

SUBJECT: Creating an express lane option for certain Medicaid and CHIP applicants

COMMITTEE: Health Care Reform, Select — committee substitute recommended

VOTE: 10 ayes — Harless, Howard, Bonnen, Bucy, Frank, Klick, Morales,  
Oliverson, Price, Rose

0 nays

1 absent — Walle

WITNESSES: For — Gregg Girvan, Foundation for Research on Equal Opportunity;  
Alec Mendoza, Texans Care for Children; Charles Miller, Texas 2036;  
Shannon Jaquette, Texas Catholic Conference of Bishops; Doug Curran,  
Texas Medical Association, Texas Pediatric Society, Texas Academy of  
Family Physicians (*Registered, but did not testify*: Joel Romo, American  
Diabetes Association; Jesse Sifuentez, Baylor Scott and White Health;  
Tim Ottinger, CHI St. Lukes Health System; Jason Sabo, Children at  
Risk; Adrienne Lloyd, Children's Defense Fund-Texas; Georgia Bates,  
Children's Defense Fund; Christina Hoppe, Children's Hospital  
Association of Texas; Denise Rose, Community Health Systems; Rachel  
Pearl Piotrkowski, Council for a Strong America; Kimberly Avila  
Edwards, Dell Children's Medical Center & Ascension Seton; Heather  
Vasek, DHR Health (Hidalgo County); Michael Dole, Driscoll Health  
System; Katherine Strandberg, Every Body Texas; Anne Dunkelberg,  
Every Texan; Jamie Olson, Feeding Texas; Ana O'Quin, Girls  
Empowerment Network; Jennifer Biundo, Healthy Futures of Texas;  
Lindsay Lanagan, Legacy Community Health; Rebecca Fowler, Mental  
Health America of Greater Houston; Christine Yanas, Methodist  
Healthcare Ministries; Will Francis, National Association of Social  
Workers - Texas Chapter; Simone Nichols-Segers, National MS Society;  
Andrew Cates, Nurse Family Partnership; Hannah Mehta, Protect TX  
Fragile Kids; Katy Miles-Wallace, Southwestern Texas Synod; Sue  
Briner, Southwestern Texas Synod-ELCA; Tom Banning and Marshall  
Kenderdine, Texas Academy of Family Physicians; Glenn Hamer, Texas  
Association of Business; Daniela De Luna, Texas Association of

Community Health Centers; Kay Ghahremani, Texas Association of Community Health Plans; Jamie Dudensing, Texas Association of Health Plans; David Reynolds, Texas Chapter American College of Physicians; Reed Clay, Texas Health Resources; Cameron Duncan, Texas Hospital Association; Joshua Houston, Texas Impact; Clayton Travis, Texas Pediatric Society; Ankit Sanghavi, Texas Primary Care Consortium; David Balat, Texas Public Policy Foundation; Erin Walter, Texas Unitarian Universalist Justice Ministry; Kristen Lenau, Texas Women's Healthcare Coalition; Kerrie Judice, TexProtects; Kathryn Ryan, The Episcopal Diocese of Texas; Ashley Harris, United Ways of Texas; Naomi Cruz, Young Invincibles; and 10 individuals)

Against — None

On — Hilary Davis, Health and Human Services Commission

**DIGEST:**

CSHB 1599 would require the Health and Human Services Commission (HHSC) to create an express lane option for determining or redetermining children's eligibility for Medicaid and the Child Health Insurance Program (CHIP). HHSC would be required to evaluate data received from applicants applying to other public assistance programs, including Temporary Assistance for Needy Families and the Supplemental Nutrition Assistance Program, to determine eligibility for Medicaid and CHIP. HHSC also would be allowed to determine a child's eligibility for Medicaid and CHIP by relying on findings made by other relevant government entities that the executive commissioner designated as capable of making eligibility determinations.

The child's parent, guardian, or custodial relative would be required to give affirmative consent before the child could be enrolled in Medicaid or CHIP. Consent could be given orally, by telephone, in writing, or by another method.

In each application for a public assistance program and on relevant agency websites, HHSC and other agencies using an express lane option would be required to include a notice that:

- information disclosed in an application could be used to determine a child's eligibility for Medicaid or CHIP through the express lane option;
- the child's parent, legal guardian, or custodial relative could choose to not disclose the information for a determination through the express lane option; and
- the parent, guardian, or custodial relative must give affirmative consent before the child could be enrolled in Medicaid or CHIP.

HHSC would be required to notify the child's parent, guardian, or custodial relative if the commission determined that the child was eligible for Medicaid or CHIP using the express lane option.

If a state agency determined that a waiver or authorization from a federal agency was necessary to implement the bill, the agency would be required to request the waiver and could delay implementation until the waiver or authorization was granted.

The bill would take effect September 1, 2023.

**SUPPORTERS  
SAY:**

CSHB 1599 would reduce bureaucratic barriers to enrolling children in Medicaid or CHIP by allowing HHSC to leverage existing verified data. Many children in Texas are already eligible for Medicaid or CHIP but not enrolled. By making it easier to enroll in Medicaid and CHIP, the bill would increase critical access to coverage and care for children in need. The bill also would require affirmative consent from a parent before a child was enrolled to ensure that the services were wanted.

The bill could reduce costs for these programs by reducing the number of staff necessary to process paperwork and simplifying enrollment and renewal processes. Increasing efficiencies in the system also would make it easier for HHSC to recertify Medicaid enrollment after the end of the continuous coverage requirement related to COVID-19.

Though insurance coverage does not guarantee that a child will receive care, uninsured children often receive medical care only in emergency rooms, which can be expensive. Children are more likely to receive preventative care if they are covered.

CRITICS  
SAY:

CSHB 1599 could increase costs for the Medicaid and CHIP programs without achieving the goal of increasing access to care. Insurance coverage does not necessarily mean that children will receive medical care. The bill could increase the number of people enrolled in the program without ensuring that they were benefiting from the services.

NOTES:

According to estimates by the Legislative Budget Board, CSHB 1599 would have a negative impact of about \$75.9 million to general revenue-related funds through fiscal 2024-25, with increased costs in subsequent biennia.