

EDITORIAL

## **Texas health care gets welcome House call**

### **EDITORIAL BOARD**

Friday, April 06, 2007

This week's vote on the state's Children's Health Insurance Program demonstrated a refreshing bipartisanship among members of the Texas House, who came together to pass reasonable measures to improve the health care of Texas children.

Now it's up to the Senate to finish the job of expanding health coverage for lower-income children.

We call House Bill 109 reasonable because it would add 100,000 more children to the rolls of the CHIP program. That's a smart thing to do, considering the enormous number of kids who lack health insurance and the expense local communities bear in addressing their health needs.

Texas has the dubious distinction of being No. 1 in the nation when it comes to the percentage of children who are uninsured — about one in five. Any successful effort to reduce those numbers is welcome. But by investing in CHIP, which allows the state to leverage federal dollars, the state actually lowers the costs to counties, cities and other local entities that get stuck with the bills. Those expenses otherwise are passed on to local residents, who pay higher taxes for hospital bills, emergency room care or other costs of caring for uninsured patients.

Most House lawmakers seem to have gotten the message that the CHIP program is not for slackers. CHIP insures the children of working parents who earn too little to afford private health insurance. They also understand that the program is a bargain: For every dollar CHIP spends in Texas, the federal government pays 72 cents and the state pays 28 cents.

Unlike states, counties don't have the authority to leverage federal dollars for CHIP, so they get saddled with the full expense of caring for the uninsured. It's no wonder that House Bill 109 has won endorsements of nearly every major city's chamber of commerce, including Austin, Dallas, Houston, San Antonio and El Paso.

Several years ago, lawmakers unwisely slashed the hugely successful health insurance program by crafting measures that made it tougher to qualify for and remain in the program. They rightly reversed course this year in the bill authored by state Rep. Sylvester Turner, D-Houston, that restored many of those cuts. The bill would eliminate the 90-day waiting period for uninsured children, permit families to deduct child-care costs when determining eligibility and allow families to stay in the program for 12 months at a time rather than having to reapply every six months.

The latter provision, more than any other, pushed children off CHIP rolls. Before the cuts, Texas had about 500,000 children on CHIP. That has declined to about 325,000. Requiring parents to apply every six months is inefficient and it increases paperwork and expenses for processing applications.

Bad things can happen when the system breaks down. The Texas Children's Defense Fund cites the case of Devante Johnson of Houston, who had advanced kidney cancer and went without coverage for four critical months last year while his mother attempted to renew his CHIP coverage.

His mother, Tamika Scott, submitted at least five complete renewal applications, but the forms were lost in red tape, and she was unable to restore his coverage. Devante died last month of complications from the disease. He was 14.

Restoring cuts would cost only \$78 million in a \$150 billion two-year budget. Yet Republican Lt. Gov. David Dewhurst has said he opposes the most important restoration — allowing children to enroll for 12 months.

Dewhurst has positioned himself as a protector of children, introducing "Jessica's law," which mandates the death penalty for repeat child sexual offenders. But there will always be a question about his commitment toward children if he continues to support a provision that leaves so many children without health care coverage. We urge him to back House Bill 109. Do it for the children's sake.

# AUSTIN AMERICAN STATESMAN

Johnson and Miller: Invest in kids' health

## **Brenda Vickrey Johnson and Maribess Miller, SPECIAL CONTRIBUTORS**

Monday, March 19, 2007

Sometimes a dollar is just a dollar, but in the case of the Children's Health Insurance Program (CHIP), one dollar equals \$3.64.

The fiscally responsible approach to funding a program in Texas should include the overall impact on the taxpayer at local, state and federal levels. For example, for each state dollar invested in CHIP, Texas receives \$2.64 in federal matching funds (which come, of course, from Texas taxpayers). And the reverse is true — if we do not put up the dollar, we actually lose our \$2.64 to other states. So far, Texas has forfeited more than \$900 million in Texas federal matching funds by not fully funding CHIP. These funds have been returned to the U.S. Treasury and spent by other states. Most recently, the state sought to “save” money in 2003 by removing 180,000 children from CHIP coverage. You saved a little in one pocket, but lost a lot in another pocket.

