



**Testimony for House Select Committee on Health Reform  
Monday, October 3, 2022  
Children's Health Coverage Coalition**

*The Children's Health Coverage Coalition was formed in 1998 (as the Texas CHIP Coalition) to work for the establishment of a strong Children's Health Insurance Program(CHIP) in Texas. Today, our broad-based Coalition continues to work to improve access to health care for all Texas children, whether through Medicaid, CHIP, or private insurance.*

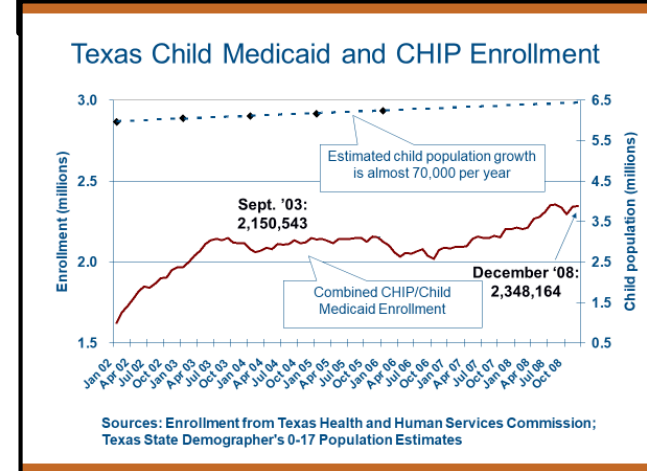
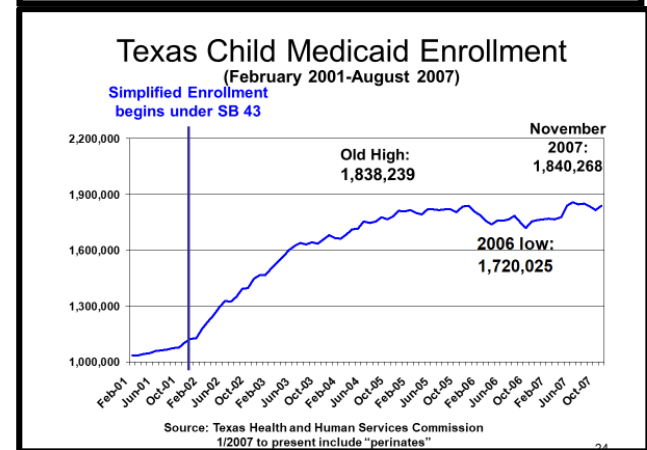
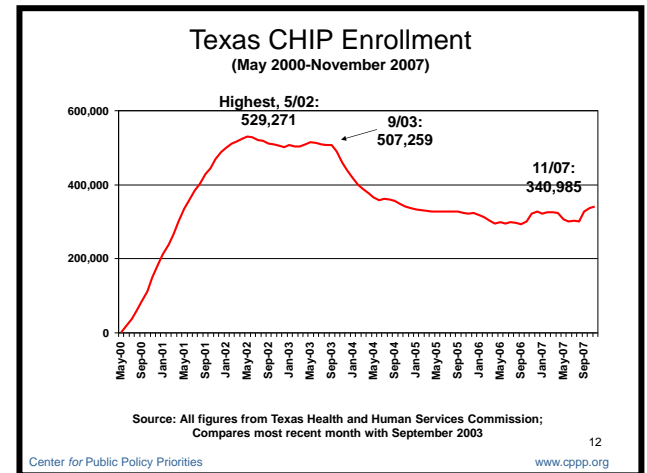
*Organizations adopting the CHCC legislative agenda in 2021 were: Children's Defense Fund – Texas; Children's Hospital Association of Texas; Every Texan; Feeding Texas; League of Women Voters of Texas; Methodist Healthcare Ministries of South Texas, Inc.; NAMI Texas; National Association of Social Workers - Texas Chapter; Pedi Place; Texans Care for Children; Texas Academy of Family Physicians; Texas Association of Community Health Centers; Texas Association of Community Health Plans; Texas Hospital Association; Texas Medical Association; Texas Parent to Parent; Texas Pediatric Society; United Way of Metropolitan Dallas; United Ways of Texas; and Young Invincibles.*

The Children's Health Coverage Coalition appreciates the opportunity to present this testimony. Our coalition developed a set of recommendations for this committee related to Charge #4 to reduce the number of uninsured children in Texas who are eligible for Medicaid or CHIP but not enrolled. Some of those recommendations were discussed in the Committee's 8/5/2022 hearing and others have been presented by other Coalition participating organizations testifying today. Today, we submit that full list to you in writing, but focus on two key recommendations not already presented to this committee.

