

A Message for Governor Abbott: Recommended State Actions to Improve Access to COVID-19 Testing and Treatment

By Anne Dunkelberg, Melissa McChesney and Stacey Pogue

NOTE: CPPP gratefully acknowledges the collaboration of Texans Care for Children and the Children's Defense Fund Texas in compiling these best practices. To sign on to a letter requesting these actions and policy changes, [click here](#).

If we are serious about saving lives in this pandemic, we must ensure that every Texan is able to:

1. **Access testing and treatment, without fear of economic costs**
2. Stay home when they are sick, or care for family members who are sick
3. Stay home when schools are closed, self-quarantine, or otherwise comply with public health directives
4. Be protected from exposure to infection on the job
5. Take all the life-saving steps above without families sustaining serious economic harm

On March 18, 2020, the President signed the [Families First Coronavirus Response Act](#), or HR 6201, into law. It includes important requirements for **both public and private insurance** providers to supply access to testing for COVID-19 and testing-related services without out-of-pocket costs.

The new law leaves some important decisions to each governor to make, and also leaves some problems unresolved that only the state governments can fix because they are regulated only at the state level.

Recommendations listed below are focused on #1, access to testing and treatment, without fear of economic costs, particularly for Texas' low and moderate-income families, and are addressed to Governor Abbott, the Texas Health and Human Services Commission and the Texas Department of Insurance.

Each of the options described is available under current federal law or waiver authority:

1. Most Urgent:

- Opt into and implement as soon as possible special 100% federally-funded testing for the uninsured through **Medicaid** (Congress' HR 6201).
- Opt into and implement as soon as possible special 100% federally-funded testing for the uninsured with funding from the **National Disaster Medical System** that can be used to support testing without regard for immigration status (Congress' HR 6201).
 - Roughly 1 in 5 uninsured Texans could be excluded from the Medicaid-linked COVID-19 option due to immigration status, depending on the final interpretation of the new law.

- But HR 6201 also allocates \$1 billion nationwide for that fund that Texas can use to ensure there are no barriers to testing for non-citizens.
- These funds are available in addition to the uncapped Medicaid-linked funding for testing.
- Texas must avoid the dangerous public health consequences if a large share of the population are left out of testing and tracking of the disease.
- **Free up Texas HHSC eligibility systems and staff to concentrate on new applications for Medicaid, the Supplemental Nutrition Assistance Program (SNAP) and the Children’s Health Insurance Program (CHIP), the new Medicaid testing program, and other critical HHSC tasks.** HR 6201 requires the state to suspend nearly all terminations of Medicaid coverage until after the federal disaster period is over (except for individuals who voluntarily end their coverage or move out of state).

The following policy steps will take work off the HHSC plate and ensure HHSC eligibility staff can prioritize the testing program and the expected new applications as more families experience job loss or reduced work hours.

- **Suspend renewals for Medicaid and CHIP** to comply with HR 6201 and eliminate unnecessary work, so beneficiaries keep their current coverage and can continue to receive health services. Leaders will need to make a plan for staggered renewals after the emergency has ended to avoid an overwhelming renewal processing load.
- **Suspend periodic data checks between renewals for children’s Medicaid and the small number of parents covered in Texas Medicaid.** As no terminations of coverage are allowed, these activities will be a waste of scarce resources.
- **Ensure sufficient staffing levels at HHSC to process applications, as HHSC has experienced a significant backlog and delay in Medicaid and SNAP processing in the last 5 months.** HR 6201’s 6.2-point Medicaid federal matching rate increase (FMAP) will offset these and other health care costs related to COVID-19.
- **Minimize paperwork required from applicants by relying on the self-attestation and electronic data sources allowed under federal Medicaid law** to the maximum extent possible. Follow up with verification requests only when the attestation is not compatible with up-to-date information from electronic data sources.
- **Fill remaining gaps to ensure free COVID-19 testing for Texans with private insurance.** The newly-passed Families First Coronavirus Response Act takes a vital step by covering the costs of COVID-19 testing to uninsured Texans, as well as those in Affordable Care Act-compliant insurance, self-insured plans used by many governments and larger businesses (including plans “grandfathered” under the ACA), Medicaid, CHIP, Medicare, TRICARE, Veterans Affairs, coverage for federal civilians, and the Indian Health Services. However, this provision of the new federal law does not apply to some bare-bones insurance and non-insurance coverage sold to Texans.
 - We applaud Governor Abbott’s and TDI’s earlier request for state-regulated insurers to do the same, and urge his administration to take all additional steps needed to ensure that all of Texas’ state-regulated plans are held to the same high standard of coverage of testing

without out-of-pocket costs, including testing-related costs like office visits or facilities fees, and with no surprise bills.

