

2017

LEGISLATIVE AGENDA



"Serving Humanity to Honor God"

Methodist Healthcare Ministries of South Texas, Inc. believes all Texans deserve access to quality health care, regardless of their ability to pay.

As a faith-based organization, Methodist Healthcare Ministries' public policy agenda and advocacy efforts are guided by the Social Principles of The United Methodist Church, and are carried out by: increasing the public's understanding of how health policies impact their communities; strengthening and cultivating relationships with other groups concerned with health policy; and advocating for policies that enhance the health and well-being of families and their communities.

Methodist Healthcare Ministries' 2017 Legislative Agenda challenges Texas policymakers to establish a state where everyone is healthy—mind, body and spirit.

LEGISLATIVE INITIATIVES



ACCESS TO CARE

Support the development of a bipartisan, statewide initiative that will eliminate the Medicaid “coverage gap” and secure health care coverage for millions of uninsured Texans, especially families below 100 percent of the federal poverty level.



BEHAVIORAL HEALTH

Support increased funding for mental health services and programs that will work to meet current needs for adults and children, and restore the state’s mental health hospitals and explore partnerships for local program solutions.



HEALTH CARE WORKFORCE SHORTAGE

Support funding for graduate medical education to increase the number of training residency slots and ensure Texas medical school graduates remain in Texas; continue funding for all health care providers to address the state’s health care workforce shortage, including nurses, midlevel providers, dentists and mental health providers; and continue funding for state health care provider loan repayment programs that incentivize providers to practice in health care shortage areas and in facilities that care for the uninsured.



WOMEN’S HEALTH

Support the continuation of funding and continuity of care for Texas’ women’s preventive health care programs, including maximizing access to medical safety net providers and eliminating program barriers.



CHILD AND MATERNAL HEALTH

Support funding and strengthening of programs that achieve healthy outcomes for mothers and babies; support funding for mental health services for children; and enhance early childhood nutrition policies in day care facilities.

ACCESS TO CARE

ISSUE



More than 5 million Texans are currently uninsured and do not have access to affordable health care services, making Texas the state with the highest number of uninsured in the country and one of 19 states that has chosen not to expand Medicaid coverage through the Affordable Care Act.

Roughly 1.5 million residents fall into the “coverage gap” where they don’t qualify for Medicaid, and are unable to afford health coverage through the federal health care exchange programs. Moreover, the absence of Medicaid expansion in Texas has cost the state’s economy almost \$8 billion in 2015, with local governments footing another \$5 billion for uncompensated care.

A viable solution to increase access to care and retain more than \$6.2 billion in annual funding is the state’s 1115 Medicaid Waiver, which was given a 15-month extension by The Centers for Medicare and Medicaid Services and is set to expire December 2017. Agreed to in 2011, the waiver brought \$29 billion to Texas health care providers over five years, with 40 percent of the money coming from local tax dollars and 60 percent from the federal government, with the intention of expanding Texas’ Medicaid managed care system and covering uncompensated care costs incurred by hospitals. The waiver process now allows Texas to negotiate public and private coverage terms as well as opportunities to scale health care delivery systems that have proven successful as DSRIP pilot programs. Failure to come to a renewal agreement would mean the loss of \$1.3 billion in funding to Texas hospitals and providers.

PRIORITIES



Amend the current 1115 Medicaid Waiver to address coverage for the uninsured, and explore opportunities to scale innovative delivery systems that have proven successful as waiver pilot programs.



Increase Medicaid reimbursement rates to hospitals and providers to more closely cover the cost of services which serves to lower the high rate of uncompensated care, and increase provider participation in program and create greater access to care for Medicaid families.

BEHAVIORAL HEALTH

ISSUE



Despite an influx of new state funding in 2015, the delivery and funding of behavioral health services in Texas remains a challenge and a continued priority for health care stakeholders. Of the nearly 27 million Texans, it is estimated that approximately 7 million adults suffer from some form of mental illness, with more than 1 million suffering from a Serious Mental Illness (SMI). Children with Severe Emotional Disturbance (SED) account for 500,000 of the total population.

The “Bexar County Mental Health Systems Assessment,” a September 2016 study by the Meadows Mental Health Policy Institute, identified 22,000 “super-utilizers,” – people in poverty who suffer from mental illness and repeatedly use jails, emergency rooms, crisis services – and another 14,000 individuals processed through the criminal justice system. The cost to Texas emergency rooms totals \$1.4 billion, with an additional \$650 million in expenses to our local justice systems.

