual mandate is a lot harder to plan for. AM only funds CSRs until 2019, so will not go very far.
- Premiums will decrease by silver plans, but increase for bronze and gold. By 2020, premiums will increase in all the levels.
- Only have a few weeks to make an impact on this. Expectations are that Senate will vote on tax bill right after thanksgiving. Looking at organizing phone banks to get constituent calls to our senators. Possible that there won't be a conference committee on this bill. Hoping to have it on the president's desk by December.

**Anne Dunkelberg:**

- What are national groups doing to push back to tax plan?

**Mimi Garcia:**

- It feels like political capital is wearing pretty thin and grassroots have limited bandwidth. Many are fatigued by all of the different fights.

**Anne Dunkelberg:**

- Opposition may have to come from individuals objecting to these big cuts rather than institutional players.

**Laura Guerra-Cardus:**

- There have been two large organizational steps so far
  - [Joint Letter from Healthcare Providers](#)
- Senate included the Individual Mandate piece because they need the savings. If they can't include IM piece, the tax bill will likely be delayed. Have asked for state provider groups to mirror similar letters. 2nd letter with statements from chronic disease and other medical groups.

**MiMi Garcia on Community Health Center Funding:**

- Bill that started out as Champion Act in the house got combined with Healthy Kids Act (CHIP bill). Passed through House right at start of November. Moved over to Senate, was referred to Senate Finance, and has remained there. Likely will be taken up after Thanksgiving, following the tax plan. Not clear if House bill or separate bill will be presented. Committee already passed a CHIP bill on the Senate side.
- Some health centers had a mistake notice go out about beginning wrapping up grants. It was pulled back by HRSA. Whether it was a mistake or not, this shows the letter is written and ready to go out. Working to keep people motivated about it. Picking up calls after Thanksgiving when a bill get scheduled. Still looking at two years of funding. Some indication that it could happen before December 1, but that also means tax plan is done by December 1.

**5. Update on Detained Undocumented Children(12:50 p.m. — 1:00 p.m.)**

**Anne Dunkelberg:**

- There as a 10 year old child with Cerebral Palsy detained in San Antonio. There has always been the problem of kids along Texas/Mexico border needing to travel to hospitals to get treatment and specialty care. 20 years ago, you could get a letter to cross immigration checkpoints. No longer happening and there have been two recent cases where children needed urgent treatment. In Sept, parents had to turn themselves in after surgery. Rosa Maria was undocumented, as well as her parents. They came across border early in life to connect her to care. She needed emergency gallbladder surgery. The family sent adult US citizen cousin with her to cross checkpoint. After surgery, she was sent to detention and unable to see her parents for two weeks.
- Written policy put into writing during Obama administration that you won't have immigration in certain sensitive locations. There are ongoing disputes about whether these two cases are violations of this writing.
- There is room to move into this space for those of us in healthcare world who don't usually get involved in this because it impacts many Texas children. 34% of Texas Children have 1 or more non-US citizens. There is currently legislation that takes this

language and puts it into law- *HR 1815/S 845*. NILC has a toolkit specifically for the healthcare side of it. Have had webinars for providers and activists.

- [CPPP Blog Post](#)

**Adriana Kohler:**

- Having an ongoing discussion about this, so when something comes up, we have more information about it.

**Melissa Helber**

- Refugee resettlement community is interested in being part of this conversation. There are a lot of folks who want to be involved.

**Next Meeting: December 15**



## Relevant 2017-2018 Interim Charges

Interim Charges broken into the following categories:

- Health coverage, Health Access, and Medicaid Managed Care
- Women's Health and Birth Outcomes
- Early Childhood Intervention (ECI)
- Trauma and Children's Mental Health
- Substance Use and Addiction
- Foster Care
- Health Insurance Markets
- Telehealth and Rural Health
- Tax Reform, Revenue, and Rainy Day Fund