But the impact does not stop there. Cuts to CHIP and Medicaid affect the health and prosperity of every Texan, and especially the pocketbooks of local taxpayers. When children lose CHIP and Medicaid coverage and end up in county emergency rooms for care, local taxpayers pay 100 percent of the bill, without the support of federal or state matching dollars. Emergency room care is far more costly than preventive investment. If a child with an asthma attack can see a doctor when an attack is still mild, he or she can be treated for about \$100. But if he or she cannot get early treatment and has to go to the ER for treatment of full-blown symptoms, the child faces a three-day hospital stay that costs more than \$7,300, according to a 2006 survey of Texas hospitals.

Children without health insurance are 25 percent more likely to miss school because of illnesses, and Texas school districts lose \$4 million per day in funding because of absenteeism. Small businesses are also feeling the squeeze of rising health insurance costs and are often unable to provide dependent care for their employees, as private health insurance premiums have increased by 87 percent over the past six years.

It doesn't have to be this way. Before 2003 budget cuts, Texas had the most effective CHIP enrollment growth in the nation, with more than 500,000 children signing up and staying enrolled in coverage. CHIP was succeeding in reducing the number of uninsured Texas children and cutting emergency room utilization. According to a state commissioned report by Institute of Child Health Policy, 20 percent of Texas children

enrolled in CHIP used the emergency room as their primary source of care before enrolling in CHIP. Once enrolled, only 2 percent of children used the ER as a primary source of care.

CHIP and Medicaid provide effective and cost-effective care for children at a cost 31 percent lower than private health insurance. Texas has the highest rate of uninsured children in the nation, with one in five children — 1.4 million — lacking coverage. More than 80 percent of these children live in working families, but private health coverage is often too costly for families to afford, averaging \$900 a month according to the Texas Department of Insurance. CHIP costs just \$40 a month per child in state funds. We can cover every eligible child for \$40 a month, or we can let the child go uninsured and pay for the \$7,300 hospitalization.

The Texas Legislature should allow children to reenroll annually instead of every six months. Requiring parents to renew their children's health coverage twice a year instead of once makes CHIP less effective and more expensive. The state spends double the money processing the same children's paperwork twice. We need to save that expense and insure more children.

Let's do the fiscally responsible thing by considering the impact on Texas taxpayers at the local, state and federal level. CHIP is a wise investment for the Texas economy, for Texas children and Texas taxpayers.

Johnson is chairwoman of Greater San Antonio Chamber of Commerce. Miller is chairwoman of the Health Care Advisory Council, Greater Dallas Chamber of Commerce, and managing partner in PricewaterhouseCoopers Dallas office.

# AUSTIN AMERICAN STATESMAN

## State has so many reasons to expand CHIP

### EDITORIAL

Wednesday, March 21, 2007

Instead of embracing an opportunity to restore the Children's Health Insurance Program, a Texas legislator used a point of order to delay action on the government health program for low-income children.

Given the stakes, the parliamentary maneuver reveals a cold, narrow-minded view toward Texas children. The families enrolled in the Children's Health Insurance Program aren't slackers — these are folks who work every day but don't earn enough to buy private health insurance. Parents are not covered by CHIP — only their children. Make no mistake, when legislators hedge on CHIP, they shortchange needy Texas children. Their opposition can't be explained financially because CHIP is a government program that has worked well and makes economic sense. When House Bill 109 restoring CHIP returns to the House in the next week or so, lawmakers should pass it.

Texas has the highest percentage of uninsured children in the nation — 20 percent — or 1.4 million kids. Despite that, the Legislature made draconian changes to CHIP in 2003 that caused its rolls to sharply decline — from about 500,000 children to about 325,000.

