Legislative Preview: Predicting the 85th Texas Legislature’s Impact on Children and Pediatricians

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Disclosure

- Ryan D. Van Ramshorst, MD, FAAP, has no relationships with commercial companies to disclose.

Learning Objectives

- At the end of this presentation the participant will be able to:
  1) Discuss the legislative process, including components of the Texas legislature, law-making procedure, and budget preparation
  2) Identify the major legislative issue areas which impact children, pediatric health care, and pediatricians
  3) Define ways in which pediatricians can serve as advocates for their patients and their profession

Before we begin...consider tweeting!

- Consider tweeting about this presentation!
- #Tweetiatrician
- #PutKids1st
- #InvestInKids
- #Vote4Kids
- #MedicalWorks
- #IamMedicaid
- @TexasPediDoc

- Please be careful what you tweet
- Twitterverse is very public (as you may already know)

Setting the tone... (I)

Let’s put kids first!

Setting the tone... (II)

- It is not enough, however, to work at an individual bedside in a hospital. In the near or dim future, the pediatrician is to sit in and control school boards, health departments, and legislatures. He/she is a legitimate advisor to the judge and jury, and a seat for the physician in the republic is what the people have a right to demand.

- Dr. Abraham Jacobi
  - “Father of American Pediatrics”
  - Opened the first children’s clinic in the US
A quick case to get us started...

CC: 16 y/o boy in continuity clinic for "medication refills."
- Well-known to your clinic
- Currently complaining of depressed mood and passive suicidal ideation
- PMHx notable for major depressive disorder with psychotic features and substance abuse
- Previously stable on Fluoxetine 20 mg qAM
  - Recently incarcerated x3 months for repeated truancy and possession of illegal substance
- Currently uninsured (but previously had Medicaid according to clinic records)

More about our case...

- Prior to June/2015, Texas Medicaid policy required benefits to be terminated upon entry into the juvenile justice system
- For those incarcerated for more than 30 days
- Recall that:
  - Nearly 1 in 5 children (18%) are incarcerated at least once by age 18
  - Youth in juvenile justice system have unique health needs
    - 34% with suspected/confirmed substance abuse issue
    - 34% with mental health needs


A bill becomes law...

- LEGISLATIVE VICTORY!!!
- HB 839 "Presumptive Eligibility in Medicaid for Certain Children" (Naishat/Collier)
  - Changed Texas Medicaid policy to suspend, but not terminate benefits when child enters detention facility
  - Testimony in support from Texas Pediatric Society (TPS), Texas Medical Association (TMA), One Voice Texas, other child advocacy groups

Legislative Process
A BRIEF OVERVIEW

Makeup of the Texas Legislature (I)

- Bicameral legislature
  - 31 Senatorial seats, each representing ~800,000 Texans
  - 30 Republicans and 11 Democrats (unchanged from 2015)
  - Elected to 4-year terms
- Again, one of the most conservative Texas State Senates ever
- 2/3 vote → 3/5 vote
- Pertinent committees:
  - Health & Human Services
  - Higher Education
  - Education

Makeup of the Texas Legislature (II)

- Bicameral legislature
  - Texas House of Representatives (lower house)
    - 150 House seats, each representing ~165,000 Texans
    - 105 Republicans and 45 Democrats (5 more Democrats than 2015)
    - Speaker of the House (Rep. Straus) from San Antonio
    - Bexar County delegation includes >10 members
  - Elected to 2-year terms
  - Pertinent committees:
    - Appropriations
    - Public Health
    - Human Services
    - Higher Education

Source: Texas Senate (2016), Texas Tribune (2016)
Source: Texas House of Representatives (2016), Texas Tribune (2016)
Makeup of the Texas Legislature (III)

- Political “power players”
  - Governor Greg Abbott
  - 46th Governor of Texas
  - Lt. Governor Dan Patrick
  - Represents the Houston area
  - Speaker Joe Straus
  - Represents San Antonio
  - Recently re-elected Speaker for the 4th time
- Texas Legislature meets every 2 years for 140 days
  - Jan 10 – May 29, 2017
  - Special Session may be called at discretion of Governor

Source: Texas Tribune (2016)

Who Represents You and Your Patients?

- Do you know who represents you?
  - [http://www.fyi.legis.state.tx.us/Home.aspx](http://www.fyi.legis.state.tx.us/Home.aspx)
  - The website is even mobile-friendly!

