



**The League of Women Voters of Texas Response to the Sunset  
Advisory Commission Staff Report  
October 17, 2014**

The League of Women Voters of Texas (LWV-TX) is dedicated to ensuring access to affordable, quality health care for all Texans. We believe that all Texans should have access to a basic level of care, including disease prevention, primary care (including prenatal and reproductive health), acute long-term care, mental health care, and health promotion and education. We appreciate the hard work that went into the Sunset Commission Staff Report and Sunset staff efforts to ensure open, responsive and effective government by the Health and Human Services Commission (HHSC.)

The LWV-TX agrees with the Sunset Staff goal to increase service quality and achieve savings through more accountable, less fragmented, and, therefore, more efficient health and human services programs. The ultimate goal of the HHSC programs is to improve the health of all Texans. Yet we are concerned that consolidating five agencies into one huge HHSC with a governor-appointed and senate-approved administrator places too much power onto one governor-controlled administrator. **This one appointment would control all state provided health services in Texas.** The governor also is to appoint advisory committees for each of the five agencies.

- We agree the governor-appointed Commissioner of the HHSC should have a health care provider background with experience in public health and administration and **would add that the directors of other agencies involved in health care related services such as DSHS, women's health, Chip and Medicaid etc. should also have a health care provider/public health background along with administration background.**
- In the newly coordinated HHSC, health care providers should focus their time and energy on enhancing patient health and not have added administrative paperwork burden. **All coordination of HHSC computer technologies should emphasize a streamlined and easy to use user interface with quality goal-driven data capture systems.**
- We agree that with such a large agency, **efficient communication channels** need to be developed between employees, providers and clients. Large organizations can easily interfere with communication between departments. There should be easily-identified ways to communicate with different

departments. The **HHSC web interface** should be updated and coordinated for ease of use.

- **Rate setting for medical services** should be transparent, with public and provider input. Evaluation of the **low primary care rates for provider services** should take into account the potential consequence for higher patient costs for inpatient and ER treatments if not enough providers sign on to provide services.
- **Streamline data capture sources for ease of use by providers, clients and agencies with the need to know.** The user interface should be coordinated with standardized operations, technology and equipment to enhance provider and client ease of use while ensuring security. Inputting, retrieving and editing data should be reviewed for ease and efficiency between agencies and services. For example:
  - **Data should be entered once into HHSC.** A Family in SNAP may also qualify for Medicaid or CHIP.
    - The client data is there and should not need to be reentered to receive another service.
    - Health providers currently check multiple systems to confirm eligibility of CHIP or Medicaid patients.
  - Provide a **standard user interface for health care providers and clients** to ensure ease of use.
  - Provide a secure standardized **patient/client access portal** for clients to review their HHSC services and improve their health.
  - **Standardized and coordinated electronic medical records (EMRs) and other quality data capture systems** would ensure patient privacy while enhancing health care services, patient care, quality assurance and improving patient outcomes.
- Woman's health and reproductive services should provide family planning and preventative health services to currently eligible clients and open eligibility to serve more women and **to finally reduce the unplanned pregnancy rate in Texas.**
  - **Enhance reproductive health education** in use of Long Acting Reversible Contraception (LARC) for both patients and providers. Offer CMEs and CEUs to providers.
  - **Promote** the updated woman's health and reproductive services to providers and clients. Have a marketing campaign to improve the use of the coordinated reproductive women's health system to both providers and clients.
  - **Coordinate quality data capture** through EMRs and other sources to

ensure effectiveness of the program and to provide quality assurance. Coordinate frequent review of data on STDs, unplanned pregnancies, and other important patient indicators to ensure changes to the women's health program to improve patient outcomes.

- **Any changes to Northstar** should be done with as small an impact as possible to this vulnerable patient population and the dedicated mental health providers.
- Ensure continuity and completion of **The Task Force for Children With Special Needs Web Site project.**

Home visiting programs should not be consolidated without careful consideration of their goals and services.

For example, if the **Texas Home Visiting program** is moved from HHSC to DFPS, it would undermine the goals of strengthening families, school readiness, and promoting health. Families would perceive the home visiting program as associated with Children's Protective Services (CPS) and refuse to participate in the program.

The LWV-Texas reviewed the Sunset Advisory Commission Staff Report. The LWV-Texas members would be happy to work with the Texas legislature, HHSC and the Commission staff to ensure consolidations and changes do not undermine children's and low-income Texans' access to health care. We appreciate the opportunity this report has to improve enrollment and retention for CHIP, Medicaid and other services while maintaining an effective delivery system and preserving the Texas' public health safety net.

  
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