## Health Coverage, Health Access & Medicaid Managed Care

### House Committee on Appropriations

4. Monitor the ongoing implementation of S.B. 20 (84R), S.B. 533 (85R), and S.B. 255 (85R), as well as Article IX, Sections 7.04, 7.10, and 7.12 of the General Appropriations Act. Study the **processes by which state agencies award, execute, manage, and monitor state contracts**, and make recommendations on whether any changes are necessary to safeguard the best interest of the public and state. Evaluate measures utilized to determine vendor performance, and make recommendations on how to improve vendor selection and performance. When reviewing the Health and Human Services Commission's (HHSC) managed care contracts, determine if HHSC has adequate data, staff, and processes to provide appropriately rigorous contract oversight, including but not limited to the use of outcome metrics. Consider whether HHSC properly enforces contractual sanctions when managed care organizations (MCOs) are out of compliance, **as well as how HHSC uses Medicaid participants' complaints regarding access to care to improve quality.**

11. **Monitor Congressional action on federal healthcare reform and CHIP reauthorization.** Identify potential impacts of any proposed federal changes. Identify short- and long-term benefits and challenges related to converting Texas Medicaid funding to a block grant or per capita cap methodology. Determine how Texas should best prepare for federal changes, including statutory and regulatory revisions, as well as any new administrative functions that may be needed. Explore opportunities to increase the state's flexibility in administering its Medicaid program, including but not limited to the use of 1115 and 1332 waivers.

18. Monitor the agencies and programs under the Committee's jurisdiction and oversee the implementation of relevant legislation passed by the 85th Legislature. In conducting this oversight, the Committee will also specifically monitor:

- a. All activities and expenditures related to Hurricane Harvey;
- b. Any lapses in funding at the Department of Family and Protective Services (DFPS) or the Health and Human Services Commission (HHSC) **for prevention and early intervention, and/or behavioral health services;**
- c. **Implementation of therapy rate increases and policy changes at HHSC;**
- d. Ongoing impact of critical-needs funding at DFPS;
- e. **Medicaid cost-containment efforts;**
- f. Implementation of a capitated correctional managed healthcare rate;
- g. [non-relevant charges deleted]

#### House Committee on Human Services

2. Review the history and any future roll-out of Medicaid Managed Care in Texas. Determine the impact managed care has had on the quality and cost of care. In the review, determine: initiatives that managed care organizations (MCOs) have implemented to improve quality of care; **whether access to care and network adequacy contractual requirements are sufficient; and whether MCOs have improved the coordination of care. Also determine provider and Medicaid participants' satisfaction within STAR, STAR Health, Star Kids, and STAR+Plus managed care programs.** In addition, review the Health and Human Services Commission's (HHSC) oversight of managed care organizations, and make recommendations for any needed improvement.

6. Monitor the HHSC's implementation of **Rider 219** in Article II of the General Appropriations Act related to **prescription drug benefit administration in Medicaid**. Analyze the role of pharmacy benefit managers in Texas Medicaid.

#### House Public Health

8. Monitor the agencies and programs under the Committee's jurisdiction and oversee the implementation of relevant legislation passed by the 85th Legislature. In conducting this oversight, the Committee will also specifically closely **monitor the implementation of H.B. 10 (85R), H.B. 13 (85R), and S.B. 292 (85R).**

#### Senate Finance Committee

*Monitoring:* Monitor the implementation of the following funding initiatives:

- Health Care Costs Across State Agencies, Monitor coordination efforts among state agencies to **improve health care and reduce costs** pursuant to Article IX, Section 10.06 and Section 10.07
- Behavioral Health, Monitor the state's **progress in coordinating behavioral health services and expenditures** across state government, pursuant to Article IX section 10.04, including the impact of new local grant funding provided by the 85th Legislature.
- (Non-relevant monitoring charges deleted)

*Article IX, Sec. 10.06. Analysis of Certain Healthcare Data.*



*(a) Out of funds appropriated elsewhere in this Act, the Health and Human Services Commission shall coordinate with the Department of State Health Services, the Employees Retirement System of Texas, the Texas Department of Criminal Justice, and the Teacher Retirement System to develop recommendations and a comprehensive plan for an integrated health care information system that can be used to compare data related to the healthcare systems funded by appropriations made to these agencies. The integrated system should allow the state to collect and analyze data on utilization, cost, reimbursement rates, and quality in order to identify improvements for efficiency and quality that can be implemented within each healthcare system. In the development of recommendations and comprehensive plan, the agencies shall consider differences in population, acuity, and other necessary factors between systems, potential for expansion of existing healthcare data integration initiatives, the use of existing health claims data sources, and the collection of new inpatient and outpatient claims data.*

