

Testimony to the House Appropriations Article II Subcommittee

Good morning. My name is Heidi Schwarzwald. I have been a pediatrician for over 20 years and am the children's chief medical officer at the Texas Children's Health Plan. We are the largest community health plan in Texas, serving over 400,000 Texans in the Medicaid and CHIP programs, including 26,000 children in the STAR Kids program for children with disabilities. We are an integral partner in one of Texas' largest health systems, anchored by the Texas Children's Hospital and the over 1300 affiliated physicians. We are nationally recognized for our centers of excellence, and as such serve the sickest and most vulnerable children in Texas.

We have three requests for this committee. The state's positive revenue outlook is an opportunity to make investments this legislative session to improve the future of Texans.

- 1) Texas Children's Health Plan strongly supports a change in the determination of Medicaid eligibility for children to guarantee a 12-month continuous eligibility period. Texas has the highest uninsured rate for children, in part because of the onerous processes that are in place for Medicaid families to regularly verify their income. Most children in the higher income CHIP program already have 12-months of guaranteed eligibility and stay with the same health plan after the first three months. We ask for you to correct this inequity. When enrollment for our Medicaid children lapses because of procedural red tape placed on our families, it limits our ability to influence the quality of healthcare for Texas children. Children who need chronic medications for asthma or attention deficit disorder risk a lapse in these medications and can have costly complications. Children who remain with one health plan longer, the per member per month costs decrease. We respectfully ask for this committee to rectify the current Medicaid eligibility system that creates hardship on our poorest families and denies healthcare services to Texan children.
- 2) We also strongly support Medicaid coverage for women of child-bearing age. My colleague Dr. Lisa Hollier is the Chair of the Texas Maternal Mortality and Morbidity Task Force. We know that access to health coverage after pregnancies is a key strategy in tackling maternal mortality and morbidity in Texas. It is also important from

a fiscal perspective to ensure women have access to healthcare resources to better plan and/or delay pregnancies. The Healthy Texas Women's Program is available for family planning services, but we know Texas women would have better access to comprehensive healthcare services if they were allowed to enroll in Medicaid.

- 3) TCHP has found that a fully integrated approach for services and populations leads to the best access to care and quality outcomes. Carve-outs and opt-outs would fragment care, make the Medicaid system less efficient, and cost the state. We would be particularly concerned if there were any carve-out of pharmacy services or sub-populations of children in the STAR Kids program. Complex medical issues like chronic lung disease need coordinated care from medications to providers to therapies. We believe we must stay focused on improving integration of services within the existing managed care service delivery system.

Thank you for the opportunity to share these recommendations with you. I would be happy to answer any questions, now or anytime during the session.