Lawmakers should grab this chance to reverse a bad decision. The bill by Rep. Sylvester Turner, D-Houston, won't extend health insurance to all the children who need it, but it would remove the obstacles that did the most damage.

Turner's bill would simplify CHIP sign-ups, allowing families to apply once a year instead of every six months. That would greatly reduce paperwork and expense for the state while deterring abuse of the system.

It also makes sense to eliminate the 90-day waiting period for children, as the bill does, so that kids can get medical coverage — and care — as soon as possible. Turner's bill also would soften the assets test, another provision that reduced enrollment. The assets test ended up punishing families by counting against them child care expenses or cars and vehicles valued at more than \$15,000.

We agree with adjusting the assets test but believe it should be done by administrative rule rather than by law.

There are so many reasons to expand CHIP, economic and moral. The CHIP program saves local taxpayers money. Families take their children to doctors when they have

CHIP rather than hospital emergency rooms, where the care is more expensive. Local taxpayers pick up the emergency room tabs for the uninsured.

Moreover, children without health insurance are 25 percent more likely to miss school because of illness, and Texas school districts lose \$4 million per day in funding because of absenteeism.

We also should point out that CHIP is a good investment for Texas: The federal government provides \$2.57 for every \$1 the state puts into CHIP. Over the years, Turner notes that Texas has left nearly \$900 million in federal dollars on the table by not fully financing CHIP.

It offends Texans' sensibilities that, given the opportunity, the Legislature would not extend health coverage for needy families who, by the way, pay premiums for CHIP. Turner's bill would add 100,000 more children to the program.

That's 100,000 more who would get medical care while their illnesses are in early stages instead of waiting for a crisis. That's 100,000 more who would not go to emergency rooms for treatment of minor ailments.

Legislators should get over an attitude that kids don't deserve health coverage if their parents can't afford it. Pass CHIP and protect Texas children.

## **Editorial: Funding bill for CHIP a worthy compromise**

**Web Posted: 03/12/2007 06:04 PM CDT**

**San Antonio Express-News**

The House Human Services Committee sent a strong, important message last week when it voted 8-1 to expand the Children's Health Insurance Program.

The Texas Senate should follow suit.

The compromise bill has three important components. First, it permits coverage for a year, rather than six months, decreasing the frequency with which parents have to re-enroll their children.

Second, it eliminates a 90-day waiting period for uninsured children, and, third, it relaxes income eligibility requirements.

Some critics of the bill contend that 12-month coverage could lead to families taking advantage of the program if their income changes dramatically during that period.

That argument is flimsy.

When CHIP was first instituted, parents were allowed to enroll their children once a year.

Dramatic cuts to the program in 2003 changed the enrollment period to every six months.

The state is asking people to prove — constantly — that they're too poor to afford insurance.

Children need consistent coverage to get the care they need. If they are insured one day and uninsured the next, they are likely to fall through the cracks.

And, as we all know, preventive care is the cheapest way to insure a community.

As with any government-sponsored program, there will be those who take advantage. They will be caught.

In the meantime, poor families who legitimately need coverage for their children shouldn't be penalized.

One out of every five Texas children goes without insurance. Many of them live in homes where their parents are employed but don't earn enough money to purchase coverage.

Inadequate health care for some Texans results in higher premiums for those with insurance coverage. Doctors who can no longer afford to provide services bow out of the system, sending costs even higher.

This is everyone's concern. The Texas Senate should pass this bill.

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# Editorial

March 7, 2007, 8:02PM

## Learning curve

State Rep. John Davis changed his mind about CHIP. When will his peers in the Legislature?

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There are plenty of theories about why Rep. John Davis, R-Houston, changed his stance on the Children's Health Insurance Program. Four years ago, Davis was one of the loudest advocates for cutting benefits and strictly enforcing eligibility requirements. Doing so, he and fellow Republicans claimed, would smoke out insurance cheats whose children didn't need coverage.

