



A REGION IN CRISIS

A CALL TO REDUCE THE UNINSURED AND EXPAND ACCESS TO HEALTH CARE IN THE TEN-COUNTY HOUSTON REGION

Presented by:

**Greater Houston Partnership
Health Care Policy Advisory Committee**

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The Houston region is fortunate to have the world's finest physicians, hospitals, and nurses. The Texas Medical Center, often cited as the birthplace of leading edge technology and progressive clinical treatment, is an enormous source of pride and accomplishment for all residents of the Houston region.

Yet, within the region, a huge dichotomy exists – the very place that provides world-class care is the same place in which over one-third of the population has inadequate access to it. As a result, the Houston region is in the midst of a health care crisis – one which will not only affect the health of most Houstonians and their neighbors, but also one which will threaten the economic viability and quality of life currently enjoyed by its residents.

The crisis consists of two inter-related issues related to access to and cost of health care that must be addressed simultaneously:

1. The highest rates of healthcare uninsured in the country; and
2. An over-burdened, fragmented safety net provider system for the uninsured/ medically indigent.

The factors which have caused this crisis are numerous and complex, but solvable. This is a regional problem that can only be solved through collaborative initiatives undertaken by all stakeholders – government, health care providers, businesses, faith-based organizations and others. Unless the community begins to address the issues that are at the root of the problem, the health care crisis in the Houston region will continue to escalate.

The Greater Houston Partnership recognizes that federal health care reform will continue to take many forms as it is considered in various senate and congressional committees. Any effective federal health reform must address lowering costs, improving quality and increasing access to appropriate health services for uninsured and underinsured individuals through innovative, cost-effective approaches to purchase health insurance.

Both the Senate and House health reform bills estimate that 94-95 percent of Americans will have health insurance coverage if one of the bills is passed by Congress. This coverage level will be achieved through a slow phase-in between 2014 and 2017. Immigrants will not have health insurance coverage under the current bills. This is particularly problematic for the Houston region since we have a high percentage of immigrants comprising our uninsured population. As a result, it is estimated that only 85-87 percent of the region's population will be covered by health insurance under the current health reform bills. In addition, Houston's capability to deal with the remaining 13-15 percent uninsured will be severely hampered by the health reform bills elimination of Disproportionate Share Funds and Upper Payment Limit Funds over the next 5 years. It is imperative that the Houston region develop a proactive plan to address our pressing problem of uninsured and under-insured individuals since it is becoming increasingly apparent that the federal government's health reform plan will not solve our region's most pressing issue.

However, despite impending federal health reform legislation, the Houston region still faces an uninsured population of approximately 30 percent of its 5.6 million residents. This problem will not abate with the passage of a health reform bill. The current health reform bills in front of Congress will not provide increased access to health insurance until 2014. The majority of Americans will not get access to health insurance until 2015. As stated earlier, the bills also do not provide health insurance access to immigrants. These issues result in the Houston region having a very high uninsured population for the foreseeable future. Therefore, we should not wait for federal government solutions that are most likely to be inadequate to solve the particular challenges of the Houston region. We need to take decisive steps now to address one of the region's most pressing problems. The business community is the most impacted by this issue and is in the best position to take the leadership role in our region's proactive plan.

The intent of this paper is to clarify and educate the public about the specific issues driving the health care crisis in the Houston region; to highlight what is currently being done to address these issues (and why these efforts are insufficient); to propose comprehensive and manageable solutions; and to outline for the reader the steps that can be taken to ensure this problem receives the appropriate resources necessary to solve it. It is our hope that this document will become the critical first step on the long journey towards the twin goals of reducing the uninsured and establishing a sustainable, equitable and compassionate health care system in the Houston region.

The Crisis of the Health Care Uninsured in the Houston Region

The plight of the health care uninsured in the United States has been well-documented. An estimated 47 million or 15 percent of Americans do not have health insurance and therefore have limited access to health care.¹ In the state of Texas that number increases to 24.1 percent, 9.1 percentage points higher than the national average.² In fact, Texas continues to lead the nation in the number of total uninsured individuals.

The uninsured problem is even greater in the ten-county Houston region where 24.9 percent of the population is uninsured.³ Within the Houston region, a large majority of that uninsured population resides in Harris County. Harris County has an uninsured rate of 27 percent of the population or more than 1 million uninsured individuals – nearly double the national rate and 3 percentage points higher than the state rate.⁴ The State of Texas Demographer projects that by 2040 the number of uninsured individuals in Harris County will increase to almost 3.3 million

¹ U.S. Census Bureau, 2008 American Community Survey. (2008). Retrieved September 23, 2009. www.census.gov

² Ibid.

³ Ibid.

⁴ Ibid.

individuals – 38.5 percent of the projected population.⁵ This is not new or surprising information to the many residents who call the greater Houston region home.

The lack of access to care, stemming from the uninsured problem, results in a poor health status for Texas and the Houston region’s residents. Several indicators are demonstrative of this claim. One is infant death rate. In Texas, 6.5 of every 1,000 babies are victims of infant mortality by their first birthday as compared to a national benchmark of 4.5.⁶ That rate is even higher in Harris County at 6.8 per thousand and 7.1 per thousand in Galveston County.⁷ A second measure of health status is the prevalence of diabetes within the population. In Texas, 10.3 percent of adults have been told by a doctor that they have diabetes compared with the national average of 8.1 percent.⁸ Yet another measure of health status is prenatal care. Texas ranks last in percent of mothers beginning prenatal care in their first trimester – 61.6 percent compared to the national average of 83.2 percent.⁹ The health status of the Houston region’s residents will remain poor as long as barriers to health care access exist.

