

# **Making Primary Care Primary**

**POLICY BRIEF** 



Texas continues to grapple with the highest rates of uninsured adults and children in the country. Nearly **5.2 million or 1 in 5 Texans** lack health care coverage. In some regions, such as the Rio Grande Valley, over 30% of adults are uninsured. In addition, 26% Texans lack access to a usual source of care.

## **Around 3.1 million Texans live in**

**rural areas,** more than in any other state in the country.<sup>4</sup> Rural residents face significant challenges accessing preventive, acute, maternity, and chronic care services.<sup>5</sup> Texas leads the nation in rural hospital closures, with 26 closing since 2010.<sup>6</sup>

## ····· POLICY OPTIONS: ·····

### REDUCE NUMBER OF UNINSURED TEXANS

- Educate and connect Texans to coverage.
   Increase funding for health care navigators and community organizations to assist eligible Texans to apply for Medicaid, Children's Health Insurance Program—CHIP—or federal Marketplace premium subsidies.
- **Expand coverage.** Bolster access to health care, increase affordability, and improve health.
  - 1. Provide 1 year of Medicaid and CHIP postpartum.
  - 2. Enable CHIP or Medicaid subsidies for Employer Based Coverage when people are eligible for both.
  - 3. Cover working low-income adults with Medicaid.

### STRENGTHEN ACCESS TO PRIMARY CARE

- Improve Community Access. Build upon the Incubator Grant Program for Federally Qualified Health Centers (FQHC), which provides funding to new and existing FQHCs to make them more competitive for large federal grants to open new facilities or expand services.
- Increase provider reimbursements. Increase
  Medicaid reimbursement rates for primary care
  providers in alignment with Texas Health and
  Human Services' request to increase evaluation
  and management rates to avoid office closures
  and erosion of the network of providers.<sup>7</sup>

#### **MODERNIZE TEXAS MEDICAID**

- Simplify signups and renewals. Make it easier for eligible Texans to sign up for and renew benefits through:
  - 1. Adequate staffing of the eligibility system
  - 2. Increased automation and use of reliable data sources, while maintaining program integrity, to increase the rate of data-driven renewals
  - 3. Temporary waivers to renew Medicaid using verified SNAP data
  - 4. A modernized website and mobile application for Texas benefits to make it easy for Texans to complete critical steps such as updating addresses, resetting passwords, or getting access to your case on the app

#### OPTIMIZE THE USE OF TELEHEALTH

- Strengthen infrastructure. As demonstrated throughout the COVID-19 pandemic, virtual health care services can help rural and underserved and populations maintain access to primary care providers. Communities need access to broadband services. Policy should encourage payers to alter payment structures to incentivize continuous coordinated care that uses telehealth as a tool in ensuring care continuum. Texas should discourage telehealth-only benefit plans that are not able to be combined with more comprehensive coverage.
- Create interoperability in health information exchange (HIE). Texas should establish one statewide, interoperable, and centralized HIE to connect every component of the health care delivery system: providers, hospitals, social service organizations, public health tracking programs, etc. The HIE would aggregate information from existing systems to decrease the burden of data entry and tracking, streamline public health reporting, and ensure that all patients have one, complete medical record.

#### References

- 1 Kaiser Family Foundation, *Health insurance coverage of total population*
- 2 Urban Institute, The uninsured in Texas statewide and local area views
- 3 Commonwealth Fund, Adults with a usual source of care
- 4 Rural Health Information Hub, Texas
- 5 Bipartisan Policy Center, Confronting Rural America's Health Care Crisis
- 6 The Texas Organization of Rural & Community Hospitals
- 7 Health and Human Services Commission, Legislative Appropriations Request for Fiscal Year 2024 and 2025 Volume I

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