



May 2015

# Health Policy and Legislative Affairs QUARTERLY



Working together to work wonders.

## As the Sun Sets on the 84th

by Dr. Ben Raimer



The timer on my iPhone says there are 13 days left in the 84th Session of the Texas Legislature before adjournment, or sine die! At midnight on the 140th day (June 1), Cinderella's coach turns back into a pumpkin, the horses are white mice again, and the excitement of the royal ball and the search for a wife for the prince all end abruptly. Such are the waning days of the legislative session. Some parts of the story end happily; others, sadly. As in the storybook, Cinderella always wins in the end, and the wicked stepsisters get their just deserts when all is said and done. In politics, history will anoint who's a Cinderella and who's a stepsister.

As we face that stroke of midnight on June 1, what would an observer say about the players in this legislative session? The orchestra is led by two very competent and powerful conductors, the Speaker of the House and the Lt. Governor. There are 31 Senate players and a cast of 150 in the House. No one is a bit player. There have been some top performances delivered by newcomers to the scene; there have been some less-than-stellar moments that will, no doubt, be chronicled in statewide media, such as Texas Monthly and Texas Tribune. But with respect to UTMB:

Senator Larry Taylor has taken a lead role on numerous issues of great importance to the Gulf Coast—in particular UTMB—and for the state as a whole.

Representative Wayne Faircloth has gone where few have gone before; he can never be accused of being timid. Take a peek at his [10-minute debate](#) (scroll down to the 4/09/15 archive and the debate begins at the 2hr 50min mark) with seasoned House member and soon-to-be candidate for Houston's Mayor, Sylvester Turner. In an effort to eliminate funding restrictions for UTMB and Galveston County, Rep. Faircloth stood his ground and delivered a vote in favor of his position. He did the same with a key funding issue related to the establishment of a state infectious diseases treatment center (again at UTMB). In fact, that amendment sailed through so fast that leadership was left scurrying around wondering what happened.

And, Rep. Greg Bonnen took on his own brother (Dennis Bonnen, the House Speaker Pro Tempore) in a debate over water rights for Galveston County.

At 125 days into the session, the numbers tell a story! Look for yourself:

### Day-125 Statistics—84th vs. 83rd Legislature (Regular Sessions)

	House				Senate			
Metric	84th	83rd	Diff	%	84th	83rd	Diff	%
Bills Filed	4340	4080	260	+6%	2136	1981	155	+8%
Passed 1 <sup>st</sup> chamber	1155	985	170	+17%	716	945	-229	-24%
Passed both	105	44	81	+139%	136	172	-36	-20%

The House has passed out more bills than in the previous session, but the Senate has moved quite a bit slower. Friends of the Senate likely feel that their work has been of greater priority to the state—quality versus quantity. The House might not agree with that interpretation, citing that it has been more focused and that its leadership has been very effective in moving bills along at an aggressive pace. The Senate might argue that the House was slow to take up its bills on the House side; the House might argue the same against the Senate. But no matter how they get there, at the end of the day, both chambers will have to find a way to work together if significant legislation will make it into the public domain.

While budget and policy issues have languished, there has been a spirited debate on any number of social issues that has diverted time and attention. To name a few:

1. Immigration reform similar to Governor Perry's [executive order](#) from last December continues to move forward in the Legislature. At the same time, new reports from demographers for the state note that immigration from Latin American counties is at an all-time low in Texas and that immigration from Asian counties has increased by 42 percent.
2. Last week, members from both chambers continued to grapple with settling their differences on tax cuts, restraints on local property tax increases, state ethics cases, border security, and the right to carry handguns.
3. HB 4105 opposing same sex marriage continued its fight to live in the House.
4. House Public Education Chairman Jimmie Don Aycock threw in the towel Thursday evening, giving up on his finely crafted education finance package of \$3 billion after the Senate sent word that it would not act on the bill even if it passed in the House. The sentiment seems to be “let the courts decide.”
5. The reintroduction of “deep fat fryers” and soda pop machines in public schools by Agriculture Commissioner Sid Miller touched off major controversy from proponents for healthier diets for kids. As you may recall, then-Agriculture Commissioner, later-Comptroller Susan Coombs tossed those items out of schools a decade ago—in this pediatrician's opinion, all the better for child nutrition!