*(b) The agencies shall meet at least bi-monthly to develop these recommendations and shall consult with the Department of Information Resources and the Legislative Budget Board. The agencies shall submit a report to the Legislative Budget Board and the Governor no later than May 1, 2018 that includes the cost of the recommendations and comprehensive plan as well as any necessary statutory changes and potential impacts to data governance planning at each agency.*

*Sec. 10.07. Cross-agency Collaboration on Value-based Payment Strategies.*

*The Health and Human Services Commission, the Employees Retirement System of Texas, and the Teacher Retirement System shall collaborate on the development and implementation of potential value-based payment strategies, including opportunities for episode-based bundling and pay for quality initiatives. To the extent possible, these agencies shall work toward similar outcome measures.*

#### **Senate Health and Human Services Committee**

*Medicaid Managed Care Quality and Compliance:* Review the Health and Human Services Commission's efforts to **improve quality and efficiency in the Medicaid program, including pay-for-quality initiatives in Medicaid managed care. Compare alternative payment models and value-based payment arrangements with providers in Medicaid managed care,** the Employees Retirement System, and the Teachers Retirement System, and identify areas for cross-collaboration and coordination among these entities. Evaluate the commission's efforts to ensure Medicaid managed care organizations' compliance with contractual obligations and the use of incentives and sanctions to enforce compliance. Assess the commission's progress in implementing competitive bidding practices for Medicaid managed care contracts and other initiatives to ensure the best value for taxpayer dollars used in Medicaid managed care contracts.

## **Women's Health & Birth Outcomes**

#### **House Committee on Public Health**

1. Review state programs that provide women's health services and recommend solutions to increase access to effective and timely care. During the review, identify services provided in each program, the number of providers and clients participating in the programs, and the enrollment and transition process between programs. Monitor the work of the Maternal Mortality and Morbidity Task Force and recommend solutions to reduce maternal deaths and morbidity. In addition, review the correlation between pre-term and low birth weight births and the use of alcohol and tobacco. Consider options to increase treatment options and deter usage of these substances.

### Senate Health and Human Services

**Monitoring Charge:** Monitor the implementation of legislation addressed by the Senate Committee on Health and Human Services, 85th Legislature and make recommendations for any legislation needed to improve, enhance, and/or complete implementation, including but not limited to:

- **Initiatives to better understand the causes of maternal mortality and morbidity, including the impact of legislation passed during the first special session of the 85th Legislature.**  
**Recommend ways to improve health outcomes for pregnant women and methods to better collect data related to maternal mortality and morbidity;**
- [other charges deleted here]

## ECI

### House Committee on Appropriations

10. Examine the Early Childhood Intervention Program (ECI) in Texas, including a review of historical funding levels, programmatic changes, challenges providers face within the program, and utilization trends. Evaluate ECI's impact on reducing the long-term costs of public education and health care. Identify solutions to strengthen the program.

## Trauma and Child Mental Health

### House Public Health

3. Study and make recommendations to **improve services available for identifying and treating children with mental illness, including the application of trauma- and grief-informed practices.** Identify strategies to assist in understanding the impact and recognizing the signs of trauma in children and **providing school-based or community-based mental health services** to children who need them. Analyze the role of the Texas Education Agency and of the regional Education Service Centers regarding mental health. In addition, review programs that treat early psychosis among youth and young adults.

## Substance Use and Addiction

- See Foster care section; Joint Public Health and House Human charge around children involved in CPS with mental health or SUD and children in CPS as a result of parental substance use

### House Select Committee on Opioids and Substance Abuse

1. Study the prevalence and impact of substance use and substance use disorders in Texas, including co-occurring mental illness. Study the prevalence and impact of opioids and synthetic drugs in Texas. Review the history of overdoses and deaths due to overdoses. Also review other health-related impacts due to substance abuse. Identify substances that are contributing to overdoses, related deaths and health impacts, and compare the data to other states. During the review, identify effective and efficient prevention and treatment responses by health care systems, including hospital districts and coordination across state and local governments. Recommend solutions to prevent overdoses and related health impacts and deaths in Texas.

