



**Special Committee to Protect All Texans
Written Testimony of Gary Floyd, MD, President
Texas Medical Association**

Submitted on Behalf of
**Texas Medical Association
Texas Pediatric Society
Texas Academy of Family Physicians
Federation of Texas Psychiatrists
Federation of Texas Psychiatrists
American College of Physician Services-Texas Chapter
American College of Obstetricians and Gynecologists District XI (Texas)
and Texas Association of Obstetricians and Gynecologists**
June 22, 2022

Honorable Chair Nichols and Committee Members:

On behalf of the Texas Medical Association, Texas Pediatric Society, Texas Academy of Family Physicians, Federation of Texas Psychiatrists, American College of Physician Services-Texas Chapter, American College of Obstetricians and Gynecologists District XI (Texas), and Texas Association of Obstetricians and Gynecologists, which together represent more than 56,000 physicians and medical students, thank you for the opportunity to submit written testimony.

Many factors contributed to the tragedy in Uvalde, as with other mass shootings within Texas and the nation. As a pediatrician, father, and grandfather, I am heartbroken knowing how these incidents impact children, their parents, and communities, both immediately and in the months and years to follow. My testimony will address opportunities to strengthen mental health services for everyone impacted by these events, and potential clinical and community interventions that might help prevent them in the future.

Before I begin, **let me first state most people diagnosed with a mental health condition, even severe ones, rarely commit these types of crimes. More often, they themselves are victims of violence, including self-inflicted harm.** It's important to reiterate this message so that people in need of mental health services feel safe seeking care without fear of stigma, including the children, parents, and community members of Uvalde – *and their fellow Texans* – suffering after the horrific trauma experienced.

People who experience severe trauma often develop depression, anxiety, and/or other forms of mental illness over the following few weeks, months or even years. That is why we strongly support Texas pursuing a multi-faceted, enduring strategy to identify, support, and treat the patients who may develop mental health illness while enhancing clinical and community interventions to prevent violence.

My main points are these:

- The strain from the pandemic -- compounded by recent tragedies -- have contributed to rising rates of Texans needing mental health treatment.
- Too many patients are unable to access treatment due to a strained mental health system and workforce, high rates of uninsured, and network inadequacy.
- In the immediate aftermath of Uvalde, people living within the community can access a profusion of state, local, and private crisis mental health and trauma services. Long-term, Texas must ensure the community builds local capacity, while boosting statewide mental health investments.
- Gun violence, including rising rates of suicide among adults and children, stems from many factors, but some include “toxic” stress, persistent childhood adversity, and a frayed health and community safety net that leaves many children and families without the health care and social services they need to overcome them.
- Suicides involving firearms are the number one cause of suicide death and have an 89.6 percent mortality rate.¹ Sensible firearm safety measures can help reduce gun-related suicides.
- Supporting proven child, family and community interventions paired with augmented investments in health and social services can help reduce violence by promoting healthy, nurtured, and resilient children, families, and communities.

Childhood Adversity, Trauma and Mental Health

While everyone experiences stress, the magnitude of stress families and our children are experiencing, day after day, seems to be increasing without obstruction.² The pandemic made it worse – much worse.

The level and number of stressors are different for Texans all over the state; and, depending on where they live, whether rural or urban, their access to support systems to help manage and cope with that stress is limited.^{3,4} Prolonged stress, when left unchecked, can have harmful long-term effects on physical and mental health.¹

Adverse childhood experiences, also known as ACEs, are a particular type of stressor, defined as negative events that can have a detrimental impact to a child’s development and wellbeing well into their adulthood. Common examples of ACEs include abuse and neglect. However, ACEs also include living in a home with interpersonal violence; having a parent or guardian who commits suicide, struggles with untreated mental illness and/or substance abuse, or gets a divorce, or households experiencing persistent food, housing and/or health care insecurity.^{5,6} The more ACEs within a child’s life, the more likely that child will experience negative effects, including trauma. Nationally, 10% of children experience 3 or more ACEs, while in Texas 12% do.⁷ **Yet, ACEs are by no means destiny, particularly when children have a trusted, loving person(s) in their life, and supportive services, which serve as protective factors.⁸ Nevertheless, they must be addressed since there is no way of knowing who will be affected and how.**

Some physicians have begun screening their patients for ACEs to facilitate more timely intervention, whether that be for community services, health care treatment, or both. However, there are barriers to accessing services.

