



Interim Charge: Health Care Access Along the Texas-Mexico Border
House Committee on Public Health
Testimony by E. Linda Villarreal, MD
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Charge: Consider issues involving access to health care along the Texas-Mexico border, including, but not limited to, the ability to access providers, hospital capacity, pharmaceutical adequacy and whether any particularized training or education is necessary or appropriate.

Good morning/afternoon, Chair Klick and committee members. I'm Dr. Linda Villarreal, president of the more than 55,000-member Texas Medical Association and a practicing internist in Edinburg, a city within Hidalgo County, which is immediately adjacent to the Texas-Mexico border.

I've practiced primary care in the region, commonly referred to as the Rio Grande Valley, for 30 years, giving me unique insight into the health needs not only of my own patients but also of the people who live and work in the community at large.

Texas-Mexico Border Landscape

- More than 3 million Texans live and work along the border. Like a colorful tapestry, the border encompasses diverse cultural, geographic, and socioeconomic populations, meaning efforts to improve access to care and the health of the entire region must be adapted to the needs of each.
- The border also is geographically vast, spanning more than 1,254 miles, and a gateway to the rest of the state, encompassing 28 international bridges and border crossings.ⁱ Of all the international borders in the world, the Texas-Mexico border is among the busiest,ⁱⁱ facilitating not only much-needed trade and commerce with Mexico but also the inevitable exchange of contagious diseases, such as tuberculosis, Zika, hantavirus, and COVID-19 – pathogens that do not stay along the border but instead quickly migrate throughout the state.
- While the border region's economic prowess continues to grow, immense economic variation among border cities and counties remains, causing a lack of resources to address the living and working conditions, such as poverty, food insecurity, and environmental hazards, that contribute to higher rates of chronic disease and poor health outcomes. Otherwise known as social determinants of health, they account for about 80% of a person's total health.
- During the regular session, Dr. Oliverson filed House Bill 4365 directing the Texas Health and Human Services Commission (HHSC) to pilot initiatives to address these social determinants of health. TMA strongly supported the bill because clinical care alone is not enough to improve patient health.

Access to Care

Overlying these challenges is the exceedingly high number of border Texans who lack health care coverage.

- Statewide, 25% of Texans lack coverage, most of whom are working-age essential workers. However, along the border, the numbers are vastly worse. **My home county of Hidalgo has the highest overall uninsured rate in Texas – 31% – while South Texas is home to six of the most uninsured cities in the country.**
- Among working-age border Texans, 46% lack health care coverage. Lack of health care coverage tends to mean lack of access to health care, and with the prevalence of chronic illness in the border region, this translates to more than \$3 billion in lost productivity annually.
- Uninsured Texans have poorer health outcomes and greater economic insecurity.
- Children without health insurance suffer worse academic performance and lower earnings as adults, while uninsured postpartum women all too frequently lose their lives or suffer preventable complications.ⁱⁱⁱ
- **Moreover, growing rates of uninsured also imperil the border health care system, including the ability to attract and retain physicians.** Prior to the pandemic, many small physician practices operated on exceptionally narrow margins because most of their patients are underinsured, uninsured, on Medicaid or Medicare, or dual-eligible. As the number of uninsured continues to increase, so too does uncompensated care, an unsustainable economic situation.
- We deeply appreciate the steps you took this session to improve health care access for women and children. With your support, more Texans will soon gain coverage as Texas Medicaid implements House Bill 133, which extends Medicaid postpartum coverage to six months, and House Bill 2658, which eliminates the eligibility red tape that wrongly resulted in too many eligible children losing Medicaid coverage.
- We also have learned of potential statutory barriers for state-contracted health plans to directly access the state's immunization registry to identify Medicaid patients, including pregnant women, who are not yet vaccinated. With more timely data, managed care organizations (MCOs) could develop targeted education and outreach initiatives for people not yet vaccinated, including pregnant women, who are at much higher risk of severe illness if they contract COVID-19. While HHSC sends the data to the MCOs, this slows down the process. The inability for MCOs to timely access the data potentially delays care and the ability to help expectant mothers protect their baby and themselves. It would seem this is a classic case of the left hand not being able to assist the right hand in state government.

But much more needs to be done to improve health care access. I'll discuss this in a bit when I highlight recommended solutions.

Border Health Care Workforce

How else can Texas improve patient access to care? By increasing the numbers in the state's physician and health professional workforce.

- Good health is dependent on access to medical care. While Texas physician workforce trends are exceedingly positive, Texas continues to experience physician shortages because of geographic and specialty maldistributions and continued population growth.
- Most of the counties along the border have no physicians and are categorized as both a health professional shortage area and a medically underserved area. When you consider all the border counties together, the ratio of people per physician is 1.7 times greater than for nonborder areas of Texas (868 people per border-area physician vs. 506 for nonborder). Even counties along the border that do have physicians lack physicians in many specialties. This disparity becomes of even greater concern during pandemics and other public health emergencies when highly specialized physicians are needed. This was demonstrated during the surge in COVID-19 cases in the Valley earlier in the pandemic, when Valley residents were transported all over the state to receive needed care.
- **A recent state report indicates the Rio Grande Valley region is projected to face growing critical shortages of physicians specializing in anesthesiology, family medicine, pediatrics, and psychiatry.**
- In addition to physicians, a reliable, safe, and cost-effective delivery system also needs an ample supply of other health care professionals, including nurses. Yet the border region struggles to attract and retain these professionals.
- Just recently, the Alpine community hospital closed its labor and delivery unit because of a nursing shortage. While Alpine itself is not located on the border, it serves communities throughout the border region. Obstetrical physicians in Alpine and surrounding communities now will be required to send patients to communities hundreds of miles away to deliver – if a delivery can be scheduled. Women who go into labor unexpectedly will deliver in the emergency department.
- The situation will profoundly impact the care not only of pregnant women but also of their babies.

