

Harris County Consensus Agenda Items for 81st Legislature

According to the *United States Census Bureau*, Texas leads the nation in the percentage of uninsured (24.8%)¹, which according to population estimates for 2007², means approximately 5.9 million Texans are uninsured. In 2005 (the latest year for which county level statistics are available), 1.1 million Harris County residents were reportedly without insurance,³ representing almost one fifth of the State's uninsured. Furthermore, in Harris County the uninsured problem has worsened at a pace much faster than the State's. While the State's uninsured rate had increased 5.5% between 2000 and 2005, the County's increase nearly doubled that – from 19.7% in 2000 to 29.8% in 2005. The State of Texas Demographer projects that by 2040 the number of uninsured individuals in Harris County will increase to almost 3.3 million individuals (38.5% of the projected population)⁴, unless State lawmakers work today with communities across Texas towards finding just and economical solutions to ensuring all its citizens have adequate access to healthcare.

MEDICAID/CHIP

Enroll all eligible uninsured kids by eliminating the remaining bureaucratic roadblocks, to include improving the eligibility system, providing 12-month continuous coverage for Medicaid, and focusing outreach in communities and schools. **Support: Children's Defense Fund.**

Suspend rather than terminate Medicaid eligibility for those in custody temporarily pending disposition. **Support: Harris County**

Ensure that Medicaid and CHIP physician reimbursement rates are based on the amount it costs to provide the services. **Support: TMA, THA.**

Restore state funding for Medicaid graduate medical education. **Support: THA, TAPNH**

HEALTH COVERAGE EXPANSION

Fund coverage expansions for uninsured kids and low-income working adults through 3-Share, Medicaid/CHIP buy-in programs, and other innovative coverage programs. **Active.**

Create a formal relationship between HHSC and TDI that results in a more comprehensive strategy to decrease uninsured rates in Texas. **Active.**

Enable governmental entities to consider whether contractors provide employee health coverage when selecting businesses with whom to contract. **Active.**

¹ United States Census Bureau, *Income, Poverty and Health Insurance in the United States: 2007*, issued August, 2008.

² Texas State Data Center Population Estimates at <http://www.txsdcenter.utsa.edu/>.

³ Ibid.

⁴ *Uninsured Texas: Rate Projections 2005- 2040*, Presented by the Texas Health Institute in cooperation with Texas Demographer Karl Eschbach (April 28, 2008), found at: http://www.texashealthinstitute.org/pdf_files/THI_Vision.pdf

HEALTH INSURANCE REFORM

Assign to the Texas Department of Insurance the statutory responsibility and authority to identify and implement strategies to regulate and increase the availability and affordability of health insurance coverage. **Support: Legislator(s) initiatives.**

Reform small employer group insurance by developing policies that incentivize efficiency through risk-spreading and transparency of costs. **Support: Legislator(s) initiatives.**

HEALTHCARE WORKFORCE

Expand funding, loan repayment programs and other incentives for critical healthcare workforce categories including primary care providers, nurses, and behavioral health professionals able to serve a multi-lingual population. **Support: THA, TMA, Higher Education.**

Expand funding for critical healthcare workforce training programs (residency programs, faculty additions and competitive faculty salaries) to assure Texas ability to produce sufficient workers for the State's healthcare demand. **Support: THA, TMA, Higher Education.**

FEDERALLY QUALIFIED HEALTH CENTERS (FQHCs)

Increase the pre-development funding for Texas FQHC Incubator Program. Focus will be on expansion of FQHCs with an emphasis on creating economies of scale and growing the capacity of safety net sites, increase the scope of services and number of satellites of existing FQHCs. **Support: Texas Association of Community Health Centers**

Implement cost-based reimbursement for FQHCs for services provided to CHIP enrollees. **Support: TACHC??**

BEHAVIORAL HEALTH

Modify State mandated eligibility policy restrictions on diagnoses eligible for treatment by community mental health centers, providing greater flexibility for providers at the community level. **Support: MHA**

Maintain funding for crisis services and increase funding for community-based outpatient treatment and support. **Support: MHA, MHMR**

Increase access to behavioral health coverage in employer sponsored health plans. **Support: MHA**

HEALTH INFORMATION TECHNOLOGY

Create incentives for capital investments in health information technology by the business community in FQHCs and other provider settings. **Monitor: Texas Health Services Authority**

OTHER

Expand funding for specialty care services to support the increased availability of primary care services. **Support: TAPNH**

Protect gains from tort reform and ensure no new causes of action are created for physicians and other health care professionals. **Monitor: TMA**