And what about higher education?

Prospects look good for the passage of legislation to fund Tuition Revenue Bonds (UTMB's TRB would help build a much-needed interprofessional education building) and for an increase in education formula funding. UTMB remains hopeful for an increase in base funding for the hospital and for TDCJ to receive increased funding for the Correctional Managed Care program that will include funding for employee salary increases. We continue to work with our agency partners to educate legislators about the importance of this funding.

All of those details have to be worked out in the next 13 days! If they aren't, then I will become one of those grumpy pumpkins that terrorize the graveyards of dead bills.

Stay tuned!

# Legislative Priorities Update

The 2015 Legislative Session has been a wild one, even by Austin standards. We have had to wade through a motley assortment of issues like guns, tax cuts, countless Health and Human Services Commission scandals, Medicaid Expansion, Pre-K education and the like to try and have our priorities heard. It wasn't easy, and we still aren't done yet, but thanks to the tireless work of my staff in Austin we have been able to educate countless legislators on the immense value that UTMB provides to the state while simultaneously making some significant progress towards accomplishing our legislative agenda.

Below is where UTMB's top legislative priorities currently stand:

- 1. *Growth in formula funding to support our educational programs for students, necessary university infrastructure for that purpose, and research critical to solving the health problems of the state and nation.*** The House has increased this portion of our appropriation by \$10.6M while the Senate has increased it by \$10.2M. While neither of these figures get us close to the full restoration of rates from the 2000-2001 biennium, it is another step in the right direction.
- 2. *Tuition Revenue Bond Funding to meet the needs of our rapidly growing enrollment through the construction of an Interprofessional Education Building.*** The house has fully funded our request of \$67.8M and the Senate has partially funded it to the tune of \$59.3M. The remainder of the proposed \$90 million building would come from philanthropy and university financing.
- 3. *Additional funds for the health system to help cover UTMB's renovations and new buildings that have emerged from the wake of Hurricane Ike as well as the great depreciation expense that comes with them.*** Both chambers of the Legislature provided no increase for our health system in their budgets. They did however place an \$11.3M in Article XI of the budget, but unfortunately that is the unfunded section of the budget known as the Wish List. Our request for a formula similar to the ones that UT MD Anderson and UTHealth Northeast (Tyler) have that drive biennial increases in their hospital budgets also ended up in Article XI.
- 4. *Special Item appropriations to fund university improvement projects and/or research deemed vital to the overall success of the university that also benefits the state and nation.*** UTMB asked for support in the areas of Emerging Infection, Vaccine Development and Regenerative Medicine but unfortunately these initiatives ended up in Article XI as well.

# We Get by With a Little Help From Our Friends

During a recent Development Board meeting at UTMB, a number of questions were asked about the status of UTMB's funding requests from the state legislature. Obtaining access to new members of the legislature is always difficult. I commented that I really could use some help in getting an appointment to see our new Lt. Governor, Dan Patrick. Within an hour I had a call from Development Board member Michele Purgason, volunteering her time to help set up a meeting with Lt. Governor Patrick to discuss UTMB's need for support related to our exceptional growth in recent years.

Michele is a UTMB School of Nursing graduate and has some great stories of her time as a cheerleader with the Houston Oilers. She married Tom Purgason, a graduate of UTMB's School of Medicine. After his residency training, Tom and Michelle made their home in Arlington, Texas, where they built a highly respected internal medicine practice and raised their children. Their daughter Ashley is an alumna of UTMB's Graduate School of Biomedical Sciences, where she was distinguished for her research in aerospace medicine as well as her service as a student member of the UT System Board of Regents.

Michele has been a trusted advisor and mentor for several successful candidates for elected office over the years. In her role as president of the Arlington Republican Women's Club, she had met then-Senator Dan Patrick and kept in touch with him during his successful campaign for Lt. Governor.

When Michele called Lt. Governor Patrick's office and asked for an appointment to discuss UTMB, her request was immediately granted. She called me, and said, "We have an appointment next Wednesday at 4:30! Can you be there?" We seized the opportunity.