**1) Revitalize the state's outreach and application assistance efforts to connect more eligible children and moms to health coverage, including funding community-based partners statewide.**

The 2000 CHIP roll-out in Texas was the first-ever outreach effort ever for Texas Medicaid. Texas broke national records enrolling children in our new CHIP program in 2000 and 2001, and a strong intentional plan for marketing, outreach, and enrollment assistance was a significant part of that success. That work had an impact that carried over to children's Medicaid, when enrollment was simplified by the Legislature in 2001 session to be similar to CHIP.

As the table below illustrates, the first CHIP biennium was the high-water mark for outreach and marketing funding. Funds were available in the 2000's for community-based outreach and enrollment assisters. Those early programs have since then been replaced by HHSC's Community Partners Program (CPP), which provides important resources, but no longer offers local and regional grants that can make offering outreach and enrollment help possible in smaller towns and rural counties. The CHCC believes that this recommended renewed budget investment will expand the reach of CPP to reach more be paired with under-resourced parts of the state.

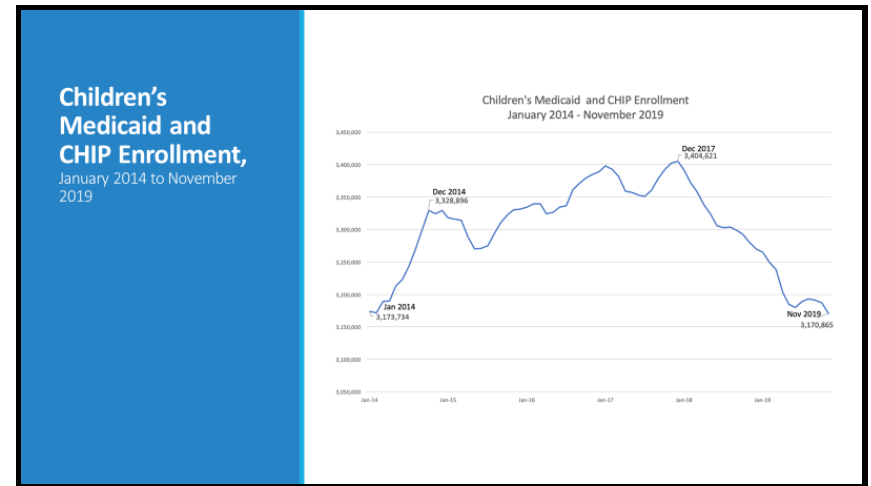
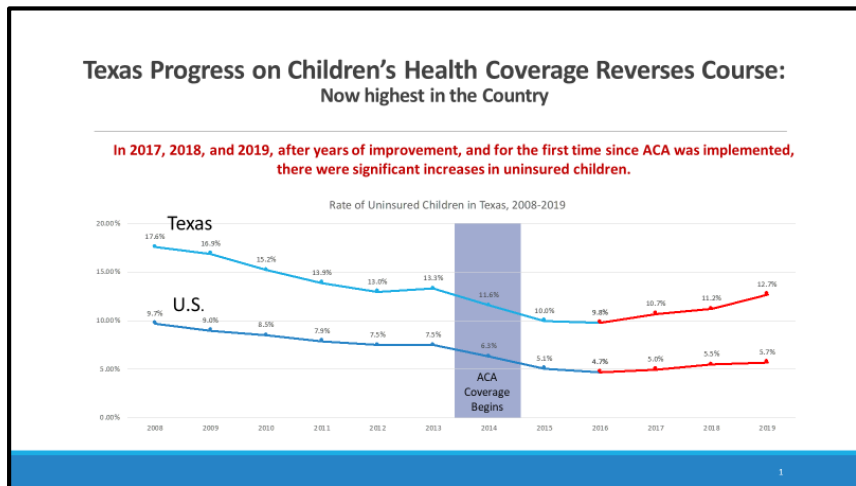


The percentage and numbers of uninsured Texas children grew from 2017 to 2019, and Texas children’s Medicaid and CHIP enrollment dropped in 2018 and 2019. As one key tool to respond, the Coalition strongly urges the Legislature and HHSC to renew a dedicated focus on marketing, outreach, and enrollment assistance.