2. **Review the prevalence of substance abuse and substance use disorders in pregnant women, veterans, homeless individuals, and people with co-occurring mental illness.** In the review, study the impact of opioids and identify available programs specifically targeted to these populations and the number of people served. **Consider whether the programs have the capacity to meet the needs of Texans.** In addition, research innovative programs from other states that have reduced substance abuse and substance use disorders, and determine if these programs would meet the needs of Texans. Recommend strategies to increase the capacity to provide effective services.
3. Review policies and guidelines used by state agencies to monitor for and **prevent abuse of prescription drugs** in state-funded or state-administered programs. Include in this review policies implemented by the Texas Medicaid Program, the Division of Workers' Compensation of the Texas Department of Insurance, the Teacher Retirement System, and the Employee Retirement System. Make recommendations regarding best practices.
4. Monitor and evaluate the implementation of legislation passed by the 85th Legislature regarding the **Prescription Monitoring Program**. In addition, review the prescribing of addictive drugs by physicians and other health care providers within various geographic regions of this state. **Determine the role of health care professionals in preventing overutilization and diversion of addictive prescriptions.** Provide recommendations that will improve efforts to prevent overutilization and diversion of addictive prescriptions.
5. Identify how opioids have impacted the normal scope of work for law enforcement, first responders, and hospital emergency department personnel.
6. **Examine the impact of substance abuse and substance use disorders on Texans who are involved in the adult or juvenile criminal justice system and/or the Child Protective Services system. Identify barriers to treatment and the availability of treatment in various areas of the state.** Recommend solutions to improve state and local policy, including **alternatives to justice system involvement**, and ways to increase access to effective treatment and recovery options.
8. Identify the specialty courts in Texas that specialize in substance use disorders. Determine the effectiveness of these courts and consider solutions to increase the number of courts in Texas.

#### **Senate Health and Human Services Committee**

*Substance Abuse/Opioids:* **Review substance use prevention, intervention, and recovery programs** operated or funded by the state and make recommendations to enhance services, outreach, and agency coordination. **Examine the adequacy of substance use, services for pregnant and postpartum women enrolled in Medicaid or the Healthy Texas Women Program and recommend ways to improve substance use related health outcomes for these women and their newborns.** Examine the impact of recent legislative efforts to curb overprescribing and doctor shopping via the prescription monitoring program and recommend ways to expand on current efforts.

## **Foster Care**

#### **House Committee on Human Services**

4. Review the **availability of prevention and early intervention programs** and determine their effectiveness in reducing maltreatment of children. In addition, review services available to children emancipating out of foster care, as well as services available to families post-adoption. Determine if current services are adequately providing for children's needs and meeting the objectives of the programs. While reviewing possible system improvements for children, follow the work of the Supreme Court of Texas Children's Commissions' Statewide Collaborative of Trauma-Informed Care to determine how trauma-informed care impacts outcomes for children.

5. **Analyze the prevalence of children involved with Child Protective Services (CPS) who have a mental illness and/or a substance use disorder. In addition, analyze the prevalence of children involved with CPS due to their guardian's substance abuse or because of an untreated mental illness.** Identify methods to strengthen CPS processes and services, including efforts for family preservation; increasing the number of appropriate placements designed for children with high needs; and **ensuring Texas Medicaid is providing access to appropriate and effective behavioral health services.** *(Joint charge with the House Committee on Public Health)*

7. Monitor the agencies and programs under the Committee's jurisdiction and oversee the implementation of relevant legislation passed by the 85th Legislature. In conducting this oversight, the committee will also closely monitor the implementation of H.B. 4 (85R), H.B. 5 (85R), H.B. 7 (85R), and S.B. 11 (85R).