After three disastrous years — the 2003 measures aggravated Texas' 1 in 5 rate for uninsured children — Davis has had an epiphany. He recently filed a bill to restore CHIP's 12-month enrollment period and end required renewal every six months. The bill would also eliminate the unique 90-day waiting period Texas imposes on new enrollees and would base CHIP eligibility on net rather than gross income, so families could deduct child care before their eligibility is calculated.

It's an excellent proposal that could inject new life into a program that saves Texas millions in health costs and could save it much more. House Speaker Tom Craddick supports Davis, joining a bipartisan coalition of CHIP supporters nationwide.

But Lt. Gov. David Dewhurst and Senate Finance Chairman Steve Ogden, R-Bryan, are fighting Davis' bill, parroting obsolete arguments debunked by research. One critic's e-mail accuses Davis of wanting to "appease whining liberals."

Most perplexing of all, some Democrats who support CHIP carp that Davis only cares about expanding children's insurance to: a) pander to voters; or b) distract voters from his recent failure to file campaign expense reports on time.

No one can divine a politician's motives with certainty. Most human behavior and thought stems from multiple, often conflicting factors. What's baffling about the recent spate of Davis psychoanalysis is that good reasons to bolster CHIP abound in plain sight.

Even true believers — the ones convinced CHIP was riddled with scammers living large on child health care benefits — have realized the damage CHIP cuts have done to innocent and deserving families. Extensive news and research reports forced lawmakers to restore some vision, dental and other benefits.

Studies also are confirming reports from parents who submitted their applications in a complete and timely fashion, only to have their paperwork lost in the system. Private screener Accenture botched applications for CHIP and other social services. A recent study showed Texas is unable to keep up with its Medicaid applications.

But Davis also gathered evidence on his own. Last year he spent four hours at a CHIP enrollment event and talked to parents about their troubles getting applications processed.

"I really believe that those firsthand encounters made a difference," said Barbara Best, executive director of the Children's Defense Fund. "After that, I sent him cases I was getting, of families wrongly denied, and he personally intervened. His office called and gathered their own data."

That pattern sounds familiar, other advocates say. At first unacquainted with mental health issues, Davis began studying them early in his tenure. He now works closely with experts on proposals to reform mental health care. Mental health advocates consider him an ally.

Davis' willingness to learn, though his timetable was not as compressed as one might have wished, signals this representative is doing his job. Consequently, Davis' CHIP legislation is sound. The lawmakers who invite question are those who, despite all the evidence to the contrary, still claim uninsured children are a good deal for Texas.

# Parents tell lawmakers about problems with children's insurance program

## House committee considering 30 CHIP bills

By Corrie MacLaggan

AMERICAN-STATESMAN STAFF

Friday, March 02, 2007

Tina Garcia's 10-year-old daughter, Gabriella, who has severe allergies, had been in the Children's Health Insurance Program for seven years when she lost coverage a year after Hurricane Rita.

The Garcias were told they had too much money in their savings account to qualify for CHIP. The money that put them over the limit — about \$2,000 — was part of what their insurance company had given them to repair their hurricane-damaged home, Garcia said.



Ralph Barrera/AMERICAN-STATESMAN

[\(enlarge photo\)](#)

Carol Staton of Georgetown admires photos from the Children's Defense Fund, including one of her and her son, Dylan, that were used in a presentation to a House committee discussing CHIP on Thursday.

It apparently pushed the family assets over the \$5,000 limit put in place by lawmakers during a budget crunch in 2003.

The limit on assets is one of several policies — along with reducing the enrollment period and adding a 90-day waiting period — that led to a drop in enrollment in the program. CHIP, which provides health coverage for working families who cannot afford private insurance, has an enrollment of 325,500, down from more than 500,000 in 2003.

Garcia told the story of her daughter's problems with CHIP to a House panel that is considering 30 CHIP proposals. Lawmakers listened to testimony all day Thursday and were expected to hear colleagues lay out bills until late into the night.

