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EXECUTIVE DIRECTOR:

JOSÉ E. CAMACHO

PHONE:
(512)329-5959

FAX:
(512)329-9189

INTERNET:
WWW.TACHC.ORG

Texas Health and Human Services Commission
Brown-Heatly Building
4900 North Lamar Boulevard
Austin, TX 78751

June 20, 2016

Dear Executive Commissioner Smith,

We write to express our deep concern about the potential for locally acquired Zika cases in Texas this summer and beyond. Our concern is based on our experience directly serving patients at high risk of being exposed to this virus or as consumer groups that educate on critical health care topics. With 65% of Texas' population living in areas where the *Aedes aegypti* mosquito can be found and heavy spring rains, at the forefront of concerted state and local efforts should be the following:

- vector control,
- widespread education (PSA's, posters, etc.)
- contraceptive counseling, and
- mosquito bite prevention.

Due to the link between Zika and microcephaly, those at risk include:

- pregnant women with and without health insurance,
- women of child bearing age without coverage,
- men without health insurance who have female partners, and
- uninsured children.

Microcephaly is a condition that could have a long term health and financial consequences for the state given the severe health care needs that babies born with this condition will need throughout their lives.

Direct care clinical providers and other partners would like to join with the state to implement immediate assistance to the most vulnerable populations. For example, community health centers in Texas provide care to nearly 1.2 million patients each year - 73% are at or below 100% of the federal poverty level and 61% are female. Given health center experience with Dengue fever, another mosquito-borne viral disease, health centers know that patients encounter many obstacles to accessing services they need to prevent Zika, including exposure due to poor housing conditions and lack of air conditioning or window screens, proximity to standing water, jobs that require extended periods of time in mosquito-prone areas, lack of financial resources to purchase protective clothing or insect repellent, and potential economic hardship by attending additional medical appointments.

The organizations below offer the following recommendations to address the Zika threat in Texas.

Recommendations

Pregnant Women and Children with Medicaid

According to the April, 2016 Medicaid eligibility files released by HHSC Forecasting, Texas Medicaid covered 143,338 pregnant women in August, 2015. To address the high risk of Medicaid pregnant women acquiring the Zika virus, the Center for Medicare and Medicaid Services (CMS) released an informational bulletin on June 1, 2016 regarding Medicaid benefits available for the prevention, detection, and response to the Zika virus, including a Medicaid state plan option “to cover mosquito repellents when prescribed by an authorized health professional.”

The providers and partners below strongly urge HHSC to add insect repellent as a Texas Medicaid benefit immediately without prior authorization and to develop a medical policy that addresses barriers to getting an insect repellent prescription from the health care provider. For example, for those with health insurance coverage, requiring them to make a doctor’s appointment with already over-booked health care providers to receive their prescription is a barrier to access.

In addition, HHSC should also issue immediate guidance to the Texas Medicaid and CHIP HMOs listing the provision of insect repellent to Medicaid and CHIP clients as an approved value added service until CMS approves federal financial participation for this new Medicaid benefit.

Women of Childbearing Age and Men with No Health Insurance Coverage

Medicaid coverage for Texas adults is extremely limited and non-existent for over 1 million Texans. Only a very small subset of the at-risk population will gain access to needed Zika prevention and treatment under current Texas guidelines or the option offered by CMS to include insect repellents as an allowable Texas Medicaid state plan option. For example, if a male is infected, his partner is at risk of also becoming infected. Both partners need access to services such as contraceptive counseling.

The providers and partners below strongly urge HHSC to work with provider associations who already have the direct, trusted link to providers such as the Texas Association of Community Health Centers, the Texas Academy of Family Physicians, and the Children’s Hospital Association of Texas, to name a few, to provide Texans with extensive educational programs to be started immediately, including contraceptive counseling. Many of these providers currently participate in state funded programs, such as the Healthy Texas Women, Family Planning, Title V, Primary Health Care, Breast and Cervical Cancer Screening Services Program, where this type of direct patient education can occur if prioritized by the state as a key effort.

HHSC should work with certified promotoras, community health workers and/or organizations to have trusted members of local communities lead these efforts. For example, some community health centers already have promotoras or community health

workers on staff to provide education efforts directly to high risk communities about issues such as Zika. It would also be very helpful for HHSC to make a list of certified promotoras publicly available so that the partners can reach out directly to them to coordinate efforts.

HHSC should include the coverage of insect repellent as an allowable benefit in all its safety net programs, especially in the programs that target women of childbearing age, such as the Texas Women's Health Program and the new Family Planning Program that will be implemented July, 1 as well as an immediate allowable benefit to the Expanded Primary Care Program and existing Family Planning Program.

Other Recommendations

HHSC should meet with key relief organizations to determine possible partnerships to facilitate immediate distribution of insect repellent in Texas. Finally, it would be helpful for HHSC and/or DSHS to post on a public site the list of emergency respondents through the state so that we can work with them to further develop local based plans to respond to Zika incidents.

We urge HHSC to explore any and all possible collaborations, partnerships and means of extending benefits to the most vulnerable populations to address prevention, detection and response to Zika virus and the conditions that exacerbate the possible spread of the infection.

To stay ahead of Zika, we need to consider more holistic approaches. By ensuring that all Texans have access to preventive measures and treatment, we can help stop the spread of Zika and reduce potential long-term costs to the state.

Please feel free to contact any of us to discuss these or other matters related to Zika.

Sincerely,

Texas Association of Community Health Centers

Texas Academy of Family Physicians

Children's Hospital Association of Texas

March of Dimes

Center for Public Policy Priorities

Children's Defense Fund

Texans Care for Children