



**Senate Finance Committee**

***Testimony of the Texas Academy of Family Physicians***

Senate Bill I, Article II

Health and Human Services Commission

Department of State Health Services

Tuesday, February 4, 2025

On behalf of the Texas Academy of Family Physicians (TAFP), thank you for the opportunity to submit comments on Senate Bill 1, Article II.

**Of paramount importance to our members, like you, is ensuring all Texans have access to high quality primary care throughout their lives.** Regular and timely primary care is key to keeping Texans of all ages — and our state — healthy. It ensures patients get not only routine preventive care to promote wellness and avert disease, but also early treatment and management of acute and chronic conditions when they do arise.

Unfortunately, **Texas' primary care network is tenuous.** People needing primary care services — even if they have a physician — often endure long wait times for an appointment if they can get one at all. For rural and underserved communities, the situation is even worse, with most of them lacking sufficient primary care services.

Cumulative factors have contributed to primary care's current condition, but three crucial ones are these:

- 1) unsustainably low Medicaid physician payments,
- 2) high rates of uninsured, and
- 3) too few medical students entering the primary care pipeline.

Issue 3 is inextricably linked to issues 1 and 2, which is why it is imperative to address them if Texas is to truly strengthen primary care physician availability.

**Thanks to your leadership, Texas is making progress.** Last legislative session, lawmakers funded the first meaningful Medicaid physician payment update in over a decade, increasing payments for select pediatric and obstetrical care services, while also extending Medicaid postpartum coverage to a full year.

**Yet, more work remains to achieve our mutual goal of a vibrant, statewide primary care network. That is why the Academy urges the committee to support the recommendations outlined below, each of which is critical to the health of our patients and our practices.**

Moreover, adoption of these proposals will help ensure access to care for our rural neighbors, where primary care is the bedrock of local health care, and continue Texas' progress to improve health outcomes for all.

## Health and Human Services Commission

- **Modernize Texas' Medicaid eligibility system.** TAFP applauds funding within SB1 to address HHSC's exceptional item 2, which will allow the agency to upgrade the Texas Integrated and Enrollment System (TIERS). With these dollars, HHSC will be able to improve the timeliness and accuracy of eligibility and enrollment for public programs, including Medicaid, promote more manageable workloads for eligibility workers, and ensure Texans who are eligible for health and social support services, including nutrition programs, can timely obtain them.

As you refine Article II, we respectfully ask that the balance of HHSC's exceptional item 2 be funded. A high functioning eligibility system will also help reduce financial pressure on primary care practices, which often float the costs of care when people experience gaps in coverage.

In addition to ensuring TIERS operates efficiently, **we urge the committee to fund family-friendly, accurate eligibility policies that will help busy, working Texans obtain Medicaid for themselves or their children more efficiently, including:**

- Adopting a streamlined eligibility process for children, allowing HHSC to populate a child's Medicaid application with data already provided to the agency from existing SNAP data when their parent or guardian consents; and
- Increasing the use of accurate administrative renewals. Texas has one of the lowest such rates in the country, yet many peer states, including Florida and Oklahoma, have increased use of such renewals as a means to streamline enrollments, enhance program efficiency and reduce program costs.

- **Bolster Texas' primary care network by modernizing Medicaid primary care physician payments and fixing Medicaid provider enrollment.**

How and what Medicaid pays primary care physicians is woefully outdated, contributing to the financial instability of primary care practices as well as Texas' ongoing difficulty recruiting and retaining a sufficient primary care physician workforce. To address these concerns **Texas must not only increase the amount it pays for primary care services, but reform *how* it pays.**

**We respectfully ask that the committee adopt a two-part Medicaid primary care payment modernization plan.**

- 1) Establish a process within HHSC to convene an expert panel of primary care clinicians, health plans, and others to provide lawmakers with recommendations for how to do just that.

- 2) Support a 10% Medicaid payment increase for adult office-based primary care services, like the Medicaid payment increase enacted in 2023 for pediatric and obstetric services.

Adult primary care physicians care physicians are integral to improving women’s health services, including postpartum care, mental health, including parents, and access to timely services for people with disabilities. Adult Medicaid primary care services have not been meaningfully increased in more than two decades.

