

By: Villarreal

H.C.R. No. 103

CONCURRENT RESOLUTION

1 WHEREAS, The State of Texas ranks last in percentage of its
2 citizens with health insurance; in 2003, nearly 1.4 million Texas
3 children did not have health insurance, the highest rate of
4 uninsured children in the nation; and

5 WHEREAS, Concurrent with this deficiency in health coverage,
6 many Texas children face substantial risks to their mental health;
7 in 2002, the United States Department of Health and Human Services
8 identified 1.2 million Texas children who suffered from some form
9 of diagnosable mental health disorder; in that same year, more than
10 400,000 Texas children were reported as suffering mental illness
11 serious enough to impair their ability to function; and

12 WHEREAS, Without insurance, however, many families must
13 resort to public hospital emergency departments for their most
14 basic health care needs, including treatment of mental health
15 illnesses; this brings to bear significant economic consequences to
16 local governing authorities through which public hospitals receive
17 funding; the Texas Department of State Health Services estimates
18 that of the 30,489 emergency room visits reported in 2002 that
19 resulted in a stay of less than 24 hours, 26.5 percent of the
20 patients admitted received care for which the hospital was not
21 compensated; and

22 WHEREAS, Uninsured children who do not receive adequate
23 mental health care likewise affect the fiscal well-being of state
24 government by being forced into the costly juvenile justice system;

1 in 2002, 50 percent of the juveniles in the Texas Youth Commission
2 and nearly half of the youth referred to the Juvenile Probation
3 Commission had a mental illness; and

4 WHEREAS, The Children's Health Insurance Program (CHIP) was
5 created to mitigate these concerns by providing insurance coverage
6 to children in low-income families for whom employer-sponsored
7 insurance was either unavailable or unaffordable; the program was
8 designed specifically to cover preventive care, such as annual
9 doctor visits and inpatient and outpatient mental health services,
10 to avoid more costly interventions later in life; and

11 WHEREAS, Regrettably, the substantial changes to the CHIP
12 enrollment process, eligibility standards, and benefits enacted by
13 the 78th Texas Legislature have decreased the program's rate of
14 participation and, thereby, its effectiveness; enrollment has
15 dropped by more than 175,000 children since September 2003, when
16 these changes became effective, and during the second half of 2003
17 Texas alone accounted for more than 50 percent of the nation's CHIP
18 enrollment decline; and

19 WHEREAS, The drop in CHIP enrollment has meant the immediate
20 loss of federal matching dollars allotted for Texas' program that
21 will instead be diverted to finance children's health insurance
22 programs in other states; the Texas Health and Human Services
23 Commission estimates the state has forfeited approximately \$229
24 million in federal funds for the 2004-2005 biennium that it could
25 have spent had there been no change in CHIP enrollment beyond state
26 fiscal year 2003; although those federal funds would have required
27 an additional \$76.6 million in state funds, each state dollar would

1 have drawn down three federal dollars for a substantial return on
2 the investment; and

3 WHEREAS, The Texas Workforce Commission's child care and
4 development fund offers an innovative, successful model that could
5 be adapted to address the statewide need for CHIP mental health
6 services by increasing the state's contribution to maximize federal
7 matching funds; through local match agreements, the commission's
8 workforce boards pursue community funds that are then transferred
9 and certified with other eligible public funds to attract more
10 federal support for the child care and development fund; and

11 WHEREAS, This same strategy, were it employed by the Texas
12 Health and Human Services Commission through local mental health
13 authorities, could minimize the impact of the budget cuts sustained
14 by the Children's Health Insurance Program and provide additional
15 funding for the program's much-needed mental health services; now,
16 therefore, be it

17 RESOLVED, That the 79th Legislature of the State of Texas
18 hereby direct the Texas Health and Human Services Commission to
19 conduct a study to determine the feasibility of adopting match
20 agreements between the commission and local mental health
21 authorities, similar to those implemented by the Texas Workforce
22 Commission's child care and development fund, to augment the
23 state's financial support for the Children's Health Insurance
24 Program mental health services by maximizing local funds to be
25 certified for federal matching funds; and, be it further

26 RESOLVED, That the commission include in its study the
27 possibility of sponsoring a pilot project for adopting local match

1 agreements limited to certain areas of the state to ascertain their
2 effectiveness; and, be it further

3 RESOLVED, That the commission report its findings, including
4 an impact analysis, to the governor and Texas Legislature by
5 January 15, 2007; and, be it further

6 RESOLVED, That the secretary of state forward an official
7 copy of this resolution to the executive commissioner of the Texas
8 Health and Human Services Commission.