Most of the proposals came from a group of Democratic House members who were joined this week by a key Republican, Rep. John Davis, R-Houston, in their call for repealing the restrictions put in place in 2003. The committee was not expected to vote.

Several CHIP families talked with reporters before they testified. There were tears as parents told stories of living on peanut butter-and-cracker diets so they could afford medical care, of praying that doctors would have free samples of the medications their children needed.

"It shouldn't be so hard to take care of our kids," said Karen Rohrer of San Antonio, who works at a temp agency. "I don't want anything for free."

Rohrer tried for five months to enroll her children, Matt and Tasha, in CHIP when she moved from California about a year ago. Telephone representatives couldn't give her a straight answer about her application and seemed not to care, she said.

"My image of these people are just little teenagers going, 'Yeah, you're fine,' and just moving on like they're selling pizzas," Rohrer said.

A private group running call centers for enrolling Texas families in CHIP and other programs has come under fire for paperwork mix-ups and other errors that led to a delay in services for thousands of families. State Rep. Patrick Rose, D-Dripping Springs, chairman of the House Committee on Human Services, on Thursday formed a subcommittee to investigate problems with the work done by the group of companies led by Accenture.

Garnet Coleman, D-Houston, said that in addition to increasing the number of children covered by CHIP, "There ought to be an acknowledgement that we need to make up for the hassle and the pain this state has put families through."

Corrine Everett of Arlington, who has multiple sclerosis, said her children lost CHIP coverage after she bought a 2003 Ford pickup because she needed a vehicle that could transport her wheelchair. That vehicle apparently pushed the family over the asset limit.

Meanwhile, the Garcia family managed to get reinstated in CHIP in January with the help of the Children's Defense Fund.

But the next time Tina Garcia received a check for home repairs from her insurance company, she didn't want to put it in the bank for fear of losing her daughter's health coverage.

"I had cash in my underwear drawer. I sure did," Garcia said.

[cmaclaggan@statesman.com](mailto:cmaclaggan@statesman.com); 445-3548

# Dallas Morning News, March 2, 2007

## Cuts in kids' care protested

Legislature: Bills would make thousands eligible for CHIP again

08:18 AM CST on Friday, March 2, 2007

By ROBERT T. GARRETT / The Dallas Morning News  
[rtgarrett@dallasnews.com](mailto:rtgarrett@dallasnews.com)

AUSTIN – Corrine Everett says the state yanked her son's health coverage last year, and he's now having trouble in school.



ERICH SCHLEGEL/DMN

Corrine Everett, with her daughter, Jessica, at her side, cries as she describes how losing Children's Health Insurance Program coverage for her 17-year-old son, Jason, has affected her family.

The Arlington woman joined other low-income Texans who spoke in support of bills Thursday to undo cuts that helped bump 182,000 youngsters from the Children's Health Insurance Program since 2003.

"The kids are slipping through the cracks," said Ms. Everett, dabbing at tears. "And that isn't right."

CHIP is designed for families who make too much to qualify for Medicaid but too little to be able to afford private insurance. Its 36 percent shrinkage in four years is now a standard topic in hard-fought legislative elections and a sore point with physicians and hospitals that have lost paying patients.

Ms. Everett, 53, is married, has two children and uses a wheelchair because of multiple sclerosis.

She told the House Human Services Committee that her 17-year-old, Jason, lost coverage early last year because she bought a vehicle deemed too expensive for CHIP families to own.

It was a 2003 Ford F-150 pickup, she said, big enough for her motorized wheelchair and necessary for her independence. The wheelchair won't fit in the family's 1999 Ford Taurus, she said.

She said she was told by a private contractor that screens people for CHIP that her F-150 busted asset limits the Legislature required four years ago. Under the limits, a family may own a vehicle worth up to \$15,000. All others have to be worth less than \$4,650.

But Barbara Best of the Children's Defense Fund of Texas, a liberal advocacy group that helped arrange Ms. Everett's testimony, said she believes Ms. Everett's son lost coverage because of another rule change.