**Moreover, when physicians apply to participate in Medicaid, the process should be easy and fast.** Yet, ongoing and new malfunctions within the Medicaid Provider Enrollment System (PEMS) impede the ability of physicians – and other clinicians – to do just that, delaying their ability to get paid. It’s bad enough Medicaid pays below the cost of providing care, but it is even worse when it takes months to get paid, if at all. While Medicaid fee-for-service will make retroactive payments due to no-fault provider enrollment delays, Medicaid managed care organizations cannot.

- **Promote timely access and availability of women’s preventive health services.**

We strongly support fully funding the state’s women’s health programs — Healthy Texas Women, the Family Planning Program and the Breast and Cervical Cancer Treatment Program. As filed, SB1 significantly reduces funding for HTW and FPP. However, during the February 3, 2025 hearing on HHSC’s LAR, the chair quickly clarified that the apparent reduction was not intended. Rather, the reduced funding reflected a difference between how the Legislative Budget Board and HHSC forecast growth in program utilization and enrollment.

We very much appreciate this clarification. **As you refine the budget over the coming months, we thank you in advance for a commitment to carefully reevaluate the underlying assumptions on which HTW and FPP appropriations were based within SB 1, as filed, and updating them to reflect the need our members see among their own patients for these vital services.**

Additionally, we ask that the committee support dollars to do the following.

- Provide comprehensive care to women *before* pregnancy. Healthy pregnancies begin well before conception, making early and ongoing preconception care throughout women’s child-bearing years critical to improving birth outcomes for mother and baby.
- Enhance screening for perinatal depression (PPD) among postpartum women by providing HHSC funding to align Texas Medicaid policy with the American Academy

of Pediatrics' recommendations to conduct screening exams during a child's 1-, 2-, 4-, and 6-month well-baby checks.

- Expand the availability of women's preventive mobile health services.

## **Department of State Health Services**

### **➤ Preserve robust disease prevention initiatives.**

Public health and primary care work hand-in-glove to improve patient health, whether that be ensuring Texans are vaccinated against deadly diseases, promoting innovative programs to reduce maternal deaths and complications, or combating rising rates of preventable diseases, including cancer and heart disease.

TAFP strongly supports DSHS's exceptional item requests to make our communities healthier, including dollars to preserve DSHS's ability to rapidly detect, prevent and respond to infectious disease outbreaks, improve maternal and child health, and reduce cancer.

Family physicians — and the communities they serve — are stronger when they have a reliable, statewide public health agency as their partner. TAFP urges the committee to fully fund DSHS exceptional items:

- EI 4: Improve efforts to decrease congenital syphilis, a preventable condition that is on the rise, contributing to rising rates of infant and child mortality and morbidity.
- EI 5: Preserve robust regional and local public health services, which are critical to the state's efforts to prevent infectious and chronic diseases.
- EI 7: Reduce harm — and costs — from tobacco-related cancers by investing in programs that help more adult Texans quit smoking.
- EI 8: Improve maternal and child health by improving timeliness and quality of data to inform strategies for reducing maternal mortality in addition to information needed to identify incidence of birth defects.

### **➤ Enhance funding to expand innovative initiatives to improve maternal health quality and safety.**

At the direction of lawmakers, in 2018, DSHS launched TexasAIM, an innovative program to help make births safer, implemented in partnership with the national Alliance for Innovation in Maternal Health (AIM), the Texas Collaborative for Healthy Mothers and Babies, and the Texas birthing hospitals, physicians and nurses throughout the state. Participating facilities

and clinicians work with DSHS to implement consensus-based “safety bundles” to improve recognition of and response to obstetric emergencies. To date, Texas has implemented bundles pertaining to maternal hemorrhage and hypertension and piloted another to improve management and treatment of mothers with opioid and substance use disorders.

TexasAIM has broad support among hospitals, with 98% of birthing hospitals participating, including 92% of rural hospitals. With more funding, Texas could expand, tailoring initiatives already developed by the national AIM partner, such as a safety bundle to improve maternal cardiac care, reduce rates of sepsis, and treatment of pregnant women with opioid or substance use disorders.

We urge lawmakers to provide additional dollars to expand TexasAIM — a proven program to improve birth outcomes. Moreover, we ask that any additional funds include an allocation to offset rural hospitals’ costs to participate, including staff training and travel, to ensure their continued ability to participate.