How a Bill Becomes a Law (I)

- Legislation designed to not pass legislation (i.e. kill bills)
- According to Texas Constitution, only 1 piece of legislation must be passed each biennium
  - Budget $$$
  - Over 6,000 pieces of legislation filed during 84th Texas Legislature
  - Just over 1,000 signed into law by Gov. Abbott
  - Which means that 5,000 didn’t make it
- Hundreds of bills already introduced in 85th Texas Legislature
- Bills can be filed through March 10, 2017

Source: Texas Tribune (2016)

How a Bill Becomes a Law (II)

- Idea for a law
  - Legislator
  - Organization
  - Interim Committee
  - "We the People"
- Filed in either House or Senate
- Referred to appropriate Committee
- Passed out of Committee
- Floor vote
- Sent to other house
- Referred to appropriate Committee
- Passed out of Committee
- Floor vote
- Conference Committee
- Bill signed


Budget (I)

- Just to give some perspective:
  - Texas is the 32nd largest economy in the world by GDP
  - GDP (2014) = $1.65 trillion
  - 2.7% decrease from last biennium
- 2nd largest state by population
  - 28.4 million Texans
- 2nd largest state by land mass
  - 269,600 square miles
- Because the Texas Legislature meets every 2 years, Texas budgets for 2-year biennium
- According to Texas Constitution, Texas cannot spend more than it receives
- Budget is the only bill the Texas Legislature must pass each Session


Budget (II)

- Major “buckets” of money
  - General Revenue (GR)
    - $125 billion 2018-2019
    - 2.7% decrease from last biennium
    - Resultant from sluggish economic forecasts
  - All Funds (AF)
    - $225 billion 2018-2019
    - Includes federal inputs and other revenue sources
    - e.g. Medicaid/CHIP matching funds
  - Rainy Day Fund
    - $12 billion

Budget (III)

- Health and Human Services (HHS) spending ranks #1 in All Funds
  - #2 = public education
- Medicaid is single largest HHS expenditure in Texas
  - $64 billion state expenditures (GR)
  - $64 billion state + federal expenditures (AF)
- Medicaid spending alone accounts for ¼ of entire Texas state budget
- Roughly 30% of Medicaid spending is on children while children are ~65% of caseload
- $532 billion combined federal expenditures


Legislative Issue Areas Affecting Children and Pediatricians

But before we move on...where will attention really be focused?

- Top legislative priorities for 85th Texas Legislature:
  1. Transgender bathroom bill
  2. Public education funding
  3. School choice
  4. Taxes
  5. Constitutional carry (of firearms)
  6. Dept. of Family & Protective Services/Child Protective Services
  7. Border security
  8. Energy and water

Source: Texas Tribune (2016)

Investing in Children’s Health Programs (I)

- Strengthen provider participation in CHIP and Medicaid
- Create a sustainable process in which physician fees increase each biennium
- Ensure network adequacy of Medicaid Managed Care Organizations (MCOs)
- Reduce administrative burden
- Why are Medicaid and CHIP so critical to kids and pediatricians?

Investing in Children’s Health Programs (II)

- Provider willingness to participate in Medicaid is troublingly low
- Why is provider participation so low?
  - Inadequate payment
  - Administrative burden (aka “red tape”)
  - Credentialing/enrollment process
  - Lackluster network adequacy
  - Vendor Drug Program

Source: Texas Medical Association Survey of Physicians (2014)

Investing in Children’s Health Programs (III)

Physician Medicaid Participation

Source: Texas Medical Association Survey of Physicians (2014)
Investing in Children’s Health Programs (IV)

Physician Medicaid Participation

Source: Texas Medical Association Survey of Physicians (2014)

Investing in Children’s Health Programs (V)

- Solutions
  - Increase Medicaid payment rates
  - Parity with Medicare rates
  - Standardize and centralize MCO credentialing
  - Integrate Medicaid enrollment and MCO credentialing process
  - Reduce number of services requiring prior approval
  - Establish “Gold Star” practices to reduce burden for high-functioning practices
  - Improve Vendor Drug Program
  - “Carve-in” to Medicaid MCOs
  - Maintain state-run formulary


Investing in Children’s Health Programs (VI)

- Other issues:
  - 12 month Continuous eligibility for Medicaid
  - Eliminate CHIP waiting periods
  - Ensure children with autism receive medically appropriate services
  - Lawsuit pending
  - Adequately fund caseload growth for Early Childhood Intervention program
  - Change the messaging for Medicaid
    - #MedicaidWorks
    - #IamMedicaid

Source: Center for Public Policy Priorities (2016), Georgetown University Health Policy Institute Center for Children and Families (2009)

Investing in Children’s Health Programs (VII)

- Entering a time of intense transition
  - Medicaid
    - Block grants
    - Per capita caps
  - CHIP
  - Maintenance of effort
  - Reauthorization
  - Affordable Care Act
  - Repeal
  - Replacement
  - Please, stay tuned!!