When the state switched its CHIP enrollment broker contract from ACS to a group led by Accenture in late 2005, it stopped counting all children in a household and counted only those under 18. That's important because federal poverty guidelines, which are used to determine eligibility for CHIP, allow less income for smaller households.

The Everett family – minus daughter Jessica, 22 – barely missed qualifying for CHIP, Ms. Best said.

Ms. Everett testified that her husband, who works for a pest control business, makes \$35,000 a year. That's thousands less than the limit for a four-member household. But the limit for a family of three is \$34,340.

"Families that are a fraction above the limit need help," said Ms. Best.

She supports letting families deduct from income their costs of child care – a deduction that lawmakers disallowed in 2003.

Some key House GOP leaders are backing a bill by Rep. John Davis, R-Houston, that would restore the child-care deduction, loosen asset limits and roll back other changes made four years ago.

But the Davis bill's key provision, letting families renew coverage annually instead of every six months, is opposed by Lt. Gov. David Dewhurst. He says it would allow children who "aren't eligible to be on CHIP."

The House panel heard testimony on several CHIP bills but took no action.

**March 3, 2007**

## **14-year-old loses cancer fight**

Loss of coverage helps spotlight the paperwork errors that ail Texas' child health care system

By MELANIE MARKLEY

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Devante Johnson, a teen with advanced kidney cancer who was wrongly dropped from Medicaid and whose story put a human face on Texas' problem-plagued child health care system, died Thursday at the University of Texas M.D. Anderson Cancer Center. He was 14.

Devante's story, published on the Houston Chronicle front page on Oct. 16, 2006, helped shine a light on the paperwork mishaps that trouble the state's Medicaid and Children's Health Insurance Program.

### **House testimony**

On the day that Devante died, his mother, Tamika Scott, had planned to testify before the House Human Services Committee about her son's four-month loss of coverage while he was under cancer treatment at Texas Children's Hospital.

The committee did hear testimony from other families around the state who also had lost coverage because of errors as well as changes in eligibility rules that were made by the Legislature in 2003. And a subcommittee was appointed to investigate the blunders that have been reported in the system.

Barbara Best, Texas executive director of the Children's Defense Fund, said Devante's story put a dramatic face on the problems encountered by families who are following the right procedures but are still falling through the cracks.

"Devante's story really unveiled an eligibility system in crisis," Best said.

Devante, who had been on Medicaid, was being treated for Stage 4 cancer early last year when his mother started the renewal process on his coverage two months before it was set to expire.

Because of a state staffing shortage, officials say the application sat unprocessed for six weeks. When someone finally looked at it, the worker determined that Scott made too much money for Medicaid and instead qualified for CHIP, a program for the working poor.

The application was forwarded to Accenture's Texas Access Alliance, a private company that had contracted with the state to process applications for CHIP enrollment.

## **Lost application**

Scott said she tried tracking her application, but it was lost in the system. Repeated calls and multiple faxes got her nowhere.

At the same time, Devante's condition was deteriorating at Texas Children's Hospital. Scott wanted him transferred to M.D. Anderson, where she said doctors offered him a more promising treatment option. But the cancer center wouldn't admit him without insurance.

Devante was reinstated to Medicaid only after state Rep. Sylvester Turner's office intervened. State officials later acknowledged that Devante had been dropped by mistake.

Scott said that Devante's condition initially improved after he transferred to M.D. Anderson but he suffered a relapse during the Christmas holiday. He died a day after he was hospitalized for apparent complications from his cancer.

"He fought to the end," Scott said Friday.

Devante is survived by family members that include two brothers, Derrick, 12, and Demarcus, 8.

A wake is scheduled from 6 to 9 p.m. on Friday at Boyd's Funeral Home. The funeral will be at 1 p.m. on Saturday at Brookhollow Baptist Church, 8100 Queenston.

[melanie.markley@chron.com](mailto:melanie.markley@chron.com)