



TO: Senate
 Lt. Governor Dan Patrick
 The Honorable Jane Nelson, Chair
 The Honorable Lois Kolkhorst

House
 Speaker Dade Phelan
 The Honorable Greg Bonnen, MD
 The Honorable Giovanni Capriglione
 The Honorable Stephanie Klick

FROM: **Texas Medical Association**
 American College of Obstetricians and Gynecologists – District XI (Texas)
 American College of Physicians Services – Texas Chapter
 Texas Academy of Family Physicians
 Texas Association of Obstetricians and Gynecologists
 Texas Pediatric Society

SUBJECT: **Organized Medicine’s Recommendations Regarding Allocation of American Recovery Plan Act Dollars**

DATE: **Sept. 15, 2021**

On behalf of more than 55,000 Texas physicians and medical students, thank you for the opportunity to provide input regarding potential allocation of American Recovery Plan Act (ARPA) dollars in the forthcoming special session. (These recommendations build on ones submitted under separate cover on Sept. 9.) The recommendations outlined below adhere to House and Senate guidance that any ARPA-funded initiatives be limited to one-time expenditures rather than ongoing expenditures.

In addition to recommendations relating to ARPA dollars, we also strongly support use of general revenue funds for two key priorities: (1) improving low-income women’s timely access to care by increasing income eligibility for the breast and cancer treatment program to the maximum allowed by federal law, and (2) improving the viability of participating Medicaid and Children’s Health Insurance Program (CHIP) physicians, many of whom continue to struggle financially due to the ongoing impact of the pandemic.

Over the coming days, we know you will receive numerous other competing requests to apportion the state’s allocation of ARPA funds and will need to make difficult choices. We have crafted recommendations we believe conform to the use of ARPA funding requirements while also keeping in mind our mutual priorities: mitigating the pandemic curve by boosting the number of Texans vaccinated against COVID-19; promoting integrated, timely treatment for the growing number of Texans diagnosed with “long COVID”; improving women’s and children’s health; and increasing availability and access to care. Should you have any questions regarding these recommendations, we would be happy to discuss them further.

Thank you for your service.

ARPA Allocations

Enhance Access to COVID-19-Related Vaccine Counseling and Treatment

Allocate dollars for Medicaid, CHIP, and the Employees Retirement System of Texas to provide enhanced payment for COVID-19-related vaccine and/or treatment counseling

Rationale: Primary care physicians, including obstetricians and gynecologists, are best suited to advise and counsel patients regarding COVID-19, whether that be to discuss questions about the vaccine itself or to discuss treatment if a patient does get sick. Indeed, data show that when patients talk to their primary care physician about the COVID-19 vaccine, they're more likely to get immunized. However, the newness of the vaccine means physicians must spend considerably more time answering patients' questions about it. The same goes for any COVID-19-related treatment. Establishing an add-on payment for these counseling services will ensure physicians can allocate the time they need to help patients make more informed decisions.

Increase Access to Multidisciplinary Services for Texans Diagnosed With Long COVID

- Provide grant funding to support establishment of physician-led multidisciplinary clinics to provide treatment for people diagnosed with long COVID.
- Provide funding to a long COVID research center at one or more academic health centers to improve understanding of causes and treatment for the disorder.

Rationale: As many as 25% of people diagnosed with COVID-19,¹ even a mild case, go onto develop so-called “long COVID” – one or more persistent symptoms for many months or longer. As the number of Texans diagnosed with COVID-19 grows, so too will those who develop this syndrome. Many patients need the services of multiple physician specialties, including neurology, cardiology, and pulmonology, that require close coordination in their treatment. Funding will support establishment of multidisciplinary, integrated clinics in communities across Texas to care for patients with this diagnosis as well as enable Texas medical schools to enhance research capabilities regarding the disorder.

Boost Access to Children's Health Care Coverage

Fund an outreach campaign to encourage families to enroll their children who are eligible but not enrolled in Medicaid or CHIP.