Lt. Governor Patrick received us with great hospitality and revealed an extensive knowledge of UTMB's research in infectious diseases, our safety net role in the delivery of regional trauma services and our role in health professions workforce development. We had the opportunity to expand his understanding regarding future potential threats in the area of emerging infectious diseases. We also discussed how UTMB's requested research funding in this area, as well as hospital funding we've requested (similar to that provided to other state-owned hospitals), would benefit Texans.

We left the meeting feeling pleased that we had been able to state our case and be heard, and delighted to know that there are alumni like Tom, Michele and Ashley Purgason who daily look for ways to further our mission of improving health for the people of Texas and around the world.



*Dr. Tom Purgason, his wife, Michele and their daughter, Ashley with Dr. Callender*



# Telemedicine Rules Handed Down by Texas Medical Board

The Texas Medical Board (TMB) delivered on its promise of a new set of rules defining the do's and don'ts for the practice of telemedicine. The issue has been a highly charged one because the TMB has been in litigation with a private company related to the use of commercial telemedicine in the state. The aforementioned company has much at stake, with over \$15 million in annual revenues from their practice in Texas alone, where they have provided care for over 140,000 clients.

The primary controversy has been related to the physician-patient relationship. The TMB has insisted that telemedicine services should be limited to patients with an established doctor-patient relationship through a face-to-face encounter. The use of phone service consultations for the delivery of health care to a patient unknown to the treating physicians and the lack of ability to offer follow-up services to the patient have been points of concern to the medical board.

The company had the following to say in an April 10th article from the Houston Chronicle: *"Unfortunately, the Texas Medical Board's decision to adopt a new rule takes away Texans' access to a safe, affordable and convenient health care option that many have depended upon for more than a decade. As Texas' population booms, health care expenses climb, and the shortage of primary care physicians grows, telehealth is a solution for patients dealing with common, non-emergency issues. This rule change only serves to intensify these problems without providing any benefit to Texans."*

However in the same article, TMB President Dr. Michael Arambula is quoted as saying, *"The rules represent the best balance of convenience and safety by ensuring quality health care for the citizens of Texas. However, a telephone medicine scenario that allows a physician to treat an unknown patient without any objective diagnostic data and no ability to follow up with the patient sacrifices the patient's safety for convenience."*

In testifying against the rule, Bill Hammond, CEO of the Texas Association of Business, said, *"There's no question whatsoever that this is about doctors protecting other doctors' income. It's about dollars. It's not about better health care. This regulation would be a death knell for telehealth."*

But on closer inspection, the policy may not be as bad as some would portray it. It in fact does expand access to telehealth technology to a greater audience. At the crux of the argument are massive amounts of misinformation confounded by generational and knowledge gaps in understanding the application of telehealth technology. Many of the opponents to the expansion of telemedicine services largely base their argument on their perception that the quality of services is inferior to traditional office visits and see problems with the lack of an established doctor-patient relationship.

On the other side, proponents of the expanded use of telemedicine feel like traditional physicians are trying to protect their geographic turf and insulate their patients from intrusion of specialists. These individuals also see the benefits of the use of telemedicine' including improved in quality of services, improved access, and decreased patient costs.

Multiple telemedicine bills have been heard in the House Public Health Committee related to expansion of telemedicine services as the technology continues to be recognized for its potential to deliver health care and mental health services to hard-to-reach parts of the state in both an effective and cost-efficient manner.

Working in collaboration with the Office of Health Policy & Legislative Affairs, UTMB's Dr. Alexander Vo, Vice President, Telemedicine and Health Services Technology, has created an effective working relationship with the TMB, the Health and Human Services Commission, and members of the Legislature regarding the expanding frontiers of telemedicine and health population management. Dr. Vo's pioneering work in the area of telemonitoring in the management of population health is positioning UTMB to become more aligned with government programs that base reimbursement on improvement of patient health outcomes.

To reconcile the misunderstandings associated with the media's reporting, the TMB put out the following [press release](#).

