



## 2019 Policy Priorities

### ❖ **Budget**

1. Ensure adequate funding for critical health programs aimed at improving maternal and children's health. This includes preventing reductions in critical health services or payments that would jeopardize access to and quality of care for children and mothers. Strong investment is needed in:
  - Medicaid, Children's Health Insurance Program, CHIP perinatal
  - Early Childhood Intervention (ECI)
  - DSHS programs and initiatives designed to improve maternal health

### ❖ **Improve Continuity of Coverage – prevent youth and adults from losing coverage and falling through the cracks**

2. Ensure children receive 12 months of continuous eligibility in Medicaid, like Texas does with the Children's Health Insurance Program. *(Texas Children's Medicaid eligibility offered sequential segments of 6-month continuous eligibility from 2002 until 2014, when HHSC reduced coverage to only one segment of 6-month continuous coverage per year).*
3. Establish auto-enrollment for 19-year-olds who age out of CHIP and Children's Medicaid, to seamlessly access care via the Healthy Texas Women program

### ❖ **Increase Access to Health Coverage**

4. Improve maternal and child health by supporting initiatives to ensure women of reproductive age receive 12 months continuous coverage for preventive, primary, and specialty care before, during, and after pregnancy.

### ❖ **Make Improvements to Medicaid Managed Care System**

5. Provide clear, easy-to-use resources to Medicaid clients, families, doctors and other care providers on care coordination services provided in each STAR program.
6. Enforce network adequacy standards and make Corrective Action Plans more transparent.
7. Establish a repository at HHSC of Medicaid client inquiries, complaints, requests for appeals – including inquiries made to health plans, HHSC, ombudsman, and legislators – so HHSC can better track trends and emerging issues.
8. Streamline and strengthen protections for Medicaid clients and families seeking to appeal a denial or reduction of care. This includes directing the HHSC Ombudsman to better educate Medicaid clients about their rights under Medicaid managed care; providing a clear, user-friendly roadmap for how to appeal a Medicaid managed care denial and to request any subsequent Medicaid fair hearing; and redesigning the fair hearing process to ensure mediators have knowledge and expertise regarding the service or procedure under review.



## 2019 Policy Areas of Support

*These items are additional areas supported by CHCC, but have not been prioritized in 2019 or are being spearheaded by a partner coalition.*

### Coalition Key:

- CHCC – Children’s Health Coverage Coalition
- TWHC – Texas Women’s Healthcare Coalition
- TCHM – Texas Coalition of Healthy Minds
- CPRT – Child Protection Roundtable
- TPHC – Texas Public Health Coalition
- TCPTP – Texas Campaign to Prevent Teen Pregnancy
- CTN – Cover Texas Now
- SUDC – Substance Use Disorder Coalition

### ❖ **Budget**

1. Ensure adequate funding for critical health programs aimed at improving maternal and children’s health. This includes preventing reductions in critical health services or payments that would jeopardize access to and quality of care for children and mothers. Strong investment is needed in:
  - Texas’ women’s health programs (TWHC)
  - Mental health and substance use treatment and recovery programs (TCHM, SUDC)
  - Family Violence Program, HHSC Exceptional Item #34 (CHCC)
  - Behavioral Interventions for Children w/ASD, HHSC Exceptional Item #44 (CHCC)
  - Prevention and Early Intervention Services, DFPS Exceptional Item #8 (CPRT)
  - Services for Early Psychosis, HHSC Exceptional Item #19 (TCHM)

### ❖ **Improve Continuity of Coverage – prevent youth and adults from losing coverage and falling through the cracks**

2. Streamline renewal processes for families by enabling those with multiple kids enrolled in Medicaid or CHIP to renew coverage for each child on the same date every year (CHCC, CTN)
3. Direct HHSC to evaluate options for streamlining enrollment and referral process from CHIP perinatal to the state’s Family Planning Program (CHCC)

### ❖ **Increase Access to Health Coverage**

4. Support legislation to create comprehensive coverage for Texas’ low-income adults, improve maternal health, and enhance the financial security for parents striving to do the best job of raising their children and providing for their families (CTN)

❖ **Promote innovative strategies that improve access to quality health care**

➤ **Telehealth Strategies**

5. Fund exceptional item #49, Pediatric Telemedicine Grant Program for Rural Texas (CHCC)
6. Medicaid coverage for and promotion of virtual pregnancy medical homes (CHCC)

➤ **Transportation Strategies**

7. Make improvements to non-emergency Medicaid transportation benefit so that more mothers and their children can travel to critical medical appointments. Promote innovations and partnerships with health plans so that Medicaid transportation options work more effectively for families (CHCC)

❖ **Improve Behavioral Health**

8. Create a Child Psychiatric Access Program (CPAP) to further enable primary care physicians to provide behavioral health services to children (CHCC/TCHM)
9. Promote use of integrated care that combines medical and behavioral health by covering the Collaborative Care Model approach through Medicaid (TCHM)
10. Direct HHSC to further promote best practices and training on screening and brief intervention around substance use issues, including providing trainings and materials to a range of health professionals (e.g., pediatric, family planning, primary care, and mental health providers), caseworkers, judges, and attorneys on Outreach, Screening, Assessment, and Referral Centers (OSARs) in their local area and materials on where to refer a person for substance use intervention (TCHM, SUDC)

❖ **Make Improvements to Medicaid Managed Care System**

11. Create an Independent Provider Health Plan Monitor to address issues between providers and plans (CHCC, CTN)

❖ **Improve Access to Family Planning and Contraceptive Care**

*In addition to policy priorities listed above under Budget, Continuity of Care, and Access to Health Coverage:*

12. Improve access to contraception through CHIP by covering as a benefit in CHIP or allowing dual enrollment of clients in CHIP and HTW (TWHC)
13. Improve maternal health and birth outcomes by covering postpartum contraception through CHIP Perinatal (TWHC)
14. Require Medicaid and private health plans to cover 12-month supply on contraception at one time (TWHC)
15. Allow minors who are parents to consent to contraception (TCPTP)

❖ **Improve public health to reduce health care costs**

16. Raise the age of tobacco purchases to age 21 (TPHC)