Proven programs such as the Nurse Family Partnership, where expecting and new first-time parents voluntarily receive regular in-home nurse visits during the child’s early years to improve parenting and life skills, cannot reach all families in need. For older children, fewer resources exist, though some communities have begun piloting initiatives integrating clinical, social and community services to achieve community-wide “trauma-Informed Networks of Care.”⁹ Medicaid and other public programs must play a role, but currently lack a cohesive strategy for addressing the non-medical factors that influence health. While many Medicaid managed care organizations have implemented innovative programs to address issues such as food insecurity, there is not a common framework for how to do that, such as arranging referrals to community services following a positive screen. **Texas Medicaid and other payers also do not reimburse for screening related to ACEs and related factors.**

As children grow, those who experience persistent and/or multiple adverse events often develop mental illness and/or behavioral health issues, either during adolescence or as adults. Research has shown the experiences a child is exposed to during their critical developmental stages of childhood and adolescence affects their quality of mental health and their ability to healthfully manage stress, even as adults.^{10,11}

Mental illnesses vary greatly in type and severity: In 2020, nearly 20% of American adults reported having a mental illness, but only half of this population received help from mental health services.¹² Among children and young adults ages 10-24 years, suicide is the second leading cause of death, with a growing number of young people choosing firearms to inflict self-harm. For adults, rates of suicide also have steadily increased over the past decade.

Yet, for patients needing mental health services, among both public and private health insurers, there often are long wait times to see a psychiatrist or mental health professional, if one can be found at all. Some physicians choose not to participate in Medicaid or commercial health plans due to inadequate reimbursement, while others might be excluded from a patient's insurance network. There also is the continuing stigma against seeking and accepting assistance.¹³ In Texas, about 2/3 of children with a major depressive disorder do not get the treatment they need.^{3,14}

Existing Programs and Support

Medicaid and the Children's Health Insurance Program (CHIP) play an essential role in delivering mental health services for both adults and children. Pre-pandemic, 15% of all Texans were enrolled in Medicaid, most of them children, parents and pregnant women who face economic hardships. Medicaid covers 53% of pregnant women, while Medicaid and CHIP together insure 43% of children. (As a result of the public health emergency, Medicaid enrollment grew. These figures do not reflect changes in enrollment due to COVID-19.) Through these programs, patients can receive behavioral health assessments, intervention, and treatment. However, 12.7% of Texas children lack health insurance, despite many being eligible for Medicaid or CHIP, but not enrolled.

During the 87th legislative session, Texas appropriated \$8.44 billion across 25 state agencies to fund behavioral health-oriented programs,¹⁵ including additional funding for the Texas Child Mental Health Care Consortium (Consortium), established by lawmakers in 2019. The Consortium's mission is to "Advance mental health care quality and access for all Texas children and adolescents through inter-[academic] institutional collaboration..." Among its services are the [Child Psychiatry Access Network \(CPAN\)](#), which provides training and virtual psychiatric or mental health professional consultations to primary care physicians and other providers, and the [Texas Child Health Access Through Telemedicine \(TCHAT\)](#) program, which provides in-school behavioral telehealth care to at-risk children and adolescents. Last year, lawmakers also allocated federal funds **to pilot a Perinatal Psychiatric Access Network (Peri-PAN)** to improve treatment of perinatal mental health needs among pregnant and postpartum women.

Despite their short existence, both CPAN and TCHAT have proven their value to physicians and families, providing a much-needed bridge to address severe gaps and deficiencies in the state's mental health care system.

Texas also has a variety of state and local initiatives to help children and families understand, process, and recover from trauma. While "trauma" gets casually used in everyday vocabulary to describe all manner of unfortunate events in people's lives, in the context of "trauma-informed care," it has a particular meaning, referring to "exposure to an incident or series of events that are emotionally disturbing or life-threatening" with the potential for lasting adverse effects.

Various state and local level organizations provide training aimed at improving understanding and practice of trauma informed approaches tailored to the circumstance under which people work, such as in health care, educational, or law enforcement settings for example. Examples of programs in Texas include:

- the [Central Texas Pediatric Trauma Learning Collaborative](#), hosted by the Texas Pediatric Society, which gives pediatricians the skills to identify and manage ACEs and childhood trauma among their patients;
- The [Bounce Back Program](#), a school-based intervention, aimed at children who have experienced traumatic events to provide them with coping skills;
- HHSC’s [cross-system trauma informed care transformation initiative](#) that entails working with state agencies to advance trauma-informed organizations, culture and services and “allow Texans to have access to care at the right time and place”; and
- [The South Texas Trauma Informed Care Consortium](#), which works with multiple sectors to educate and raise awareness about trauma and trauma-informed care among communities in Bexar County to build community resiliency.

Underpinning all these programs is research showing that people who suffer from severe trauma also can recover, going onto lead successful lives, particularly with timely interventions.

