

September 12, 2018

The Honorable Charles Schwertner
Chairman, Senate Health and Human Services Committee
Texas Senate
P.O. Box 12068 – Capitol Station
Austin, TX 78711

Dear Chairman Schwertner and members of the Senate Committee on Health and Human Services:

We appreciate the committee meeting today to explore ways to increase capacity and reduce waiting lists in the mental health system, to seek recommendations on ways to improve health outcomes for pregnant women and on initiatives to improve child safety. The undersigned organizations are writing to ask the committee to consider the enormous negative impact our high rate of uninsured has on our ability to make headway in each of these areas. We urge the committee to make recommendations on ways to connect more Texans to healthcare coverage.

❖ **Mental Health**

There has been a [bipartisan](#) recognition among Texas leaders on the need to improve policies to support Texans' mental health challenges.¹ But without improved access to care there are inherent limits to what can be achieved. [Data](#) provided by the U.S. Department of Health and Human Services demonstrates that Texans with health insurance were nearly 50 percent more likely to receive treatment for mental illness or a substance use disorder compared to Texans who lack insurance.² The report confirmed that more than one million Texans without health insurance had experienced mental illness or a substance use disorder during the previous year, and estimated that [over 400,000](#) of these Texans could enroll in health insurance if state leaders accepted Medicaid expansion funding.³ Providing much needed health care for hundreds of thousands of Texans would be a game changer at a time when many policy proposals are measured by the dozens or hundreds of Texans who would benefit. For more information about the impact of high rates of uninsured on Texas mental health services, see ['To Address Mental Health, Reduce Texas' Uninsured Rate.'](#)⁴

❖ **Maternal Health**

The [Governor](#) and legislators on both sides of the aisle have committed to combat the high rate of maternal mortality in our state.⁵ Now policy makers need to take action on a new [report](#) released by the Maternal Mortality and Morbidity Taskforce that underscores the critical need to increase access to healthcare for women before, after and between pregnancies. The Task Force explains that promoting optimal health before and in the years between pregnancies is essential to improving women's overall health, their pregnancy and birth-related health outcomes. The most common contributing factors to maternal mortality include underlying medical conditions like diabetes, hypertension and heart disease which require preventive healthcare visits and consistent access to health

¹ https://house.texas.gov/_media/pdf/committees/reports/84interim/Mental-Health-Select-Committee-Interim-Report-2016.pdf

² <https://aspe.hhs.gov/system/files/pdf/190506/BHMedicaidExpansion.pdf>

³ <https://www.mystatesman.com/news/state--regional-govt--politics/medicaid-expansion-could-help-400-000-mentally-ill-texans-report-says/Lz0Ve5wdntITjB5m287X9I/>

⁴ <https://covertexasnow.org/2018/08/17/to-address-mental-health-reduce-texas-uninsured-rate>

⁵ <https://gov.texas.gov/news/post/governor-abbott-signs-legislation-extending-maternal-mortality-and-morbidit>

care.⁶ Right now, 1 in 4 Texas women of reproductive age (15-44) are uninsured ([about 1.5 million Texas women](#)).⁷ While many of these women qualify for healthcare coverage during pregnancy, the opportunity to curb chronic health conditions that can lead to mortality and morbidity during and after pregnancy is missed. Because many women lose healthcare coverage two months post-partum our state is less able to address the high rate of mortality that occurs in the year following delivery. To learn more about how the lack of continuous access to healthcare for women is leading to maternal death and poor infant outcomes and mortality, see “[Expanding Health Coverage is Key to Reducing Maternal Deaths & Supporting Healthy Moms and Babies](#).”⁸ Women’s access to comprehensive health coverage before, during, and after pregnancy is critical to moms’ and babies’ health.

❖ **Improve Child Safety**

In 2016, nearly 20,000 Texas children were placed in foster care. In 66% of these placements parental substance abuse was a factor. Fifty two percent of child fatalities included active substance use by a caretaker. [National studies](#) show that the number of children entering foster care is rising sharply due to the opioid crisis, with some states seeing a 15 to 30 percent increase in just the last four years.⁹ Unfortunately, the large majority of parents with opioid and substance use disorders do not have access to needed treatment and recovery services primarily because they lack health insurance. The U.S. Department of Health and Human Services estimates that in a given year [about one million](#) Texas adults face mental illness or a substance use disorder without the benefit of health insurance.¹⁰ These uninsured Texans are left with few, if any, options. In 2017, only [5.8 percent](#) of uninsured, low-income Texas adults with a substance use disorder were served by community-based providers.¹¹ Lack of coverage, and with it the inability to afford treatment, creates an insurmountable barrier for most uninsured Texans in need of SUD care. [Data](#) from other states shows that when coverage is made available to low-income parents, access to and use of treatment services increased by up to 700 percent.¹² [States](#) that have expanded Medicaid have seen a six to 12 times increase in funds available to address the opioid crisis.¹³ Providing comprehensive healthcare coverage has the additional benefit of providing people with SUDs access to needed physical and mental health services. To learn more, read “[To Address Substance Use Disorders, Reduce Uninsured Rate](#).”¹⁴

