



**Testimony to the Sunset Advisory Commission
Health and Human Services Commission and System Issues
November 13, 2014**

Members of the Sunset Commission, thank you for this opportunity to provide testimony. I would like to thank the Commission and the Sunset Staff for their continuing work to improve our state's ability to effectively deliver services to the state's most vulnerable populations, including the thousands of children who receive services through our state's health and human services system.

Texans Care for Children acknowledges the Sunset Commission Staff Report has accurately identified many gaps in services and many areas where there is insufficient accountability, oversight, and transparency. Many of the issues identified are longstanding and must be addressed without further delay or distraction. Burying existing agencies within another layer of bureaucracy at this point only stands to further delay many lingering challenges. **Texans Care for Children therefore opposes the consolidation of the agencies underneath a super-structure as proposed by the Sunset Commission Staff and instead calls for the implementation of a variety of solutions correctly identified by the Sunset Commission Staff Report as having potential for greatly increasing the effectiveness of our social service agencies.** Only once these immediate challenges are addressed should the Legislature consider overhauling the organization of these agencies. Otherwise, our state risks dragging these continued problems with it well into creation of these new structures, agencies and positions of leadership—greatly impeding the potential success of this administrative overhaul and leaving unaddressed many of the problems that advocates and Legislators alike have identified time and again.

RECOMMENDATIONS RELATED TO EARLY OPPORTUNITIES FOR TEXAS CHILDREN:

Recommendation 1.1: Consolidate the five HHS system agencies into one agency called the Health and Human Services Commission, with divisions established along functional lines and other features as described below.

The Sunset Report identifies many of the challenges facing the health and human services system in Texas, including the need to better integrate services and reduce fragmentation and inefficiency.

However, consolidation in itself does not address the biggest challenges facing the health and human services enterprise.

- **Consolidation will divert attention and resources away from achievable solutions identified by the Sunset Commission, as well as from coordination efforts state agencies are already pursuing.** Opportunities exist now for improving coordination of services, particularly those that can help ensure healthy outcomes for moms and babies. Increasing provider and client education on available health programs, facilitating presumptive eligibility for pregnant women, and smoothing the transition between health programs through measures like auto-enrollment into family planning services are among the many ways the state can increase interconception care and early entry into prenatal care. Texans Care for Children urges the Sunset Commission to identify and support the many opportunities to achieve health care efficiencies prior to pursuing consolidation.
- **Consolidation may jeopardize specialized programs serving children.** As it is currently described, the Medical and Social Services Division incorporates some of the largest and most complicated programs and divisions serving the state. Within this larger proposed division, smaller programs like

Early Childhood Intervention and other programs serving Texans with disabilities could lose the specialized attention, coordination, and efficiency that results from being housed within DARS. If consolidation does occur, we support proposals to establish a division that would house all programs serving people with disabilities and children with developmental delays. However, the need for such a division underscores the danger that consolidation will lead the state to trade old siloes for new ones.

Recommendation 8.1: Require HHSC to establish a single women’s health and family planning program for the health and human service system.

As the Sunset Report notes, many opportunities exist to better coordinate and streamline services so that more eligible women within the state have access to critical preventive healthcare. These services improve women’s healthcare, allow women to better plan and space their pregnancies, and result in healthier birth outcomes in the state. While we support efforts to increase coordination of women’s preventive healthcare services, we have concerns with the proposed plan for a single consolidated women’s healthcare program and recommend that the following more substantive moves towards streamlining and effectiveness be taken instead. The recommendations below echo those of the Texas Women’s Healthcare Coalition, of which Texans Care for Children is a member.

Change in Statute (8.1)

- a. Cost reimbursement needed: Many clinics rely on cost reimbursement to remain viable. The model suggested in the report would allow many geographic areas to have cost reimbursement for only one clinic, which would not allow for sufficient provider capacity to meet the need for preventive care. Providers considered part of the “safety net” (such as Federally Qualified Health Centers and Title X providers) should receive cost reimbursement benefits.
- b. Point-of-service eligibility: Effective family planning and sexually transmitted infection control require availability of same-day services. Clinics need the capacity to determine a patient’s eligibility upon arrival to provide efficient and effective care. Alternatively, clinics need support, such as presumptive eligibility, for the financial risk of treating a patient before eligibility has been confirmed. The suggested model provides neither.
- c. Stakeholder involvement: The report recommends that HHSC “... keep providers and other stakeholders informed of the agency’s progress...” However, to ensure a workable system and to avoid losing much-needed providers in an already-damaged safety net, the process of consolidation must include substantial, meaningful, and ongoing stakeholder involvement from those “on the ground”—far more than is recommended in the report. The Coalition recommends creating a short-term advisory committee of providers and other stakeholders to oversee the transition. Such involvement is an irreplaceable component of a successful transition.