Health Care Access

As important as the Texas Child Mental Health Care consortium’s initiatives are, its reach is only as robust as the primary care physician network with which it collaborates. Patients suffering mental health disorders often seek treatment from their primary care physician, who can manage and treat many mild to moderate diagnoses. If more specialized care is needed, then CPAN helps those physicians continue to manage treatment as long as needed or until the patient can obtain a specialty referral. Given the shortage of both adult and child psychiatrists as well as mental health professionals, the PCP’s role cannot be overstated as part of the team strategy to ensure early intervention, treatment, and management of mental illness.

Yet, low Medicaid payments and administrative hassles mean more primary care physicians choose to limit or halt Medicaid participation. Innovative Medicaid managed care value-based payment arrangements help, rewarding primary care physicians for improving health outcomes. Yet, these payment arrangements remain based on a Medicaid fee-for-service physician fee schedule largely unchanged for more than a decade, falling farther and farther behind compared to other payers. In Medicaid, a physician seeing an established pediatric patient for a behavioral health assessment will be paid \$78, while Medicare will pay the same physician treating the child’s grandparent \$104. Estimated payment from commercial payers would be twice as much as Medicaid.

Physician practice costs, like that for other small businesses, are not static. To keep the lights on, many practices have reluctantly limited how many Medicaid patients they accept, despite broad physician support for Medicaid as a program. Physicians do not want to limit their ability to see Medicaid patients, but some have felt forced to, because Medicaid typically does not cover the cost of care.

Moreover, while the mental health needs of most children or adolescents can be treated by a physician or mental health professional, some patients require more intensive services to recover, including via outpatient or inpatient mental health services.

Health Care Coverage

Parents living with untreated mental illness often are unable to adequately care for their children.

Yet, *the environment in which children grow affects their development and emotional well-being as much as genetics.*¹⁶ Pre-pandemic, 1 million adults reported an unmet need for mental health treatment, with costs being a key reason. A quarter of Texas adults— 4.1 million -- lacked health care coverage in 2020, the highest in the country. Most work and have low incomes; many are parents.

Knowing that the health and well-being of parents undeniably impacts the health of their children, Texas must forge a meaningful health care coverage initiative to ensure low-income parents and adults can obtain timely mental and health care services.

While coverage alone will not improve access, coverage is the key to timely entry to the health care system, including intermediate and intensive mental health services.

Work Force Capacity

For the past decade, Texas has increased investments in the mental health system, but Texas's population boom means demand for services far outpaces supply. As a result, **there is an ongoing need to increase the number of general psychiatrists, child/adolescent psychiatrists, and mental health care professionals.** In 2020, the Department of State Health Services commissioned a study examining the imbalance between supply and demand for physician medical specialties in 2018 and 2032. It found psychiatry has the second highest degree of shortage, after infectious diseases. More specifically, for 2018, DSHS estimated there is *a net deficit of 1,061 psychiatrists.*

Thankfully, the number of physicians choosing to specialize in psychiatry also grew over the past several years. In fact, deans at some Texas medical schools reported that in 2022, Texas medical school graduates seeking a psychiatric residency position struggled to find a position. Nationally, 99% of the positions offered in psychiatry in the U.S. were filled on match day.

Moreover, 78% of Texas' 254 counties (198) are designated by the federal government as Health Professional Shortage Areas (HPSAs) for mental health. Additionally, an additional 23 counties have a mental health HPSA designation for low-income populations, meaning 221 of Texas' 254 counties (87%) do not have adequate mental health resources.

As noted above, **primary care physicians play a vital role in the state's mental health care system, serving as the gateway to initial treatment by many patients, particularly those reluctant to seek care elsewhere due to the potential stigma.** Studies show that integrated systems of primary and behavioral health care improve patient outcomes. Many patients diagnosed with a mental illness also suffer from one or more chronic conditions. Co-locating services improves treatment of both. In 2021, lawmakers enacted Senate Bill 672, directing Texas Medicaid to establish a mental health collaborative care model – one based on Medicare. TMA supported the legislation, which will benefit larger practices and health systems able to integrate mental health professionals into their practices. However, the complexity of the payment model may deter smaller practices from participating.

To promote greater mental health/primary care collaboration, Texas must boost payments for mental health services provided within primary care settings. Moreover, given the timeline to increase the mental health workforce more broadly, Texas should pilot innovative community-based crisis-intervention training, peer support networks and community-based trauma informed networks.

Lastly, firearm injuries, both fatal and nonfatal, are an epidemic: a Texan dies every three hours from gun violence, according to a 2020 CDC study. Injuries can be intentional, such as suicide and homicide, or accidental.

Recommendations

To help improve the mental health, resiliency and safety of our patients, our organizations recommend a multi-pronged plan to strengthen the state’s health and social services for children, families, and communities.

