

Present (Including Via Phone):

Anne Dunkelberg, CPPP; Courtney Weaver, CPPP; Clayton Travis, Office of Rep. Naishtat; April Young, Rep. Naishtat; Theresa Bueno, March of Dimes; Betsy Coats, Maximus, Texas Health Steps; Kit Abney Spelce, Insure-a-Kid; Virginia Michael, Catholic Charities; Laura Martin, TACHC; Michelle Tijerina, Sendero Health Plans; Ann-Marie Price; David Escame, Amerigroup; Jessyca Ogbeide, Central Health; Becky Huerta, Central Health; Sonia Saenz, Wellpoint; Janet Realini, Healthy Futures; Helen Kent Davis, TMA; Sister JT Dwyer, Seton Healthcare Family; Andrea Earl, Texas Impact; Carrie Kroll, Pediatric Society; Bee Moorhead, Texas Impact; Lauren Dimitry, Texans Care for Children; Jennifer Allmon, Shanie Scott, Miryam Bujanda, MHM; Annette Frantz, TX Breastfeeding Coalition; Others via Phone.

Agenda:

- Check-Ins about recent developments here in Texas
- Discussion about Principles for 2013

CHIP Principles

- We are still working to develop a consensus document.
- Some coalition partners were not able to be here in December and aren't today, we want to get their input.

- **Discussion of Family Planning Component**

- Some organizations would find the inclusion of family planning language in the CHIP agenda problematic. (Texas Impact, Catholic Conference.) The WHP is part of Medicaid, so in our discussions about protecting Medicaid
- Some organizations expressed support for the program and family planning more broadly, but recognize that there will be other opportunities to work on the issue.
- Issues such as pre-conception care and inter-conception care are not necessarily related to WHP. There may be opportunities to talk about the care of women between babies- smoking cessation, reducing family violence, etc.
- Some organizations express the importance of support of preventive screenings related more broadly to women's health when drafting legislative priorities.
- This is a broad access issue, also related to workforce.
- Has the issue of access been lost?
 - Texas Tribune has done good coverage on collateral damage, loss of access to services in the valley, etc.
 - CPPP has tried to focus on some of that, but the topic is new.
 - There is a lot of interest in bringing together a mainstream effort to restoring family planning access.
 - There will be an activist/organizing effort and a concerted public health effort on this topic.
- HHSC released a statement from Commissioner Suehs on Women's Health
 - Statement is comprehensive and says that the program will stay the same with the exception of excluding certain providers. (Attach statement.)

- **Preserving Comprehensive Coverage**

- Language is meant to be positive.
- Are the bulleted sections too strong?
- Is the coalition opposed to block grants, or concerned about block grants?
 - If we are opposed, we should say it.
- General Conversation about Block Grants
 - You can have a block grant that grow with certain circumstances- population, inflation, etc.
 - Lots of legislators talk about block grants in terms of controlling spending and don't understand the nuances.
 - The complexity of block grants is a reason for eliminating specifics in our language.
 - As block grants move forward, we can address the issue with a short white paper.
- **Reverse Damaging Cuts to Texas' Critical Public Health Safety Net and Infrastructure**
 - We have a separate explicit discussion of provider rate cuts.
 - Some cuts have been strictly enacted through rule changes because rate methodologies have changed.
 - We may want to revisit the draft we have in July and November. We will have supreme court information, more experience with the cuts. In November we will know more about the national political condition.
 - If the ACA is implemented, we know providers will be paid for primary care at Medicare parity, and we won't have to have that discussion.
 - Current language is almost the same as what we did the last time.
 - Using new revenue sources, rainy day fund, etc.
 - Reference to health behavior sin taxes.
- **Bolstering Health Care Workforce**
 - Reversing provider rate cuts
 - Restoring the funds to provider training and education programs.
 - Scope of Practice Issues
 - There will likely be initiatives to expand scope this session.
 - TMA broadly supports the use of other professionals and training physicians to work with them. Does not support things such as psychology prescribing.
 - Biggest efforts will be around nurses in advanced practice and some prescribing authority.
 - There will be lots of opportunities to advocate on this issue, perhaps not the best issue for CHIP Coalition.
 - There may be a healthcare workforce coalition forming
 - One issue is increasing number of doctors

- Family Physicians have been working with the business community to expand primary care access and training.
- Inclusion of language on medically underserved areas.
- Instead of saying we need everything but the LVNs, we might list some provider and profession types we do need.
- *Laura (TACHC) will try to build an intro in.*
- *Shanie Scott (MHM)- will also work on this issue.*
- *Everyone please identify outcomes, results and measures that could be included.*
- *If we are going to say we're against the cuts, we need to identify a few measures for how these cuts are affecting Texans and be able to prove them.*
- *Workforce Section- one of the things they did was eliminate existing training programs- that in itself is your outcome.*

Improving Perinatal Care

- Last session we had members opposing each other on different pieces of perinatal care.
- We need to identify consensus policies in this area.
- Supporting enhanced maternal and infant health quality improvement standards.
- We all support enhanced preventive coverage.
- We may need to include newborn eligibility statement in the perinatal care section, not the eligibility section.
- Should we leave in a paragraph discussing how providers who implement quality improvement should be rewarded?

Eligibility Section

- The closest to being in good shape- we have got the most feedback on it.

Managed Care:

- Washington partners noticed Texas has a 15 day plan selection in the managed care program and most states have 60. Does anyone think this is a problem?
 - People are default assigned at that point. We are mostly concerned with people's education and the customer of service.
 - With the last managed care expansion, we still had starlink to provide education. That's in house now- want to make sure people still have the education they need

Adjournment: Next meeting is April 20th.