- TDI should require any bare-bones, temporary, and non-insurance plans that are not required to cover testing with no out-of-pocket costs by federal law or state directive to immediately inform their customers and provide them with information on how to access free testing for the uninsured.

2. Other Time-Sensitive Needs

We urge the Governor to pursue the following:

- **In keeping with the intent of HR 6201, identify and eliminate any remaining Texas policy barriers to:**
 - telehealth/telemedicine/telephonic care in Medicaid, CHIP, and private insurance for the duration of the emergency;
 - coverage for 90-day supplies of needed medical supplies and maintenance medications, allowing advance refills, and covering home delivery; and
 - prevention, testing, and treatment of COVID-19, through specific actions already requested by Governor Abbott and TDI of state-regulated insurers on March 10. TDI should assess which of the requested actions have been completed uniformly by insurers voluntarily and which may need to be addressed through emergency rule or other means.
- **Include in Texas' COVID-19 public awareness campaign information about:**
 - Free COVID-19 testing, including availability without regard for immigration status;
 - The fact that Medicaid and CHIP will fully cover testing without co-payments (per HR 6201), including for Texas' CHIP Perinatal enrollees.
- **Drop CHIP cost sharing for additional services:** In addition to the suspension of CHIP copayments for office visits and prescription drugs, Texas should eliminate any other out-of-pocket costs that may be related to COVID-19 treatment or a related hospitalization, suspend enrollment fees, and suspend the 90-day waiting period for new CHIP coverage.

3. Other Policies to Ease Access to Medicaid

- Adopt presumptive eligibility (PE) for all eligible populations, including children. Consider expansion of PE-qualified entities, including PE determinations at drive-thru COVID-19 testing sites. CMS has indicated flexibility to states around PE.
- Increase out-stationed eligibility staff at FQHCs and DSH hospitals.
- Implement Express Lane Eligibility (ELE) to ensure children enrolled in SNAP are also enrolled in Medicaid.
- Invest in greater Medicaid-CHIP outreach and enrollment assistance to maximize Medicaid's reach.

4. Best Practice Policies to Reduce Barriers to Testing and Treatment

The following are policy options available to Texas under current law which would provide vital improved access to comprehensive care (including COVID-19 treatment) for uninsured, the elderly, and Texans with disabilities.

- Expand Medicaid, which would create coverage estimated to reach 1.5 million currently uninsured Texas adults.
- Restore continuous coverage for children's Medicaid (via State Plan Amendment) and for the small number of parents covered under Texas Medicaid (via 1115 waiver).
- Eliminate asset tests for Medicaid for the elderly and persons with disabilities.
- Increase the number of slots in HCBS waivers.
- Increase the income limit for Medicaid-CHIP coverage of children to at least 300% of the federal poverty income. Only 7 states have an upper income limit lower than Texas' – and 19 states have an upper limit above 300% of the federal poverty level for children.
- Exercise Texas' option to provide Medicaid maternity coverage for lawfully present immigrant pregnant women. Texas is one of only 6 states that do not.

Additionally, we encourage the Abbott administration to work with federal partners to achieve these federal goals, via legislation or administrative actions:

- Open a special enrollment period for individuals to purchase comprehensive commercial health insurance on HealthCare.gov.
- Seek further enhancement of the federal Medicaid matching funds rate to further ease mounting pressure on the state budget.
- Suspend pending CMS regulations that would limit Medicaid financing to states, such as the Medicaid Financial Accountability Rule.
- Provide special funding for Community Health Centers (FQHCs) to help with costs of serving uninsured individuals and the costs of helping Texans enroll in Medicaid, CHIP, and HealthCare.gov coverage.
- Allocate additional federal funds for outreach and enrollment assistance for public and private insurance.

For Questions: Anne Dunkelberg dunkelberg@cphp.org, Stacey Pogue pogue@cphp.org, Melissa McChesney mcchesney@cphp.org

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