Texas’ sky-high rates of uninsured impact nearly every part of the state budget and the ability of our families to thrive. Even when only one person in a family is uninsured, children and entire family units are left vulnerable to medical bankruptcy and the associated outcomes that come with poverty. Texas has the highest rate and number of uninsured people in the country. [Eighty percent](#) of our 4.5 million uninsured are in working families but earn wages that have not kept up with inflation, leaving them unable to afford healthcare coverage in the private market.¹⁵ Most low-wage jobs do not offer health insurance. In Texas today, a parent of a family of three can only access Medicaid if they make less than \$320 a month. However, that same family of three

⁶ <http://www.dshs.texas.gov/Legislative/Reports-2018.aspx>

⁷ <http://www.dshs.texas.gov/Legislative/Reports-2018.aspx>

⁸ <https://covertexasnow.org/2018/08/22/expanding-health-coverage-is-key-to-reducing-maternal-deaths-supporting-healthy-moms-and>

⁹ <http://thehill.com/policy/healthcare/393129-opioid-crisis-sending-thousands-of-children-into-foster-care>

¹⁰ <https://aspe.hhs.gov/system/files/pdf/190506/BHMedicaidExpansion.pdf>

¹¹ https://forabettertexas.org/images/HW_2018_SubstanceUse_Medicaid.pdf

¹² C:\Users\Laura\Dropbox\My Documents\CTN\Coalition Letters\2018\8 <https://www.cbpp.org/research/health/medicaid-expansion-dramatically-increased-coverage-for-people-with-opioid-use>

¹³ https://www.shvs.org/wp-content/uploads/2018/03/SHVS_Medicaid-Opioids_Final.pdf

¹⁴ <https://covertexasnow.org/2018/08/14/13-groups-to-lege-to-address-substance-use-disorders-reduce-uninsured-rate>

¹⁵ <https://covertexasnow.org/2018/08/14/13-groups-to-lege-to-address-substance-use-disorders-reduce-uninsured-rate>

cannot get premium assistance in the Health insurance marketplace unless they earn more than \$2,300 a month. This resulting coverage gap leaves too many Texans who are working in child care, service industries, transportation, healthcare, construction, and many [other professions](#) without any coverage options.¹⁶

Texas voters have made clear that they want the Legislature to improve access to health insurance. In a [recent poll](#), 87 percent of Texans said it was a “top priority” or “important” for the Legislature to work on improving access to health insurance. Eighty-nine percent said the same about reducing maternal deaths.¹⁷ Because of similar levels of public support, other conservative states have moved forward with expanding healthcare coverage to low-income families. It is past time for Texas to do the same.

Our organizations stand with the majority of Texans in urging this committee and the Texas legislature to courageously address Texas’ high uninsured rate. For the sake of healthy moms and healthy babies, for access to physical and mental healthcare, the betterment of child safety, and many other challenges facing the state not addressed in this letter (e.g. [rural hospital closures](#)¹⁸, the [statewide safety net infrastructure](#)¹⁹), Texas leaders must work on a plan to reduce the state’s high uninsured rate and connect more low-wage Texans to affordable coverage.

Sincerely,

Center for Public Policy Priorities
Children’s Defense Fund – Texas
City of Brownsville, Public Health Department
Community Health Choice
Doctor’s for Social Responsibility
Easter Seals Central Texas
Hope Family Health Clinic
La Union Del Pueblo Entero (LUPE)
Methodist Healthcare Ministries
National Alliance on Mental Illness (NAMI) Texas
National Association of Social Workers/Texas Chapter
Proyecto Azteca
Proyecto Juan Diego
Texas AFL-CIO
Texans Care for Children
Texas Impact
Texas Organizing Project
Valley AIDS Council

Contact: Laura Guerra-Cardus, Children’s Defense Fund – Texas, lguerracar@childrensdefense.org; (713) 419-8422

¹⁶ <https://familiesusa.org/product/top-9-occupations-employed-uninsured-texans-who-would-benefit-closing-coverage-gap>

¹⁷ <https://www.kff.org/report-section/texas-residents-views-on-state-and-national-health-policy-priorities-findings/>

¹⁸ <https://www.kff.org/report-section/texas-residents-views-on-state-and-national-health-policy-priorities-findings/>

¹⁹ http://forabettertexas.org/images/HW_2016_Comments_1115Waiver.pdf