Rationale: With the arrival of the more contagious COVID-19 delta variant, a growing number of children under age 12 – children not yet eligible to be vaccinated – have contracted the virus. Many of these children lack health care coverage, despite being eligible for Medicaid or CHIP. Without coverage, when children get sick, families often rely on the emergency department for care instead of seeking services better provided by a primary care physician, even as harried emergency departments (EDs) struggle to keep pace with the rising COVID-19 cases. Getting more children enrolled in Medicaid or CHIP will ensure their families can establish a primary care medical home to provide care – regardless of whether children need COVID-19 vaccines or treatment or other preventive health care services, such as vision and dental care, or the behavioral health care many more children will need to successfully rebound from the emotional and psychological strain caused by the pandemic.

Protect Texans Against Infectious Diseases

- Conduct a robust outreach campaign to boost uptake of flu and COVID-19 vaccines.
Rationale: Just as COVID-19 is resurging, so too many other preventable respiratory illnesses may reemerge this fall, including flu, sparking fears that 2021, instead of 2020, could be the year of a so-called “twindemic.” While any flu season's intensity is difficult to predict, some physicians and

virologists have raised concern that this flu season could start earlier and be worse, particularly for children, following a year of almost no flu due to extensive masking and social distancing.² Now is the time to encourage all eligible Texans to get vaccinated to defend themselves and their families against COVID-19 and flu this fall.

- Sustain increased investments in infectious disease prevention and surveillance.

Rationale: Since the start of the 21st century, multiple novel infectious diseases have traveled around the globe, with COVID-19 being the most recent and deadliest (thus far) but certainly not the last. Before the current pandemic, public health officials identified and managed other deadly threats, including severe acute respiratory syndrome, the H1N1 flu outbreak, and Zika, among others. While each of these diseases has impacted Texas differently, early disease surveillance and mitigation helped curb their spread. As a leader in international commerce and trade, the state attracts people from across the nation and the globe, some of whom may inadvertently bring new viruses with them. Ensuring robust disease surveillance will ensure Texas is ready to respond quickly when – not if – another novel infectious agent crosses its borders.

Promote Timely Behavioral Health Interventions for Children, Postpartum Women, and Families

- Support recommendations submitted by the Texas Child Mental Health Care Consortium (TCMHCC) to improve behavioral health care access for children and adults, as well as expanded training opportunities for child and adolescent psychiatric physicians and other behavioral health care professionals. Specifically, TCMHCC recommends initiatives to:
 - Expand access to telephonic consultative support to physicians and providers who care for women during the perinatal care period;
 - Expand the access of telephonic support to rural primary care physicians caring for adults suffering from mental illness;
 - Implement a suicide prevention initiative; and
 - Implement an adult collaborative care initiative.

Rationale: Pandemic-induced stress, anxiety, and grief have taken a toll on Texans, contributing to record high need for emotional, psychological, and substance use intervention and treatment for individuals and entire families. Sadly, the pandemic also has contributed to a dramatic increase in suicide rates, particularly within communities of color. Fortunately, in 2019 lawmakers established TCHMCC to help improve access to pediatric behavioral health care services, providing a framework not only to expand services to the pediatric population but also to help parents and families mentally and emotionally rebound. Additionally, by expanding training capacity, TCMHCC will help augment availability of psychiatrists and mental health professionals well beyond the pandemic.

Our organizations strongly support funding the TCMHCC proposals.

- Initiate an educational and outreach campaign to educate Texans about the availability of mental health and substance abuse treatment options, including people diagnosed with substance use disorders.

Rationale: Pandemic-induced stress and grief have taken a toll on Texans, contributing to record high need for emotional, psychological, and substance use intervention and treatment. However, not all Texans know that help is available or how to get it. An outreach campaign will help Texans connect to resources within their community quickly to avoid potentially devastating consequences.

Improve Access to Care for Low-Income Women

- Support the funding request submitted by the TCMHCC to support development of a Maternal Psychiatric Access Network, like the Child Psychiatric Access Network (CPAN), to expand capacity to treat new moms with perinatal mood disorders.