#### **Senate Committee on Health & Human Services**

*Monitoring Charge:* Monitor the implementation of legislation addressed by the Senate Committee on Health and Human Services, 85th Legislature and make recommendations for any legislation needed to improve, enhance, and/or complete implementation, including but not limited to:

- Initiatives intended to improve child safety, Child Protective Services workforce retention, and development of **additional capacity in the foster care system**. Make additional recommendations to ensure children with **high levels of medical or mental health needs receive timely access to services in the least restrictive setting;**
- [non-relevant monitoring charges deleted]

## **Health Insurance Markets**

#### **House Committee on Insurance**

4. Assess the status of the health insurance market in Texas and opportunities to improve this market through waivers of federal law or other mechanisms. Monitor any changes in federal law that may affect these options. (Hearing Dec. 6<sup>th</sup>)

5. Evaluate recent efforts by the Legislature and the Texas Department of Insurance to minimize instances of surprise medical billing and to ensure the adequacy of health insurance networks. Identify instances in which surprise billing most often occurs and ways to decrease its frequency through enhanced transparency or other methods. (Hearing Dec. 6<sup>th</sup>)

6. Examine the impacts of changes in prescription drug coverage and drug formularies on patients, particularly those with chronic conditions. (Hearing Dec. 6<sup>th</sup>)

7. Evaluate recent efforts in Texas and in other states to enhance transparency regarding the practices of pharmacy benefit managers. (Hearing Dec. 6<sup>th</sup>)

#### **Senate Committee on Business & Commerce**

- Health Insurance Market Stability: Study the factors affecting health insurance markets in Texas, particularly the individual market, including federal and state law. Make recommendations that would result in increased stability in the markets and enhance value and affordability for individual consumers and businesses. Examine what steps the state needs to take to allow out-of-state health insurance sales. In developing its recommendations, the committee should consider the flexibility afforded to states by 1332 "state innovation" waivers, which allow states to modify or eliminate tax penalties associated with individual and employer coverage mandates; modify requirements for benefits and subsidies; and find alternative ways to provide benefit plan choices, determine eligibility for subsidies, and enroll consumers.

## **Telehealth & Rural Health**

#### **House Public Health**

5. Review opportunities to improve population health and health care delivery in rural and urban medically underserved areas. Identify potential opportunities to improve access to care, including the role of telemedicine. In the review, identify the challenges facing rural hospitals and the impact of rural hospital closures.

#### **House Committee on Juvenile Justice & Family Issues**

3. Evaluate the use of telemedicine to improve behavioral health services in the juvenile justice system.

## **Tax, Revenue, and Rainy Day Fund**

#### **House Committee on Ways & Means**

2. Review the property tax system and identify improvements relating to:
  - a. Transparency and communications with taxpayers;
  - b. The tax-rate-setting process;
  - c. The training and expertise required of appraisal review board members;
  - d. Appraisal review board composition, structure, and process; and
  - e. Appeals of appraisal review board orders.
3. Review the franchise tax and identify any changes that would improve the state's business climate.

#### **Senate Finance Committee**

*Economic Stabilization Fund:* Examine options to increase investment earnings of the Economic Stabilization Fund in a manner that minimizes overall risk to the fund balance. Investment options should ensure the liquidity of a sufficient portion of the balance so that the legislature has the resources necessary to address the needs of the state, including natural disasters. Evaluate how the Economic Stabilization Fund constitutional limit is calculated; consider alternative methods to calculate the limit, and alternative uses for funds above the limit.

### **Senate Select Committee on Property Tax Reform**

*Tax Rate and Appraisal Reform:* Evaluate the effective tax rate and rollback tax rate calculations and identify modifications that would yield a rollback process that is meaningful for local governments and for citizens. Evaluate whether the current rollback election trigger serves modern objectives. Evaluate the operations of appraisal review boards (ARBs), specifically the training and expertise of members concerning appraisal standards and law, ethics, and meeting procedures. Determine whether ARB operations are sufficiently independent of central appraisal districts and taxing units and whether ARBs and/or chief appraisers should be elected.

*Property Tax Data:* Evaluate whether existing libraries of property tax data and collection methods are adequate for studying local property tax outcomes and identifying drivers of growing property tax levies. Determine the scope of existing data, where it is stored, and how it is made available to the public. Determine whether existing, available data is adequate for the needs of the legislature and the public. Review existing procedures for the collection and verification of data. Receive recommendations from the comptroller regarding the collection, verification, and publication of property tax data.

