

1-1 By: Perry S.C.R. No. 24
 1-2 (In the Senate - Filed February 22, 2017; March 7, 2017,
 1-3 read first time and referred to Committee on Health & Human
 1-4 Services; April 10, 2017, reported adversely, with favorable
 1-5 Committee Substitute by the following vote: Yeas 6, Nays 2;
 1-6 April 10, 2017, sent to printer.)

1-7 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-8				
1-9	X			
1-10		X		
1-11	X			
1-12	X			
1-13	X			
1-14			X	
1-15	X			
1-16	X			
1-17		X		

1-18 COMMITTEE SUBSTITUTE FOR S.C.R. No. 24 By: Perry

1-19 SENATE CONCURRENT RESOLUTION

1-20 WHEREAS, Millions of medically vulnerable Texans need health
 1-21 care but have neither insurance nor personal funds to cover the
 1-22 cost; and

1-23 WHEREAS, Texas Medicaid was created to help the medically
 1-24 vulnerable, but the huge cost of the federal health care
 1-25 bureaucracy reduces the ability of the program to provide in a
 1-26 timely manner the services and goods mandated by the federal
 1-27 government; and

1-28 WHEREAS, Funding deficiencies also cause Texas Medicaid to
 1-29 fail the provider community, including individuals and
 1-30 institutions, by offering less than adequate recompense for the
 1-31 services and goods they supply; Medicaid reimbursement rates are
 1-32 below the cost of doing business for most providers, and as a
 1-33 result, more than 30 percent of Texas physicians cannot afford to
 1-34 take care of Medicaid enrollees; and

1-35 WHEREAS, In recent years, the federally mandated expansion of
 1-36 Medicaid benefits has caused reimbursement rates to plummet
 1-37 further, even as the number of Medicaid-covered patients has risen;
 1-38 consequently, wait times for appointments have lengthened
 1-39 dramatically; a study conducted by Illinois Medicaid found that
 1-40 delays in care for Medicaid patients had resulted in unnecessary
 1-41 deaths; and

1-42 WHEREAS, Medicaid is the largest single-cost item in the
 1-43 Texas state budget, accounting for 30 percent of all spending; it
 1-44 consumes financial resources that are sorely needed to support
 1-45 other programs, including foster care, education, job training,
 1-46 border security, and infrastructure; and

1-47 WHEREAS, The original Medicaid legislation of 1965 clearly
 1-48 specified that Medicaid programs would be jointly funded by state
 1-49 and federal governments and administered by the states; this
 1-50 framework is in keeping with the intent of the founding fathers in
 1-51 that it allows states to use their superior knowledge of the needs
 1-52 of their residents and how best to expend the resources necessary to
 1-53 regulate, administer, and control their own programs; states are
 1-54 better positioned than the federal government to innovate and
 1-55 compete, and they can take advantage of the laboratory of ideas to
 1-56 provide superior alternatives to existing delivery systems;
 1-57 nevertheless, today, Washington, D.C., bureaucrats at the Centers
 1-58 for Medicare and Medicaid Services have decision-making power over
 1-59 factors that drive costs in Texas, among them eligibility
 1-60 standards, verification processes, compliance oversight, and

2-1 benefit packages; although Texas has received federal approval of a
2-2 Medicaid 1115 Waiver, which grants some additional flexibility,
2-3 this does not address the root cause of problems created by the lack
2-4 of state control; and

2-5 WHEREAS, When it expanded Medicaid eligibility, the federal
2-6 government promised greater access to health care, but medically
2-7 vulnerable residents of Texas have experienced cruel
2-8 disillusionment; without real control over the administration of
2-9 its own Medicaid program, Texas cannot address the problems that
2-10 arise in the delivery of required services with limited funds, and
2-11 the state cannot properly balance its priorities and discharge its
2-12 responsibilities to its citizens; now, therefore, be it

2-13 RESOLVED, That the 85th Legislature of the State of Texas
2-14 hereby respectfully urge the United States Congress to uphold the
2-15 original intent of the 1965 Medicaid law to maintain a jointly
2-16 funded, state-administered program by continuing joint funding of
2-17 Texas Medicaid under the current Federal Medical Assistance
2-18 Percentages program while transferring the administration,
2-19 control, and compliance oversight of all aspects and components of
2-20 the Texas Medicaid program from the Centers for Medicare and
2-21 Medicaid Services in Washington to the State of Texas; and, be it
2-22 further

2-23 RESOLVED, That the Texas secretary of state forward official
2-24 copies of this resolution to the president of the United States, to
2-25 the president of the Senate and the speaker of the House of
2-26 Representatives of the United States Congress, and to all the
2-27 members of the Texas delegation to Congress with the request that
2-28 this resolution be entered in the Congressional Record as a
2-29 memorial to the Congress of the United States of America.

2-30

* * * * *