Rationale: Perinatal mood disorders, including depression and anxiety, impact many pregnant and postpartum women. As many as one in seven women experience perinatal depression while 11% to 17% of postpartum women experience an anxiety disorder.³ Without treatment, such conditions can harm the health of mothers and babies, sometimes tragically.⁴ A woman's primary care or obstetrical physician can manage mild disorders, but moderate to severe disorders often require treatment by a subspecialist. However, accessing such care often means long wait times due to a statewide shortage of psychiatrists, particularly those specializing in perinatal mood disorders. Establishing a Maternal Psychiatric Access Network will enable primary care physicians to safely manage these disorders by giving them the ability to consult with psychiatrists specializing in treatment.

- Initiate an outreach campaign to inform women about available women's health services – Healthy Texas Women Plus and the Family Planning Program.

Rationale: Investments in women's preventive health services pay for themselves. Studies show that women who receive timely, routine preventive services, including annual exams, screening for cancer and chronic diseases, and access to contraceptives, are less likely to have unintended pregnancies, allowing them to stay in school or earn valuable work experience before starting a family. Moreover, they are more likely to have healthier pregnancies, resulting in lower Medicaid costs. However, because of the pandemic, many women have skipped important preventive exams or just do not know about them to begin with.

- Allocate dollars to boost access to long-acting reversible contraceptives (LARCs) for adult women who want them, including immediate postpartum LARCs.

Rationale: Medicaid and the state's women's health programs, Healthy Texas Women and the Family Planning Program, pay for LARCs, including intrauterine devices, which are the most effective form of contraception. Yet despite their availability, adult women who want them often cannot get them due to administrative, logistical, and financial barriers that preclude physicians, community clinics, and hospitals from offering them. Lawmakers should allocate funds to increase availability of LARCs, including for women who want them immediately postpartum before leaving the hospital, which will help women better time and space any future pregnancy. Research shows that women who wait at least 18 months between pregnancies have healthier maternal and infant health outcomes.

- Improve timely access to breast and cervical cancer screening, intervention, and treatment for low-income women and men through increased outreach, education, and mobile screening units.

Rationale: Breast cancer is one of the most common cancer diagnoses among all Texas women and a leading cause of death. Likewise, cervical cancer is the second leading cause of cancer death in women aged 20-29.⁵ When detected early, both types of cancers are highly treatable. Yet many low-income women face barriers to early screening, including the lack of health care coverage, transportation, and affordable child care. When diagnosed late, women suffer worse health outcomes and shorter life spans. Through the Medicaid Breast and Cervical Cancer (MBCC) program, eligible uninsured, low-income women can obtain free screening as well as treatment via Medicaid if they receive a positive diagnosis.

However, many women do not realize they are eligible for the program or cannot easily obtain services. Mobile breast and cervical cancer screening units exist across Texas, but their capacity is limited. The state should allocate additional funds to support increased outreach, education, and mobile screening units.

By extending income eligibility to 250% of the federal poverty level (\$32,000 in 2021 for an individual), Texas can help more women obtain early treatment, thus improving their long-term prognosis and survival.

Strengthen the Health Care Workforce

- Enhance the state's rural physician workforce by investing in the Physician Education Loan Repayment Program (PELRP).

Rationale: PELRP provides loan repayment assistance to physicians practicing in Texas health professional shortage areas and for certain state agencies. Participating physicians must agree to practice at least four years in an eligible community or agency in exchange for receiving graduated repayment of their loan, up to \$180,000. Due to loss of funding, the program has been closed to new applicants since 2020. This program has been one of the most successful in recruiting physicians for underserved areas. Texas could establish a one-time endowment to strengthen and expand PELRP.

- Strengthen the state's nurse workforce by providing dollars to support professional training, payment of licensure fees, and other costs associated with reactivating inactive or retired nurses willing and able to return to the profession to fulfill immediate staffing shortages. Likewise, offer incentives to support current nurses willing to serve in short-staffed settings (intensive care units [ICUs], EDs, labor and delivery) but who may require additional training to refresh their skills. This also includes retaining the governor's waiver issued on March 21, 2020, that enables inactive or retired nurses to reactivate their licenses during the public health crisis.

