

We all want access to quality health care for ourselves and our loved ones, regardless of race, class, gender, or where we call home. Unfortunately, long-standing health inequities magnified by the pandemic disproportionately burden Black, Brown and Native Texans, while Texans throughout the state face unnecessary barriers to quality health care. We urge our legislators to join together to improve access to health care coverage so that all Texans can be healthy and thrive.

Recommended legislative action:

- 1) **Improve Access to Health Coverage in Texas**
  - a) Expand Medicaid to cover uninsured, low-wage adults
  - b) Extend comprehensive Medicaid coverage for postpartum women to 12 months after pregnancy
  
- 2) **Help Eligible Texas Get and Stay Enrolled**
  - a) Adequately fund the state's eligibility and enrollment systems to prevent harmful delays in coverage now and to prevent a large loss of coverage among eligible kids at the end of the Public Health Emergency.
  - b) Restore funding for community-based outreach and application assistance and enhance state outreach
  - c) Remove barriers in state enrollment systems that keep eligible Texans from getting or staying covered.
  - d) Maintain record Texas Marketplace enrollment through HealthCare.Gov.
  
- 3) **Support School-based Health Care**
  - a) Support healthy school environments by allowing local education agencies to receive federal Medicaid reimbursement for services provided in schools to all Medicaid-enrolled students.

*Cover Texas Now is a coalition of health advocacy, public-interest, and faith-based organizations whose mission is to see the state of Texas implement a sustainable health care system and ensure quality affordable health coverage to its citizens. Learn more at [www.CoverTexasNow.org](http://www.CoverTexasNow.org).*

## Improve access to health coverage in Texas

### Expand Medicaid to cover uninsured, low-wage adults

Health insurance is a gateway to health care, overall health, and financial stability. Yet, approximately 1 million low-wage Texans continue to be stuck in a no man's land—they do not qualify for Texas Medicaid but make too little money to get an Affordable Care Act Marketplace plan. If the Texas legislature expanded Medicaid, these Texans stuck in the coverage gap—nearly 80% of whom are in working families—would become eligible for the coverage they need to get care for chronic conditions, prevent illnesses and disease progression, foster financial well-being, reduce medical debt, and live healthier, more productive lives.

Texas has the worst uninsured rate (18%) in the nation, more than double the national average. Medicaid expansion is the single most powerful policy tool legislators can leverage to reduce the number of uninsured Texans. Texas remains one of just 12 states without Medicaid expansion.

Medicaid expansion supports healthier and safer births. It offers a pathway for coverage of low-income women in the critical months and years before a pregnancy. Today, most low-income women are not eligible to enroll in Medicaid until after they become pregnant—thus missing the critical window to diagnose and manage chronic conditions that can make pregnancy and delivery dangerous for both mother and baby. In addition, numerous studies indicate that children do far better when their parents have coverage: they are more likely to be insured, and to get both preventive care and medical treatment.

Inaction disproportionately harms Texans of color, especially Hispanics. Hispanic adults account for 39% of all Texans age 19-64, but they make up 57% of the uninsured adults who would qualify for Medicaid expansion. Fully [75%](#) of the uninsured Texans who could be covered are Texans of color. Expanding Medicaid would take a fundamental step towards reducing structural inequality in access to health coverage for Texans of color.

Public support of Medicaid expansion continues to grow across Texas. Currently, [69% of Texans](#) support Medicaid expansion. Texas could adopt a simple expansion like New Mexico, Oklahoma, and Louisiana, or an approved federal alternative like Arkansas or Indiana. Research shows that expanding Medicaid will actually [save money](#) for the state budget and [reduce](#) uncompensated care costs incurred by hospitals, which are often passed onto taxpayers.

### Extend comprehensive Medicaid coverage for postpartum women to 12 months after pregnancy

Maternal deaths and pregnancy complications remain a significant concern in Texas, resulting in tragedy and long-term health issues for many mothers and children and higher financial costs for the state. The 2020 Texas Maternal Mortality & Morbidity Review Committee (MMMRC) [report found](#) that one-third of maternal deaths in Texas occur between 43 days and one year after pregnancy, and the vast majority (about 89%) of maternal deaths are preventable. Texas is one of a few states where Medicaid health insurance is typically not available to women with jobs below the poverty line, except during their pregnancy and 60 days after childbirth. Before the COVID-19 pandemic, 1 in 4 Texas women of reproductive age were uninsured, the worst rate in the nation.

Texas has [continually exceeded](#) the national average for pregnancy related deaths and maternal morbidities. A [new report](#) from Blue Cross Blue Shield shows pregnancy and childbirth complications increased by almost 10% from 2018-2020, regardless of insurance type. These results are alarming, making the need for extended postpartum coverage critical to save the lives of Texas moms. The Texas MMMRC's number one recommendation to improve maternal health is "extending access to healthcare coverage for 12 months following delivery to ensure that medical and behavioral health conditions can be managed and treated before becoming progressively severe." Improving access to Medicaid insurance has been associated with increased use of postpartum outpatient care, particularly for women who have had pregnancy complications.