Public Health Infrastructure

- Along the border there is also a significant risk of infectious diseases such as Zika, tuberculosis, Chagas disease, and chikungunya due to environmental health factors such as improper wastewater and sewer services, greater internal and external migration, poor nutrition, and poor access to health care and health education. The sheer risk of so many communicable and vector-borne diseases along the Texas-Mexico border continues to highlight the need to ensure strong funding for appropriate public health infrastructure, surveillance, and infectious disease response.
- We especially saw just how vulnerable our border counties' public health infrastructure was during the first stages of the COVID-19 pandemic. The Texas border experienced devastatingly high numbers of COVID-19 hospitalizations and deaths during the early stages of the pandemic compared with the rest of Texas and the entire nation.
- According to a joint report from Kaiser Health News and El Paso Matters, COVID-19 death rates of Texas border residents younger than 65 were three times higher than the national average and twice as high as the state average. The combination of such a high uninsured

rate, large numbers of residents suffering from chronic diseases, and a shortage of health care workers along much of the border compounded the crisis.^{iv}

- If we have learned nothing else from the Ebola episode and COVID-19 pandemic, it's that waiting until an infectious disease spreads limits our ability to mitigate the threat. Our state needs strong, proactive disease surveillance capabilities. Early detection and monitoring before contagions become outbreaks can avoid the shutdown of businesses and schools and reduce the burden on our health care system.

Physical Infrastructure: Broadband and Health Information Exchanges

- Effective use of health information technology (IT) will accelerate, streamline, and benefit patient care delivery and outcomes in the Texas health care system. Electronically sharing patient information includes the ability to access and confidentially share a patient's medical history regardless of when and where patients receive care. This improves timeliness, quality, and safety of patient care by reducing medical and medication errors; improves public health reporting; and reduces health-related costs.^v
- In 2019, HHSC released a health information technology strategic plan to comply with the 1115 Medicaid waiver renewal in 2017, citing the increased benefits of health information exchange (HIE) connectivity. Today, HIE connectivity remains a priority in the state's quality improvement metrics in the latest waiver negotiations.
- Connecting physicians to HIEs is vital to achieving interoperability across Texas, meaning physicians and health care facilities – such as hospitals, ambulatory care centers, and laboratories – can bidirectionally transfer patient record data so the most current information is available at the point of care.
- Establishing and implementing a “gateway” to modernize, standardize, and integrate existing state agency systems such as the prescription monitoring program and numerous registries and systems at the Department of State Health Services would provide a single connection point for physicians and health care providers to share and access crucial state data, improving patient care and outcomes. We urge you to vault this to top priority for the agency's IT efforts.
- The passage of the historic House Bill 5 this legislative session, which led to the establishment of the Broadband Development Office within the Office of the Comptroller, presents opportunities for improving the state's physical infrastructure, which impacts access to health care. Physician and patient access to broadband remains a challenge, particularly in rural areas; full implementation of HB 5 and the build-out of a truly statewide broadband network will help ensure all patients who need care, particularly along the border where fewer physicians practice, can receive the timely care so important to good overall health.
- The lack of seamless access to critical patient and public health data impedes the provision of health care, throttling the system along the border and throughout the state.

Solutions

- Over the coming months, we urge you to work with organized **medicine to develop additional public and private sector initiatives to improve health care coverage and access – including increasing Medicaid physician payments**, which have not been meaningfully and sustainably updated in nearly two decades.

- As part of the solution, TMA supports **extending or renewing** the Texas Medicaid 1115 Transformation Waiver to protect the financial stability of border hospitals and public providers. Having said that, the waiver has no mechanism to ensure the financial viability of physicians themselves, nor does it extend coverage for patients. **We need to explore a waiver redesign** that includes community-based physicians upstream to reduce uncompensated care downstream in our emergency departments.
- Once a waiver is granted, Texas must use this crucial funding to **reinvigorate** the physician network through investment in physician Medicaid payments and innovative value-based payment models to deliver cost effective primary and specialty care outside of a more costly acute care setting.
- For truly optimal patient care, increasing access to health care coverage **must be paired with other investments in Texas’ safety-net, public health, infrastructure, and mental health systems** to promote a healthier, more prosperous Texas.
- Boosting the technical infrastructure in the state must be a priority to (1) improve access to care through virtual visits, (2) increase the robust exchange of health information ensuring the right information at the point of care to enhance care decisions for better outcomes, and (3) allow bidirectional sharing of public health information with state registries through a public health gateway.
- Finally, we urge the state to continue to prioritize and deploy COVID-19 vaccines to private practicing physicians who consult with and have longstanding, trusting relationships with their patients, and to improve Texas’ public health data reporting systems.

Thank you for your time and consideration. We recognize that Texas has many competing needs and priorities, and we encourage your focus on the international border region of this great state. We look forward to answering your questions.

ⁱ <https://www.txdot.gov/inside-txdot/projects/studies/statewide/border-crossing.html>

ⁱⁱ <https://www.dshs.texas.gov/borderhealth/>

ⁱⁱⁱ [Texas Maternal Mortality and Morbidity Review Committee and Department of State Health Services Joint Biennial Report](#), Sept. 2020.

^{iv} [El Paso Matters and Kaiser Health News. Why COVID-19 killed Texas border residents in shocking numbers. June 22, 2021.](#)

^v Office of the National Coordinator; [HIE Benefits](#); accessed Aug. 25, 2021.