Texas’ child population has increased by one-third (33%) from 5.9 million to 7.9 million from 2000 to 2021. The Coalition recommends allocation of an amount that—at minimum—restores Texas’ previous biennial investments of the 2000s (\$11.8 million to \$15.3 million) in outreach. Texas’ investment should:

- Address the current need to reduce the number of eligible but uninsured children;
- Take into account the historical funding in 2000–2001, population growth, and inflation; and
- Help Texas Medicaid to manage the expected upcoming end to the COVID-19 Public Health Emergency Medicaid continued coverage, without a loss of children’s coverage in Medicaid, CHIP, and private Marketplace coverage.

A modest investment in outreach and assistance will reduce state staffing costs, reduce uninsured children, and support the continued quality improvement of Texas’ eligibility systems.



	FY 00-01 9/1/99 - 8/31/01	FY 02-03 9/1/01 - 8/31/03	FY 04 9/1/03 - 8/31/04	FY 05 9/1/04 - 04/30/05	FY 06 9/1/05 - 8/31/06	FY 07 9/1/06 - 8/31/07	FY 2008 Budgeted	FY 2009 Budgeted
Marketing contract	\$ 8,673,178	\$ 3,786,221	\$ 32,466	\$ 218,074	\$ 1,422,244	\$ 1,734,961	\$ 2,000,000	\$ 2,000,000
Community-based organization	\$ 6,650,388	\$ 6,067,655	\$ 2,500,000	\$ 1,584,847	\$ 4,697,797	\$ 4,273,951	\$ 3,900,000	\$ 3,900,000
	\$ 15,323,566	\$ 9,853,876	\$ 2,532,466	\$ 1,802,921	\$ 6,120,041	\$ 6,008,912	\$ 5,900,000	\$ 5,900,000

**2) The Coalition urges the Legislature to empower HHSC to conduct a robust outreach campaign which clearly explains rules of eligibility for non-citizens and their U.S. citizen family members, and informs parents that children's use of health care services will not affect the parent's immigration status.**

Updated HHSC eligibility staff training efforts will also be necessary to ensure errors in processing applications and renewals are minimized.

In 2018, U.S. Census data indicated that 5.6 million Texans lived in a family that includes at least one non-U.S. citizen (of any immigration status: lawfully present or undocumented). About 1.9 million of these Texans were children and teens age 17 or younger, of whom the great majority—about 1.65 million—were U.S. citizen children. **That's more than one in every four Texas children.**

A surge in fear of accessing government services in the immigrant community caused Texas families to drop coverage for tens of thousands of U.S. citizen and lawfully present immigrant children. This fear factor is likely the largest single cause of the 237,000 decline in covered children in Texas Medicaid and CHIP from December 2017 to February 2020 (the current continuous enrollment requirement under federal COVID-19 law for states accepting a 6.2 percentage point increase in their federal Medicaid matching rate during the Public Health Emergency began in March 2020).

The organizations participating in the Children's Health Coverage Coalition (CHCC) and other stakeholders are eager to assist in spreading accurate information to families, but the greatest impact will be achieved if Texas' Medicaid-CHIP-SNAP agency is in a strong leadership role. Federal Medicaid officials have called on state Medicaid programs to lead in the effort to remove barriers for eligible children. HHSC has in past years provided very clear and understandable language regarding immigration status and benefits, but it is currently both outdated and hard to locate.

### **National Context**

There is no mandatory reporting of state Medicaid and CHIP outreach spending. There is a small amount of qualitative information voluntarily provided by some states as part of their CHIP Annual Reports. States including Iowa, Virginia, and Wyoming report support for local outreach assisters, and strong links to school-based outreach and enrollment. In its 2019 report, Wyoming emphasized outreach to mixed-immigration-status families "to help families with mixed immigration statuses to ease caretakers' fears about how much information they need to provide to apply for eligible children," and "sent a notification to immigration attorneys and organizations that assist immigration populations to share with their immigrant clients explaining that the (public charge) rule will not affect the permanent resident eligibility for children enrolled in Kid Care CHIP or Medicaid."

**Thank you for considering these recommendations which are based on input from membership across our coalition.** Should you need additional information on any of the recommendations, please contact Anne Dunkelberg at [dunkelberg@cphp.org](mailto:dunkelberg@cphp.org), who is submitting these recommendations on behalf of the full Children's Health Coverage Coalition. You can learn more about our Coalition at <https://www.texaschip.org/>

Respectfully submitted on behalf of the Children's Health Coverage Coalition,

Anne Dunkelberg, Senior Analyst  
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