Maintaining the state’s mental health hospitals for inpatient care is long overdue, with many facilities nearing 100 years of age or more. The state currently needs an estimated 570 additional inpatient beds and will need an additional 600 beds by the year 2024. A July 2015 staff report by the Department of State Health Services to the Sunset Advisory Commission determined that five of the 10 state hospitals must be entirely rebuilt and five require substantial renovations. Replacing five hospitals is estimated to cost \$180 million each; repairing the remaining five and adding capacity comes close to \$2 billion. Additional community beds should be secured for less intensive treatment.

Local public and private partnerships should be negotiated with community stakeholders to allow for flexibility and local solutions. Equally viable, is the development of an approach to use our state’s medical schools to expand capacity, grow the workforce and advance research.

PRIORITIES



Support funding to the state’s 10 mental health facilities.



Update outpatient treatment programs to best practice models that will reduce the backlog for inpatient facilities and services.



Create and establish public/private partnerships to offer communities flexibility and local solution opportunities.



Explore new delivery systems through the state’s medical schools to expand capacity.

HEALTH CARE WORKFORCE SHORTAGE

ISSUE



Texas joins the nation in the shortage of medical providers in all specialties, including primary care, specialty physician and mental health providers. An April 2015 report conducted by Merritt Hawkins, "The Physician

Workforce in Texas," concluded that 185 counties with a combined population equal to or greater than 21 individual states have no general psychiatrist, and 158 counties have no general surgeon.

KEY FINDINGS OF THE REPORT:

- *Thirty-five counties have no physician of any kind, while 80 counties have five or fewer physicians.*
- *A total of 147 counties with a combined population of more than 1.8 million people have no obstetrician/gynecologist.*
- *More than 1.9 million Texans live in counties without a general surgeon, while more than 3.1 million live in counties without a psychiatrist.*
- *Texas ranks 41st among 50 states in physicians per 100,000 residents and would need to add 12,819 physicians in order to meet the national per capita average.*

A series of factors that have contributed to the shortage include an aging mental health workforce, the lack of adequate Medicaid reimbursement rates and outdated education and training practices. There's a value to local communities for providing Texans with appropriate mental health services – value that can be measured in the decrease of hospital admissions, emergency room visits, homelessness, and the impact on county jails and juvenile justice services. The total direct cost of mental health care in Texas in 2003 was \$2.06 billion and it is expected to rise to \$7.48 billion by 2023. The loss of

productivity and work days added another indirect impact of \$10.51 billion in 2003 with an expected increase of up to \$40.08 billion by 2023.

Texas must invest in both short-term and long-term solutions that include the development of a comprehensive and coordinated strategic plan with stakeholders from all levels of government as well as faith-based and community organizations. Equally important is the integration of primary care and behavioral health services which allows for better coordination of treatment for people with complex health care needs. According to an American Journal of Psychiatry article, "Budget Impact and Sustainability of Medical Care Management for Persons with Serious Mental Illnesses," 68 percent of adults with a mental health condition also have one or more chronic physical conditions such as high blood pressure, heart disease or diabetes.

Loan repayment programs passed in 2015 to fund mental health professionals working in underserved areas should be renewed. The \$2 million allocation provided loan repayments to an estimated 100 providers in federally recognized health professional shortage areas, incentivizing providers to work in rural and underserved areas. Of equal importance, is the need for additional training slots to ensure that Texas medical students remain in Texas for their residency programs.

Technology has also proven useful in expanding care to individuals in rural areas with little or no access to providers. The use of telemedicine and telehealth services for mental health treatment have shown to be effective and equally preferred by consumers as traditional face-to-face visits. Efforts to build on the existing telemedicine infrastructure through funding and policy should be pursued this legislative session to identify and remove program barriers and expand access to care.

PRIORITIES

- ✓ Increase the number of funded residency training slots to retain Texas medical school graduates in Texas.
- ✓ Continue funding to address the workforce shortage for nurses, midlevel professionals, dentists and mental health providers.
- ✓ Increase the number of training sites through incentives to include community clinics and other ambulatory facilities.
- ✓ Continue funding for the state loan repayment programs that incentivize providers to practice in health care shortage areas and in facilities that care for the uninsured.
- ✓ Expand the use of telemedicine which has shown to be effective for both providers and consumers and increased access to services in rural communities and health care shortage areas.

WOMEN'S HEALTH

ISSUE



Nearly 1.8 million Texan women are in need of publicly funded preventive services, yet less than a quarter of these women currently receive the services they need, according to a report by the Guttmacher Institute, "Contraceptive Needs and Services." Access to preventive care – health screenings and contraception – means healthy, planned pregnancies and early detection of cancers and treatable conditions. Women living in rural areas are less likely to have access to providers. Measures to increase access and capacity include the collection and analysis of data, more provider outreach, elimination of barriers to provider enrollment and an increase in provider payment rates.