The Coalition emphasizes that provider network adequacy must be improved, through adding new providers and protecting those at risk of closing, to mitigate the risk of losing providers in the transition to a consolidated program and to cover the seven in ten women in Texas currently in need of—but not receiving—publicly funded healthcare services.

- d. Client eligibility: Under the current system of funding, only three in ten eligible women in Texas between the ages of 20 and 44 receive the preventive care services they need. The

Coalition recommends serving the maximum number of clients possible, through the following changes to the proposed program's eligibility guidelines. First, the cutoff for client eligibility should be raised to 250 percent of the federal poverty level, as in the DSHS Family Planning program currently. The financial implications of raising eligibility to this point would be minimal: as the report states, "most clients seeking services fall below 100 percent of the federal poverty level." Second, the age of eligibility should be changed to include all women of reproductive age. Women over 44 years of age who are not yet menopausal, as well as women who have been sterilized, need reproductive healthcare services, such as clinical breast exams and screening for cervical cancer and sexually transmitted infections. Third, the program should include services for men, as currently offered by the DSHS Family Planning program.

- e. Benefits package: Comprehensive healthcare services for eligible patients, as currently provided in the Expanded Primary Care Program (including prenatal, medical, and dental), should be included in the new program, while ensuring that funding for family planning services and the number of women receiving those services do not decrease. Providing comprehensive healthcare services is consistent with the state's goals of improving birth outcomes and maternal health, as emphasized by state agencies and past legislative actions.

Additionally, all FDA-approved birth control methods should be covered under the new program.

Management Action (8.2)

- 1) Transitioning new mothers to new women's health program: The feasibility and fiscal implications of automatically transitioning new mothers to publicly funded healthcare has been well-documented in other states. As such and in light of the delay and cost associated with studying such a program, the Commission should recommend the implementation of this program rather than its study. If study of the program is undertaken and it is determined to be feasible and cost-effective, state agencies should be empowered to implement the program as quickly as possible, rather than delaying a decision until the Legislature is again in session, as suggested in the report.

Recommendation 13.1: Remove advisory committees from statute, including those with Sunset dates, and allow the executive commissioner to re-establish needed advisory committees in rule.

and

Recommendation 13.2: Remove the Task Force for Children with Special Needs, the Children's Policy Council, the Council on Children and Families, and the Texas System of Care Consortium from statute.

Texas needs some level of statutory protections to ensure meaningful advisory opportunities exist and are maintained, particularly in times of budget austerity. Having all advisory committees appointed by the executive commissioner also jeopardizes the independence that is so important to the advisory role of many committees. Care should also be taken that efforts to align committees with broadly similar goals do not result in loss of effectiveness if committees are tasked with too many functions. Some committees work effectively because they have a narrow focus that enables their members to use their expertise to produce targeted recommendations. Though the Task Force for Children with Special Needs, the

Children's Policy Council, the Council on Children and Families, and the Texas System of Care Consortium share common elements, they also benefit from different purposes and from robust input from different stakeholder groups, including consumers. Collectively, they cover a broad range of services and populations that can not easily be condensed into one committee.

Texans Care for Children supports the Sunset Staff's modifications to Recommendations 13.1 and 13.2 directing HHSC to seek stakeholder and public input on restructuring advisory committees. However, we urge HHSC to seek this input as a precursor to reestablishing all advisory committees into statute or combining all four children's committees into one. Stakeholder and public input should drive decisions on whether or not to move committees into statute or combine them, not react to decisions HHSC has already made.

Thank you for your time and consideration.

Respectfully,

*Alice Bufkin, MPAFF
Early Opportunities Policy Associate
Texans Care for Children
512.473.2274
abufkin@txchildren.org
www.txchildren.org*