*Lowering Property Tax Burden:* Study the feasibility of replacing the property tax with sales tax or other consumption tax revenue, with emphasis on school maintenance and operations tax. Evaluate whether some local property taxes lend themselves to a swap more than others. Quantify the short-term and long-term economic effects of a tax swap. Identify a target property tax rate and evaluate how to reach that target with a consumption tax swap.

# Update: ACA Marketplace Enrollment - 2018

As of November 11, 2017

HealthCare.gov Platform Snapshot	Nov 1 – 12, 2016	Nov 1-11, 2017	Percent Change
<b>Plan Selections</b>	1,008,218	1,478,250	47%
<i>New Consumers</i>	246,433	345,719	40%
<i>Consumers Renewing Coverage</i>	761,785	1,132,531	49%
<b>Consumers on Applications Submitted</b>	2,057,759	2,921,211	42%
Call Center Volume	1,247,899	1,284,263	3%
Calls with Spanish Speaking Representative	87,126	91,539	5%
HealthCare.gov Users	4,528,675	5,788,238	28%
CuidadoDeSalud.gov Users	133,081	164,957	24%
Window Shopping HealthCare.gov Users	1,207,985	648,219	-46%
Window Shopping CuidadoDeSalud.gov Users	16,230	11,545	-29%

## Main Takeaways

- Enrollment is strong and exceeding expectations of [experts](#).
- Plan selections are up 47% overall.
- Importantly, the number of NEW enrollees is up 40% which is a good sign that marketing to new consumers is working.
- Because the open enrollment period is only 6 weeks long compared to the 12 weeks during previous years, even if this pace continues through the Thanksgiving holiday and through Dec. 15<sup>th</sup> we are still likely to see a drop-in enrollment this year. However, it is considerably less than anticipated.

## Resources:

- [Cover Texas Now ACA Outreach Website](#) – (includes social media materials, an outreach toolkit, and an archive of the weekly emails)
- [getamericacovered.org](http://getamericacovered.org)

**Children's Health Insurance Program (CHIP)**  
**DRAFT Program Termination Timeline**  
**As of November 2017**

Activity	Timeframe
<b>Submit redistribution funding request to the Centers for Medicare &amp; Medicaid Services (CMS). If allocated, this distribution would cover the month of February and the following key dates apply only if HHSC does not secure the redistribution of funds.</b>	November 16, 2017
Execute TIERS changes in anticipation of late-December decision point regarding denial notices.	November - December
Implement TIERS changes to begin terminating current eligibility and denying new and renewing applicants, with terminations effective February 1, 2018.	December 14, 2017
December cut-off for eligibility determinations: <ul style="list-style-type: none"> <li>Individuals eligible for CHIP on or before December 14, 2017, will only be eligible for the month of January 2018.</li> <li>Individuals ineligible for Medicaid after December 14, 2017, their information will be sent to the federal Marketplace.</li> </ul>	December 14, 2017
<b>Begin printing and mailing of formal client notices from TIERS.</b> <ul style="list-style-type: none"> <li>Informing recipients they will no longer receive benefits after January 31, 2018 and, if applicable, their information is being sent to the federal Marketplace.</li> <li>Individuals only eligible for January 2018 benefits would receive a modified notice informing them of their limited eligibility.</li> </ul>	December 22, 2017
Provide managed care organizations (MCOs) and dental maintenance organizations (DMOs) notice of contract suspension if the agency is unable to continue its contract due to insufficient funding.	January 1, 2018
Post public notice in the <i>Texas Register</i> and send tribal notices for the State Plan amendment.	January 26, 2018
CHIP program end date.	January 31, 2018
CHIP Texas Administrative Code (TAC) amendment <ul style="list-style-type: none"> <li>Texas Health and Safety Code Section 62.003, as a precedent to the TAC, provides that the CHIP program terminates at the time federal funding terminates.</li> </ul>	February 2018
Submit State Plan amendment to the Centers for Medicare & Medicaid Services.	March 30, 2018 <sup>1</sup>

<sup>1</sup> The State Plan amendment may be submitted within 60 days of the effective date.