



# Medicaid/SCHIP Expansion: Opportunities to Address Latino Health Insurance Disparities

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Testimony**

Good morning/afternoon: I am Juan H. Flores, Executive Director, La Fe Policy Research and Education Center based in San Antonio. We are an organization that's engaged in efforts to create responsive changes to social and health policy impacting Hispanics through *policy analysis, education, leadership, and civic involvement*.

Health is everybody's business, but not everyone understands the complexity of our health care system or its relationship to inequalities and disparities. Of the 23 million Texans, one in three is Hispanic (36.5%), and their projected growth and economic contributions combined with improved health care access can further ensure our State's productivity. Unfortunately, Hispanics represent 59% of the State's total uninsured population. Regarding our children, the bienestar or well-being of Hispanics into the future are tied to expanding their health insurance coverage and quality health care access. Hispanic children experienced increases in the number of uninsured between 2002 and 2006 jumping to 27% compared to a decline to 11% for White Non-Hispanics.

As you debate policy options for Medicaid and SCHIP expansions we ask you to consider:

- **Health Disparities** - *Over the next decade, the prevalence of disease will shift from White Non-Hispanics to Hispanics who are primarily young and of working age.* Therefore, the socio-economic, existing health disparities and environmental circumstances of uninsured Hispanics must be considered to develop and implement effective policy solutions.
- **Affordability** - *Hispanics are most likely have lower education attainment, to live in poverty, have less disposable income, be uninsured and employed in small businesses.*
- **Accessibility** is vital to healthy outcomes and addressing health care challenges of Texas Hispanics who are most likely to be uninsured and reside in medically and health professions underserved areas.

Specifically, we urge your support for:

1. **Expanding access through the Medicaid/SCHIP Buy-in** programs because **Accessibility to health insurance coverage** is a critical step toward healthy outcomes, plus
  - 4 in every 9 Texas children are Hispanic.
  - Hispanic children are 2.5 times more likely to be uninsured compared to White Non-Hispanic children.
  - Hispanics are most likely to have limited access or no access to Employer Sponsored Insurance.
  - Education has not been an equalizer when it comes to health insurance, since Hispanics are still 2 times more likely than White Non-Hispanics to not have health insurance regardless of education levels.
2. **Eliminate barriers and obstacles** in Medicaid by streamlining the eligibility system to include more staff, interagency information exchanges and new technology. With these efforts, Texas will have access to incentive funding from federal funds to provide more access to eligible children.
3. **Improve continuity of care** by moving Medicaid re-enrollment from 6 month to 12 months similar to SCHIP to improve **Health Disparities** facing many low-income and children of color.

**4. Improve outreach and marketing resources** and funding of SCHIP and Medicaid programs to eligible individuals.

**5. Optimize** the vital resources from both the American Recovery and Reinvestment Act (ARRA) and Children's Health Insurance Program Reauthorization Act (CHIRA) to provide more **Affordable** coverage to more children in Texas.

These resources offer Texas an opportunity to set the stage for transforming access to health care. Medicaid and SCHIP is a means to address growing health insurance disparities that plague the Hispanic community and the overall large number of uninsured Texas children.

In summary, please support **CHIP/Medicaid House Bills: 584, 647, 676, 743, 745,787, 862, 1080, 1200, 1329, 1541, 1699, 1769, 1903, 1938, 2199, 2200, 2204, 2206, 2376, 2388, 2962.**

All of Texas children must have health insurance coverage, It increases the likelihood for regular access to a medical home for preventive primary care or when an unanticipated health care need arises. Access to a primary health care provider is the main entry point for acquiring preventive care, being able to receive health management attention for an acute care problem, and act as a coordinated gateway to more "insurance covered" specialized care if needed. In short, it should provide the "opportunity" to maintain good health and not add to the risk of financial health care debt. Furthermore, the coverage cost should not be a barrier to parents to pursue and retain individual and family financial security and self-sufficiency. The objective is to reduce disparities, not increase them.

There is abundant literature and research regarding 'health care determinants' and their relationship to health and health care disparities. The determinants include income, education, employment patterns, language, neighborhood environments, etc. which can assist Texas Health and Human Service System to better understand and improve their effectiveness in addressing the disparities in the populations they are serving.

Thank you,

Juan H. Flores