## Help Eligible Texas Get and Stay Enrolled

### **Adequately fund the state's eligibility and enrollment systems to prevent harmful delays in coverage now and to prevent a large loss of coverage among eligible kids at the end of the Public Health Emergency.**

Despite significant retention and recruitment efforts, HHSC is facing severe staff shortages for eligibility workers, causing Texans to face long delays for critical benefits. In addition, hold times at 2-1-1 option 2 are often an hour or more. The end of the public health emergency will greatly increase workloads and exacerbate challenges for Texans, agency staff, and contractors. The Legislature must provide funding for HHSC to:

- Rebuild eligibility systems' staff numbers, sufficient to eliminate harmful delays that can harm Texans seeking health care, food and other basic needs assistance.
- Ensure sufficient 2-1-1 option 2 capacity to significantly reduce hold times and call abandonment rates.

### **Restore funding for community-based outreach and application assistance and enhance state outreach**

Funding for Medicaid and CHIP outreach has been cut back, and funding to Community Partner organizations that perform outreach and enrollment assistance activities at the community level was completely eliminated. Community Partners not only help clients, they also help relieve burdens on both state eligibility workers and the 2-1-1 option 2 call center. In order to enroll eligible but uninsured Texans, the legislature should:

- Fund Medicaid/CHIP outreach and application assistance by no less than \$15 million per biennium. Most of the funding should be directed toward Community Partner organizations that conduct community-based outreach and application assistance.
- Direct HHSC to conduct a robust outreach campaign to mixed-immigration-status families to reach children who are eligible but not enrolled in Medicaid or CHIP. One in four Texas children has a parent who is not a U.S. Citizen (of any immigration status).
- Direct HHSC to maximize outreach via text.
- Ensure Community Partners can provide phone-based application assistance, which is especially helpful in rural areas.

### **Remove barriers in state enrollment systems that keep eligible Texans from getting or staying covered.**

Texas cannot meaningfully reduce its eligible yet uninsured population without first addressing bureaucratic barriers that discourage or prevent enrollment and renewal of eligible kids.

- Adopt the "Express Lane Eligibility" option to use eligibility information – like income and household size – already verified by HHSC through SNAP or other programs to help enroll and renew eligible kids in Medicaid and CHIP.

- Fund modernization within the Your Texas Benefits website and app to ensure that individuals can easily complete tasks such as electronically updating their contact information, resetting their password, and getting full access to their case.
- Direct HHSC to improve efficiency through increased use of reliable, third-party income and address data, with a state goal of completing 50% of renewals utilizing data-driven methods.

### **Maintain record Texas Marketplace enrollment through HealthCare.Gov.**

A record 1.8 million Texans, most with low incomes, are enrolled in the Health Insurance Marketplace created by the Affordable Care Act. The Marketplace is far more than a website. It processes eligibility determinations, administers subsidies, facilitates enrollment, runs a customer service call center, certifies health plans, administers grants to community-based organizations, and processes appeals. HealthCare.Gov performs these complex functions, and many more, successfully today.

States have the option to build their own state-based marketplace instead of using HealthCare.Gov. Though vendors promote the transition to a state-based marketplace as easier and cheaper in recent years, building a state-based marketplace remains an enormous undertaking with no guarantee that state objectives will be met. Pursuing a transition to a state-based marketplace in order to capture savings, if any, is not a sufficient justification. Any transition would disrupt a system that is working well and would create the risk of coverage losses, a worse consumer experience, or unplanned costs to the state. Given the risks, any consideration of a state-based marketplace should only follow extensive study and be guided by clearly defined objectives that enjoy broad support.

## **Support school-based health care**

### **Support healthy school environments by allowing local education agencies to receive federal Medicaid reimbursement for services provided in schools to all Medicaid-enrolled students.**

Since 2014, federal guidance – known as the “free care rule” – has permitted local education agencies (LEAs) to receive Medicaid reimbursement for eligible school-based health services delivered to any students enrolled in Medicaid, not just those with Individualized Education Plans (IEPs).

Before schools can bill, states must submit a Medicaid state plan amendment. To date, 16 states have successfully adopted the free care rule. Texas has not, limiting Medicaid reimbursement to Texas LEAs to just IEP-included services. Texas schools are missing out on a source of federal funding for a wide range of services currently covered by Texas Medicaid, including behavioral health services, physical therapy, school nursing, and vision, hearing, and other health screenings.

Children with unmet health needs struggle to meet their fullest potential inside and outside of the classroom. However, insufficient local and state funding limits LEAs’ ability to meet their students’ health care needs at school, where students spend a majority of their day. Adopting the free care rule would better equip resource-strapped schools to start providing behavioral health services or expand current offerings to meet pressing needs among students. It would help fund salaries of skilled school-based providers, including psychologists, licensed professional counselors, clinical or school social workers, physical therapists, occupational therapists, and speech pathologists.

Financing for school-based Medicaid is unique. It is a district-federal partnership, and unlike in much of Medicaid, does not involve a state share or new state budget expenditures.