



Invest in Patients, Public Health, and Training

Texas physicians understand this is a very tight budget year for the Texas Legislature. In times such as these, we urge lawmakers to make investments that will produce healthy returns now and later. Just as an oil change can prevent future expensive car repairs, so too can targeted investments in the physician workforce, in the health of our most vulnerable citizens, and in public health save the state from more expensive health care bills.

We are pleased with decisions in both chambers to bolster funding for mental health and substance abuse services and for women's health care. These services not only save lives, they also save vast sums of money.

Medicine urges the Conference Committee on Senate Bill 1 to use all available means, including Rainy Day funds, to avert cuts that could limit our ability to care for our patients or that will make Texans more susceptible to infectious disease outbreaks and chronic illness. Please be sure that your decisions:

- Ensure the long-term viability of Texas Medicaid by promoting community-oriented, value-based initiatives along with sensible reforms to restrain costs;
- Invest in Texas' public health system to uphold our ability to detect disease outbreaks early and better manage costly chronic diseases, such as asthma and diabetes;
- Promote a robust physician workforce to meet Texas' diverse and growing population;
- Enhance initiatives to promote early intervention and treatment of behavioral health disorders;
- Increase local and state mental health inpatient hospital capacity; and
- Sustain preventive health and wellness programs for low-income women and boost outreach to enroll eligible women into these cost-effective programs.

Medicaid

We are concerned with the size and lack of specificity in the billion-dollar-plus "cost containment" measures in both the House and Senate versions of SB 1. To protect our patients'

(continued)



Physicians Caring for Texans

50,000 Members Strong

access to quality medical care, we urge the conference committee to:

- Preserve existing covered benefits under Medicaid and CHIP;
- Preserve existing Medicaid and CHIP eligibility levels;
- Avoid any cuts to Medicaid physician payment rates, including cuts to Medicaid HMOs, which will get passed onto physicians and destabilize the better HMOs;
- Instruct the Health and Human Services Commission (HHSC) to simplify Medicaid's vendor drug program; and
- Ensure that Medicaid 1115 family planning waiver does not jeopardize important recent changes to improve women's health.

Public Health

• **Don't Cut the State Laboratory**

We need this lab — and the men and women who operate it — to detect and stop diseases like Zika and tuberculosis and screen 400,000 newborns each year.

• **Don't Undermine Texas' Ability to Detect and Prevent Infectious Diseases**

Insufficient staff at the Department of State Health Services (DSHS) will hamper its ability to prevent diseases, such as by immunizing the old and the young, and to swiftly respond to disease outbreaks, such as Zika and tuberculosis. Restore \$50.9 million to keep DSHS at full staff.

Graduate Medical Education (GME)

Insufficient GME positions will force a growing number of Texas medical school graduates to leave the state for training. Texas thus loses our investment in those future physicians and undercuts our ability to care for a burgeoning population.

- We are pleased with the increased support for GME in both the House and Senate budgets. We urge additional GME investment to ensure newly created residency slots can be refilled to maintain the physician pipeline.
- Support House funding for the Family Medicine Residency Program and the Physician Education Loan Repayment Program, both of which are essential to attracting physicians to underserved communities.

DATA Points

- Adults who gained coverage via traditional Medicaid (Kentucky) or a private-sector option (Arkansas) were 12 points less likely to use the emergency department and 12 points more likely to obtain regular care for chronic conditions than uninsured adults in Texas, where coverage was not expanded.¹
- Texas spends \$188,000 over four years to educate each student in state medical schools.² Of those graduates who leave Texas for residency training, 40 percent do not return.³

¹ "Changes in Utilization and Health Among Low-Income Adults After Medicaid Expansion or Expanded Private Insurance," *JAMA Intern Med.* 2016;176(10):1501-1509. doi:10.1001/jamainternmed.2016.4419

² State Appropriations Act, 2016-17

³ Association of American Colleges, 2016 Report

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