# A Visit to the White House

In March, I had the opportunity to participate in a Government Relations Academy as a mentor for the America's Essential Hospitals (AEH) group (formerly the National Association of Public Hospitals). Our UTMB executive vice president and Health System CEO Donna Sollenberger is on their Board of Directors. As a part of the Academy, we paid a visit to the office of Domestic Policy at the White House.

No, I did not get to meet with President Obama, nor the First Lady. On a prior visit I did get to greet the First Dog in the actual residence. He has his own security detail.

When people visit the "White House" for the purpose of providing information to policy analysts, that visit actually takes place in one of the many auxiliary buildings next to the residence. Security is still the same and consists of passing through multiple screenings contingent upon advance background checks and clearances. Our meeting was in the Eisenhower Building, which in itself is a beautiful piece of architecture.

The meeting was productive in that we had the opportunity to discuss any subject that we wanted to with the domestic affairs staff. I had heard so many rumors about the imminent demise of the Medicaid 1115 Waiver that I asked the staff member if that was indeed true. He replied promptly that he had heard nothing of that issue, and responded that he would check into it.

He did ask me for a description of "how" the 1115 Waiver was making a difference in Texas. I provided him some specific examples of projects in our 1115 program that Craig Kovacevich and Katrina Lambrecht have so effectively administered, and I described the personal cases with which I was familiar: how lives were changed because of the expanded reach through education, disease management programs, telemedicine, hospital readmission reductions, and the learning collaborative that enables program leadership to share best practices.



*Eisenhower Building*

As we left the meeting, staff asked for my card. As I handed it to him, he said, "I would like to talk more about the 1115." Thinking this was a formality, I doubted that I would ever hear back from him. So I was quite shocked when I got a call from Bruce Siegel, president and CEO of AEH, that Domestic Policy Council staffer Tim Gronniger wanted to meet and finish the conversation we had started related to the 1115 Waiver.

Bruce is very strategic policy expert. He immediately seized the opportunity to invite me to attend meeting #2 with Tim and his staff, along with Dr. Mitch Katz, representing the Los Angeles 1115 Waiver program, and LaRay Brown, senior vice president of the New York City Health and Hospital Corporation.

Craig and Katrina provided me with a comprehensive list of our outstanding 1115 Waiver projects, and Dr. Maureen Milligan, president and CEO of Teaching Hospitals of Texas, put out a request on my behalf to regional anchors for the waiver all over the state of Texas to send examples of their favorite projects. I had an abundance of information to sift through for the April 29 meeting in DC.

# White House cont'd

On Tuesday evening, I flew to Washington and joined Bruce and his colleagues for breakfast to plan the meeting with Tim Gronniger at the White House. We walked over to the White House gates after numerous detours because of increased security procedures. Finally, we worked our way through the multiple checkpoints and found our way to the Domestic Policy conference room on the third floor of the Eisenhower Building.

Bruce made the introductions and we immediately plunged into our personal explanations of “why” the 1115 Waiver has played such an important role in the transformation of health care and the improvement in access and quality in America’s health care marketplace. Since every minute counts in meetings like this, there was no small talk or comments on the beautiful Washington weather. We immediately got down to business.

My colleagues described the tremendous impact the 1115 Waiver has had on the improvements to access to care in their entire hospital and clinic systems and the marked decreases in readmissions they’ve seen for patients with chronic health problems.

My turn came to describe Texas’ and UTMB’s programs. I sensed Tim’s desire to hear more about the individual impact to patients and evidence of real transformation in the system.

I told him the story of Tyler County Hospital in Woodville, Texas, and its DSRIP (Delivery System Reform Incentive Payment) project designed to improve patient satisfaction, value-based purchasing and access to “after hours” care. I also told him of my firsthand knowledge of that hospital, having been born there six decades ago. I described the impoverished “eastern border” of Texas, which is home to a diverse population with high incidence of chronic disease, premature death, serious mental health disorders, food and housing insecurity, unemployment and overall lack of access to health care.