Rationale: Not a day goes by without another Texas hospital reporting a critical shortage of nurses needed to staff hospital beds. The governor's efforts to recruit traveling nurses is helping, but Texas competes with other states for that same pool of professionals. Reactivating retired nurses as well as supporting existing nurses must be part of the state's effort not only to ensure hospitals can safely staff all available hospital emergency and ICU beds throughout the pandemic but also to maintain other vital services, including maternal and neonatal services and trauma care.

General Revenue Funding Requests

- **Enhance coverage under the Medicaid Breast and Cervical Cancer treatment program.** Federal law allows states to set Medicaid eligibility for the MBCC program up to 250% of the federal poverty level. At least 16 states have done so, including Alabama, Arkansas, and Mississippi. Texas should join them, thus expanding the number of Texans eligible for treatment.

Rationale: As noted above, breast and cervical cancer are leading killers of women, though with early diagnosis and treatment, long-term survival rates and prognoses for these cancers increase significantly. By extending income eligibility for the MBCC program to 250% of the federal poverty level (\$32,000 in 2021 for an individual), Texas can improve the lives of thousands of women and their families.

- **Establish a General Revenue Dedicated account using unencumbered federal funds to establish targeted Medicaid physician payment increases that align with Texas Medicaid and CHIP**

priorities aimed at improving maternal and child health, behavioral health, and access to care in rural and other underserved communities.

Rationale: Inadequate Medicaid payments directly correlate with an inadequate Medicaid physician network. In 2020, nearly one in three physicians reported taking no Medicaid patients. Texas has not enacted a meaningful, enduring physician rate increase in more than a decade. While Medicaid managed care organizations (MCOs) have discretion to pay physicians differently, the amount they pay is ultimately tied to the fee schedule set by the state.

COVID-19 has deeply impacted the financial viability of physician practices. Without help, this will undermine Texas Medicaid's leading-edge efforts to promote more accountable care. Additionally, the deterioration of the states' Medicaid physician network harms the whole community by taking away jobs.

Rather than an across-the-board rate increase, we support a targeted rate increase within a value-based payment framework that will align with the state's interest in improving maternal, child, and behavioral health while also addressing care health equity, outcomes, and cost-effectiveness. To pay for it, Texas should consider allocating a portion of the MCO experience rebates (profits above a preset limit) the MCOs already must remit to the state or federal COVID-19 relief dollars.

- **Accelerate adoption of Medicaid value-based payment initiatives.**

Rationale: In 2009, lawmakers adopted Senate Bill 7 by Sen. Jane Nelson directing the Health and Human Services Commission (HHSC) to redesign Medicaid managed care to promote accountability, efficiency, and better health outcomes using new payment and health care delivery models. Today, HHSC requires nearly 50% of Medicaid managed care organizations' total payments to network physicians and providers to related to such initiatives, with the goal to:

- Reward innovative, value-based health care delivery models;
- Maximize the state's efforts to improve Medicaid patient health outcomes;
- Constrain cost growth and address key health care challenges, including initiatives to improve maternal and child health; and
- Strengthen rural, border, and underserved physician networks.

Yet small physician practices (20 or fewer) struggle to implement these new models, which require training, computer software to analyze utilization and quality, and other resources to transition from a fee-for-service payment environment to a value-driven one. Funding within the rider would provide one-time grants to eligible small practices to help them enact value-based payment initiatives while remaining independent.

Through the funding, HHSC would establish an accountable care grant program to help small physician practices that agree to participate in or enhance existing value-based payment arrangements. Grants could be used to support physician and staff training, acquisition of data and decision support tools, patient-centered medical home certification, establishment of continuous quality improvement protocols, and other services or tools as determined by HHSC that will accelerate physician participation in value-based payment initiatives.

¹ White Paper: [A Detailed Study of Patients with Long-Haul COVID -- An Analysis of Private Healthcare Claims](#). FAIR Health. June 15, 2021.

² [Upcoming Flu Season Will Likely Be Severe](#). University of Pittsburgh Medical Center. Aug. 31, 2021.

³ Kendig, S, et al. [Consensus Bundle on Maternal Mental Health](#). *Obstet Gynecol*. 2017 Mar; 129(3): 422-430.

⁴ Ibid.

⁵ [Cervical Cancer in Texas](#). Texas Cancer Registry. Texas Department of State Health Services. July 2019.