- Sustain current initiatives offered by the Texas Child Mental Health Consortium and invest in new ones, including statewide expansion of Perinatal Psychiatric Access Network and Texas Child Health Access Through Telemedicine
- Extend meaningful health care coverage to uninsured, working parents and increase outreach to inform families of programs to insure their children
- Invest in the state’s primary care physician network, a key place of service for mental health care, by expanding use of competitive, value-based payment initiatives for primary care and obstetrical care physicians
- Establish Medicaid and CHIP payment for physicians and health care providers who voluntarily screen patients for adverse-childhood experiences.
- Promote resilient families and communities by addressing the non-medical factors that influence the health and well-being of children and parents, including establishing a Medicaid policy framework to better integrate clinical and community services, such as access to healthy foods, provided to families.
- Expand availability of successful, voluntary home-visiting programs and evaluate innovative new models to benefit more families.
- Expand opportunities for crisis intervention and trauma-informed training among health professionals, school and community leaders, and families.
 - Expand outpatient and inpatient mental health capacity for treatment of children and adolescents.
 - Expand Texas’ statewide Safe Gun Storage Campaign, operated by the Texas Department of Public Safety, to remind every gun owner to responsibly store their firearms and ammunitions.
- Study state and national data pertaining to firearms including:
 - Behaviors and practices promoting and impeding safe firearm ownership.
 - Behavioral predictors associated with mass and single victim violence.

Our organizations are grateful to you for your service and stand ready to help as you evaluate current and new ways to improve the mental health and safety of our children and families. We are happy to work with you and provide more information on any of the aforementioned moving forward.

Thank you again for the opportunity to submit comments.

¹ [Suicide and Mental Health in Texas | Hogg Foundation for Mental Health \(utexas.edu\)](https://www.hoggfoundation.org/mental-health-in-texas)

² American Psychological Association (APA). “Stress in America™ 2020: A National Mental Health Crisis.” <https://www.apa.org/news/press/releases/stress/2020/report-october>. Accessed June 9, 2022.

³ Texas Health and Human Services Commission (HHSC). “All Texas Access Report Part 1: Background.” December 2020. Revised January 2021. <https://www.hhs.texas.gov/sites/default/files/documents/about-hhs/process-improvement/improving-services-texans/all-texas-access/all-texas-access-report-background-dec-2020.pdf>. Accessed June 9, 2022.

- ⁴ Mental Health America. Access To Care Data 2021. <https://mhanational.org/issues/2021/mental-health-america-access-care-data>. Accessed June 9, 2022.
- ⁵ Centers for Disease Control and Prevention (CDC). Violence Prevention. Adverse Childhood Experiences (ACEs). <https://www.cdc.gov/violenceprevention/aces/index.html>. Accessed June 9, 2022.
- ⁶ Fox C, et. al. Adverse Childhood Experiences. Texas BRFSS Topical Brief. Vol 1, No. 2. Austin, TX: Texas Department of State Health Services, Center for Health Statistics, March 2019. <https://www.dshs.texas.gov/chs/brfss/attachments/March-2019-Data-Brief.pdf>. Accessed June 9, 2022.
- ⁷ [The prevalence of adverse childhood experiences, nationally, by state, and by race or ethnicity - Child Trends](#)
- ⁸ [Adverse childhood experiences are different than child trauma, and it's critical to understand why - Child Trends](#)
- ⁹ [ACEs Aware Trauma-Informed Network of Care Roadmap](#)
- ¹⁰ Bellis MA, et. al. "Life course health consequences and associated annual costs of adverse childhood experiences across Europe and North America: a systematic review and meta-analysis." Lancet Public Health. October 2019. <https://pubmed.ncbi.nlm.nih.gov/31492648/>. Accessed June 9, 2022.
- ¹¹ Nelson, Charles A., et al. "Adversity in childhood is linked to mental and physical health throughout life." *bmj* 371 (2020). <https://www.bmj.com/content/371/bmj.m3048>. Accessed June 9, 2022.
- ¹² National Institute of Mental Health. Mental Illness. <https://www.nimh.nih.gov/health/statistics/mental-illness>. Accessed June 9, 2022.
- ¹³ Mental Health America. 2022 The State of Mental Health in America. <https://mhanational.org/sites/default/files/2022%20State%20of%20Mental%20Health%20in%20America.pdf>. Accessed June 9, 2022.
- ¹⁴ Meadows Mental Health Policy Institute. <https://mmhpi.org/>. Accessed June 9, 2022.
- ¹⁵ Meadows Mental Health Policy Institute. 87th Texas Legislature Regular Session Wrap Up. <https://mmhpi.org/policy/87th-texas-legislature-regular-session-wrap-up/>. Accessed June 9, 2022.
- ¹⁶ [Mental-Health-Policy-Brief.pdf \(iamforkids.org\)](#)