

**Congress of the United States**  
**Washington, DC 20515**

May 15, 2019

Judith Cash  
Director of the State Demonstrations Group  
Center for Medicaid and CHIP Services  
Centers for Medicare & Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Dear Director Cash,

Recently, our delegation has been made aware that local and regional health departments are not recognized providers within the Texas managed care environment. We are deeply concerned about the detrimental effects to successful health department-run programs across the state of Texas if local and regional health departments are excluded as stakeholders in the CMS DSRIP 1115 Waiver state Transition Plan.

Public health focuses on improving and protecting the health of the entire population. The main causes of illness are attributable to preventable causes, such as obesity, smoking, and hypertension. Local health departments play a vital role in creating healthy communities through intervention and the prevention of illnesses. Without healthier environments, individuals are funneled into the health care system, resulting in subsequent higher health care spending across our state.

More than a million Texans have been served through programs supported by 1115 Waiver DSRIP funding, and their access to these successful programs is at risk. These health department services are essential to improve and protect the health of all Texans. For this reason, local and regional health departments across the state of Texas should be included in the finalized CMS 1115 Waiver Transition Plan as stakeholders.

The following are recommendations that will ensure local and regional health departments are recognized stakeholders:

1. Maintain a funding carve out for Local Health Departments (LHDs) in the 1115 Waiver Transition plan.
2. Implement administrative rules that assure that LHDs receive reimbursement for Medicaid reimbursable services by:
  - a. Developing a provider type designation and a set of reimbursable public health services for LHDs; and

- b. Strengthening and revising existing contractual mandates that require Managed Care Organizations (MCOs) to contract with LHDs.
- 3. Create a funding mechanism to provide services to the uninsured and low-income to cover "Public Health Services", which were previously covered by the 1115 Waiver DSRIP program.
- 4. Explore alternative payment models to fund public health programs that will drive down healthcare costs.

The people of Texas are at significant risk of losing access to programs created through the 1115 Waiver DSRIP funding. We urge you to include local and regional health departments as stakeholders into the CMS transition plan. In these times of uncertainty, we owe the stability of preventative care to the people of Texas.

Sincerely,



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Eddie Bernice Johnson  
Member of Congress



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Marc A. Veasey  
Member of Congress



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Al Green  
Member of Congress



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Filemon Vela  
Member of Congress



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Henry Cuellar  
Member of Congress



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Lizzie Fletcher  
Member of Congress



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Vicente Gonzalez  
Member of Congress



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Colin Z. Allred  
Member of Congress



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Sylvia R. Garcia  
Member of Congress