Support Best Practice Immunization Policy (I)

Source: American Academy of Pediatrics

VACCINES ARE SAFE AND THEY WORK.

Support Best Practice Immunization Policy (I)
Another quick case...

CC: 5 y/o girl in continuity clinic for routine well-child care.
- Referred to clinic by Pediatric Oncologist to establish care with PCP
- HPI: overall feeling well
- PMHx notable for pre-B ALL actively receiving chemotherapy
- ROS: negative in all systems with exception of mild fatigue
- Parent inquires about child’s risk of contracting vaccine-preventable illness from unvaccinated children/adults in the clinic

How do you respond?

Support Best Practice Immunization Policy (II)

- Parent’s right to know
  - Ensure parents have access to campus-level vaccine exemption data

- Require flu vaccination for entry into child care settings

- Address rising numbers of vaccine exemptions and delinquencies by educating parents on the benefits of immunization
  - Improve participation in ImmTrac
    - Change from Opt-In to Opt-Out

Prevent Unnecessary Childhood Fatalities

- Incentivize homeowners to install fences around residential pools to decrease rise in childhood drownings
  - Drowning is 2nd leading cause of death in children 1-4 years of age
  - Drowning is 4th leading cause of death among 2-4 year-olds than any other cause except birth defects

- Require all children to be in rear-facing car seats until 2 years of age
  - Young children in rear-facing seats are less likely to die or be seriously injured in a crash

- Improve capacity and effectiveness of UNC Fatality Review Teams
  - More adjacent counties to form joint teams

- Invest in coordinators in each region


Improve Health Care for Children in Foster Care

- Over 30,000 children in foster care in Texas
  - Nearly 50% with special health care needs
    - Double the rate seen in traditional Medicaid or CHIP
  - Over 1/3 with mental health needs

- Ensure children receive a timely health screening within 72 hours of removal

- Notify medical team when child changes foster care placements

- Adequately fund Dept. of Family & Protective Services
  - Ongoing litigation


Other Issues

- Ensure mothers can be screened for perinatal depression via their child’s well-child exam in Medicaid
  - Screening currently occurs, but no reimbursement provided

- Reduce burden of childhood obesity through nutrition and physical activity
  - Ensure that all schools provide quality physical education
  - Ensure that children served by licensed childcare providers receive nutritious food/drink

- Establish grocery store access initiative


Getting Involved with Advocacy
Getting Involved with Advocacy (I)

“Action by a physician to promote those social, economic, educational, and political changes that ameliorate the suffering and threats to human health and well-being that he or she identifies through his or her professional work and expertise”

“To speak up, to plead or to champion for a cause while applying professional expertise and leadership to support the efforts on individual (patient or family), community, and legislative/policy levels, which result in the improved quality of life for individuals, families, or communities”


Getting Involved with Advocacy (II)

Individual

Family

Community

State

Federal/National

Getting Involved with Advocacy (III)

- Get informed!
  - Texas Pediatric Society
  - www.txpeds.org/advocacy
  - Texas Medical Association
  - www.texmed.org/advocacy/
  - Kaiser Family Foundation
  - www.kff.org
  - Kaiser Health News
  - www.khn.org
  - Texas Tribune
  - www.texastribune.org

- Get involved!
  - Join Texas Pediatric Society
  - www.txpeds.org/join-tps
  - Join Texas Medical Association
  - www.texmed.org/GetInvolved/

- Get excited!
  - Pediatricians play a VITAL role in ensuring the health of Texas children!
  - Together, we can make pediatric health care better for patients, providers, our state, and our nation

Getting Involved with Advocacy (IV)

- Be available for testimony and office visits
- Contact your legislators on TPS priority advocacy initiatives
- Work with TPS staff to craft policy solutions
- Join and/or chair relevant TPS committees
- Identify policy problems

Getting Involved with Advocacy (V)

- 5th Annual Texas Pediatric Society Medical Student/Resident Advocacy Day
  - Wednesday, March 1, 2017
  - 10AM-4PM
  - Texas Medical Association Headquarters, Downtown Austin, TX
  - https://txpeds.org/tps/residentfellowmed-student-advocacy-day

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THANK YOU!

- Questions?
- Comments?