According to a September 2016 fact sheet by Guttmacher Institute, "State Facts About Unintended Pregnancy: Texas," 73.7 percent of unplanned births in Texas were publicly funded in 2010, and unintended pregnancies cost taxpayers \$2.9 billion with the state's share accounting for roughly \$843,000. In 2015, the Texas Women's Healthcare Coalition was instrumental in securing \$260.9 million for preventive health services and screenings for breast and cervical cancer, an increase of \$50 million from the previous biennium.

Work continues in 2017 to ensure the newly reorganized programs improve delivery of care and increase access to women's health care and safety net programs.

PRIORITIES



Continue investment in women's preventive health care by including \$50 million in the state's base budget request for health and human services.



Provide additional funding for Family Planning Program to cover an additional 35,000 women a year, and save the state \$22 million in all funds with the reduction in Medicaid births.



Improve efficiencies and remove gap in coverage by automatically enrolling 19-year-olds in CHIP and Children's Medicaid into the Healthy Texas Women program.

CHILD AND MATERNAL HEALTH

ISSUE



Good health in childhood begins before birth with the health of mothers to be. Access to early prenatal care is one of the best ways to ensure children start life in good health and has a proven track

record of leading to healthier births and reducing the risk of low birth weight, prematurity and neonatal and infant mortality. Yet today, nearly 40 percent of Texas women receive prenatal care late or not at all. Texas rates of premature births (10.4 percent) and low-birth weight babies (8.2 percent) are higher than the national average (9.6 percent and 8 percent respectively). By adopting a workable solution for the Medicaid “coverage gap” the state is able to maximize federal funds and increase the number of women able to access a medical home to receive care before, during and after pregnancy.

Addressing the mental health needs of students and children in foster care is also a priority. Of the more than 32,000 children and young adults currently in the Texas Department of Family and Protective Services conservatorship, 5,900 have significant emotional or medical needs and are more likely to be in residential treatment centers. For example, 24 percent of foster youth need or use more medical care, mental health services, or education services than a typical child of the same age; and one-third of Texas children in foster care are obese and have a significantly higher rate of hospital admissions for diabetes gastroenteritis conditions.

The reorganization and need for emergency funding of the Texas Department of Family and Protective Services has received much attention over the legislative interim period highlighting the need for improvements in the coordination of care between Child Protective Services, caregivers, and primary care and mental health providers. Enhanced trauma-focused mental health treatment should be funded as well as additional training and support for caseworkers and caregivers.

Prioritizing early childhood nutrition is also needed. Texas has the 10th highest obesity rate among children ages 10 to 17, with nearly one in five (19.1 percent) children classified as obese. The problem of obesity starts early, during the first few years of a child’s life. Children who are overweight or obese as preschoolers are five times more likely to be overweight or obese as adults and are at higher risk of developing chronic conditions such as heart disease, stroke, asthma and certain forms of cancer. Prioritizing support for state public health and prevention programs are needed, including the Texas Department of Family and Protective Services Obesity Prevention Program which focuses on preventing chronic disease, supporting physical activity and ensuring access to healthy foods in Texas. Directing the Texas Department of Family and Protective Services to improve the state’s minimum standards for children in day care centers and child care homes to ensure children receive healthy foods and drinks is also warranted.

PRIORITIES

- ✓ Support a workable solution to provide coverage for families in the Medicaid “coverage gap.”
- ✓ Support efforts to strengthen the state’s immunization rates for children.
- ✓ Address mental health needs of children in foster care and juvenile justice facilities.
- ✓ Prioritize early childhood nutrition in day care and child care centers.



**Methodist
Healthcare
Ministries**
OF SOUTH TEXAS, INC.

"Serving Humanity to Honor God"
1-800-959-6673 • www.mhm.org

Methodist Healthcare Ministries of South Texas, Inc. is a private, faith-based, not-for-profit organization dedicated to creating access to health care for uninsured and low-income families through programs and services, strategic grant-making and advocacy in 74 counties across South Texas.

The mission of Methodist Healthcare Ministries is "Serving Humanity to Honor God" by improving the physical, mental and spiritual health of those least served in the Rio Texas Conference area of The United Methodist Church.

The mission also includes Methodist Healthcare Ministries' one-half ownership of the Methodist Healthcare System – the largest healthcare system in South Texas. This creates a unique avenue to ensure that Methodist Healthcare System continues to be a benefit to the community by providing quality care to all and charitable care when needed.

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