I told him about Dr. Wright, the CEO and administrator of Tyler County Hospital, and her passion to improve access to care and patient satisfaction. I shared the success of her efforts and the fact that she had just informed us that the hospital had received a 5 Star rating from CMS (the highest ranking obtainable) as a result of their 1115 improvement efforts. I described the pride in the hospital’s staff that led them (on their own time) to repaint and decorate the hospital cafeteria and break areas for staff and families of patients.

I also shared the multiple improvements that have occurred in the delivery of mental health services in the entire 16-county Region 2, for which UTMB is the anchor. Improvements have included the Burke Center’s collaboration with law enforcement, outpatient providers, supportive housing options and comprehensive care clinics.

Other innovative programs resulting from the 1115 Waiver include the use of Community Health Workers and their inclusion now in Texas as certified health profession workers, as well as the collaborative work among the Texas Medical Board, Health and Human Services Commission, UTMB and the DEA to ensure access to prescription medication for behavioral health patients in underserved areas and delivery of psychiatric services to children.

At the conclusion of our session, I played a two-minute video of the work done to open a cancer treatment center in Childress, Texas, with partners from Texas Tech—demonstrating the power of the 1115 Waiver to bring about transformations in health care that would not have occurred without that startup funding and technical support. This powerful video brought home the message of transformation for remote cities across our state.

Now it is wait-and-see time. Will our visit and talks make a difference? Who knows? We can only hope that the power of those personal accounts and glimpses into the impact zone of health care transformation will make a difference. Meanwhile, visionary people like Donna Sollenberger, Katrina Lambrecht and Craig Kovacevich will continue the battle for improved health on the front lines, both in Galveston and in rural Texas.

# Osher Lifelong Learning Institute (OLLI)

The OLLI program at UTMB provides college-level curriculum, taught by experts, for those 55 and over with no credits, exams, grades, homework or previous education required.

## Mission

To provide a welcoming environment for all those 55 or over through a collaborative program, in semester-length, college level courses. Curriculum is designed by learners to meet specialized interests, capitalize on unique regional resources and environment, and utilize local experts for faculty.

## Courses

- Most courses meet once a week for two hours and last for eight weeks
- All classes are held in daytime
- Class size ranges from 15 to 150 learners
- Some learners enroll in 3, 4, 5, or more courses
- Generally 2 semesters per year - in spring and fall with special Summer School
- New courses each semester join enduringly popular courses
- Summer School held since 2005!
- 2-hour seminars led by local experts



## Special Events and Presentations

Extraordinary lectures, seminars, and field trips each semester enhance regularly scheduled classes. Learners and their guests have welcomed internationally acclaimed speakers such as Demetria Martinez novelist, poet, spiritual activist; best-selling authors Steven Pratt, MD and Larry Dossey, MD, respected advocate of mind/body medicine and spirituality in healthcare.



## Summer School 2015—Seminars by the Seashore for OLLI Members!

During June, July, and August, attend one-time-only seminars offered on a wide variety of topics. Register to attend many or only a few. Pre-registration is required. Once again, this summer, there is no charge for most of the seminars, but every attendee must pre-register for the sessions at least one week prior to the session. Seminars are open only to current OLLI members. Click [here](#) to view the summer seminars.

OLLI summer seminars are held at 4700 Broadway, OLLI Suite B101

To pre-register or for questions, phone 409.763.5604



# Health Policy Dialogues

*Health Policy Dialogues* bring health policy experts from Texas and the nation to campus to discuss health care policy and its impact. The events are free to students in the UTMB Schools of Medicine, Nursing, Health Professions and Graduate Biomedical Sciences and are open to the public.

## Recent Dialogues:

April 8, 2015

George C. Alter, PhD

Professor, University of Michigan

*Lowering the Barriers to Data Sharing*



*George Alter*

March 25, 2015

Richard Rupp, MD

Director of Clinical Trials and Clinical Research, Sealy Center for Vaccine Development

*Perfect is the Enemy of Good: The Politics of Vaccination*

March 18, 2015

Tom Quirk

CEO, UnitedHealthcare of Texas and Oklahoma

*Quality and Cost Transparency in the HealthCare System*



*Tom Quirk*



For more information on any of the topics covered in this newsletter, please visit us at

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