

Comments on Texas Health and Human Services Legislative Appropriations Request for the 2020-2021 biennium

Thank you for the opportunity to make these high-level initial comments.

The Benedictine Sisters of Boerne, Texas, founded CPPP in 1985 to advance public policy solutions for expanding access to health care. We became an independent, tax-exempt organization in 1999, and over time our focus has expanded to include economic opportunity and fiscal policy. We are based in Austin, Texas, and work statewide. At CPPP, we believe in a Texas that offers everyone the chance to compete and succeed in life. Legislative advocacy is one important way we use data and analysis to enable Texans of all backgrounds to reach their full potential.

The exceptional items list reflects a thoughtful array of important needs, and we commend the agency staff and leadership for your work on the many important issues it addresses.

We want to express particular support for these items:

EI #6 ECI, EI #35 attendant wages. These are both issues critical to some of Texas' and Medicaid's most vulnerable, with long-standing issues of adequacy of access and reimbursement rates. We will work with our colleagues on advocacy to support progress on these issues.

CPPP has both strong support and special concerns to share regarding the EI #9 Women's Health placeholder: This encompasses Healthy Texas Women program, family planning, maternal mortality, and other women's health services. CPPP has publicly expressed our concerns about the HTW 1115 request.

We will strongly support additional policy changes and investment to improve maternal health, but will also continue to remind legislators and elected officials that the most powerful and cost-effective step Texas can take is to ensure access to comprehensive health coverage and medical homes for our working adults of low-income, as 34 states have already done (and another three have current ballot initiatives). This will not only improve maternal health and birth outcomes, but will also dramatically improve Texas ability to address unmet mental health and SUD treatment needs.

Administrator's statement (no specific E.I.) speaks to Improved Medicaid Managed Care Oversight and intention to work with legislature to identify appropriate funding request.

Texas needs a broad approach to avoid the kinds of lapses seen with Dallas Morning News series as it considers further inclusion of beneficiaries with IDD into risk-based HMO. Also, the same level of rigor described for the LTC web portal in the Administrator's Statement of the LAR to be applied for STAR Health, Kids and Plus enrollees, whether for meeting their behavioral health needs, Long Term Services and Supports, or the array of life-saving care needed by a medically fragile child.

CPPP will work with fellow advocates, stakeholders, and legislators to identify top priority Medicaid Managed Care consumer protections improvements. While we applaud the agency's focus on improved contract oversight, we believe the internal oversight (largely retrospective) will never be as effective as making dramatic upgrades to consumer information and real-time consumer supports. By carefully monitoring, aggregating, and making public not just the formal complaints and appeals but also all of the queries that consumers make —e.g., about how to find a provider, what kind of care

coordination am I supposed to be getting from my version of STAR, how to get my care coordinator to return my call—HHSC can both harness the army of 4 million Medicaid Managed Care enrollees in oversight, while also empowering them to self-advocate.

Another major priority will be a new role for HHSC (ombudsman's division) to educate enrollees about the internal HMO appeal system, and the Medicaid fair hearing system, and the relationship and timing between the two. HHSC ombudsman should be trained, empowered and accountable to help all beneficiaries throughout the process, including ensuring that they can bring into the process care providers and others to help them advocate. The process should be reformed to ensure that decisions are not made by persons without medical-clinical expertise.

There is far more we could add, but which we will convey in future meetings, reports, and hearings.

Thank you for the opportunity to testify. Any questions may be directed to Anne Dunkelberg, Associate Director, CPPP; dunkelberg@cphp.org.