**Table 1: Infant, Neonatal, Fetal and Maternal Deaths
by Public Health Region in Texas and Harris County – Texas 2005**
(Rates, Ratios per 1,000 Live Births)

COUNTY	LIVE BIRTHS	INFANT DEATHS		NEONATAL DEATHS		FETAL DEATHS		MATERNAL DEATHS	
	NO.	NO.	RATE	NO.	RATE	NO.	RATIO	NO.	RATE
TEXAS	385,537	2,515	6.5	1,581	4.1	2,129	5.5	60	0.2
HARRIS	66,970	456	6.8	288	4.3	391	5.8	13	0.2

⁵ Texas Health Institute in cooperation with Texas Demographer Karl Eschbach. Uninsured Texas: Rate Projections 2005- 2040. (April 28, 2008). http://www.texashealthinstitute.org/pdf_files/THI_Vision.pdf

⁶ Healthy People 2010. Retrieved April 2009. <http://www.healthypeople.gov/>

⁷ Texas Vital Statistics. (2005). Texas Department of State Health Services. Retrieved April 2009. <http://www.dshs.state.tx.us/CHS/VSTAT/latest/data.shtm#techapp>

⁸ Behavioral Risk Factor Surveillance System, 2007; analysis by the National Center for Chronic Disease Prevention and Health Promotion, Division of Nutrition and Physical Activity, Centers for Disease Control and Prevention, available at <http://apps.nccd.cdc.gov/brfss/list.asp?cat=DB&yr=2007&qkey=1363&state=All>.

⁹ VitalStats. (2009). Centers for Disease Control and Prevention. National Center for Health Statistics. Retrieved April 2009. <http://www.cdc.gov/nchs/vitalstats.htm>

In a raw exposé entitled “What does a health care crisis look like? See Houston” (2007), printed on the front page of *USA Today*, author Richard Wolf states that the crisis is not about to happen, but is happening now. The article points out that the high uninsured rate in the Houston region combined with inadequate Medicaid coverage, a large immigrant population and a lack of health care infrastructure have created a situation in which many residents are unable to get the health care they need. The article goes on to state that “the uninsured are more likely to have high infant mortality rates. They are more likely to develop high blood pressure and hypertension. They are less likely to get treatment for trauma. They are less likely to receive timely cancer diagnoses. They are more likely to die from heart attacks.”¹⁰

What should have been a call to action was instead largely ignored by the Houston community. In the two years since the article was written, little progress has been made to mitigate the problem – which many admit has only grown worse. The community has added some new primary care and specialty care capacity, but it has not been sufficient to meet the needs of the rapidly growing number of uninsured in the region. The *USA Today* article was correct. The Houston region is in a health care crisis.

Drivers of the Health Care Crisis in the Houston Region

Who Are the Uninsured in Houston?

Solving the problem of the uninsured is not easy because it is not one homogenous group. In order to better understand the uninsured and proposed solutions, it is helpful to divide the uninsured population in the Houston region into eight groups, because different solutions are required for each group. These groups are:

1. Low-income individuals (primarily pregnant women and children) eligible for governmental programs, such as Medicaid and the State Children’s Health Insurance Program (CHIP), but who are not enrolled.
2. Very low-income adults that would be covered under governmental programs in most other states, but not in Texas.
3. Legal immigrants who do not understand how to navigate the U.S. healthcare system and the importance of health insurance in the US.
4. Undocumented immigrants who are not eligible for government or employer-sponsored insurance.
5. Full-time workers, principally working for small employers, who are not offered or eligible for an employer-sponsored plan and cannot afford to pay the full cost of an individual health insurance policy.

¹⁰ Wolf, R. (June 19, 2007). *What does a healthcare crisis look like? See Houston*. USA Today. Retrieved April 2009. http://www.usatoday.com/news/nation/2007-06-18-texas-health-care_N.htm?csp=34

6. Part-time or seasonal workers who are not eligible for health insurance through their employer, generally working for employers that offer health insurance to full-time employees.
7. Individuals temporarily uninsured between jobs who choose not to pay for, or cannot afford continuation of their group coverage through COBRA (or state continuance laws).
8. Workers who are offered an employer-sponsored plan, or have the funds to purchase an individual policy, but choose not to be insured.

A) Possible Participants in Texas Medicaid and CHIP (Groups 1 and 2)

Eligibility for Medicaid is based on income level and Texas has set the income limits to qualify for Medicaid coverage among the lowest in the nation. The charts below show eligibility for Medicaid and CHIP based on family income, presented as a percentage of the Federal Poverty Level and as actual dollar values.

Table 2: Common Income Thresholds for Low-Income Health Services

Program	Family Income Limit as a Percentage of FPL
Texas Medicaid, for non-disabled, childless adults	Not eligible
Texas Medicaid, for jobless parents	13%
Texas Medicaid, for working parents	27%
Texas County Indigent Health Care Program, lowest allowed eligibility income limit	21%
Texas Medicaid, for children 6-18 years	100%
Texas Medicaid, for children 1-5 years	133%
Texas Medicaid, for pregnant women and newborns	185%
Texas CHIP (only for children 1-18 years)	200%
CHIP, federally allowed maximum income limit	300%

Table 3: Annual Family Income in Dollars for Percentages of Federal Poverty Level

Persons in Family	Percent of Federal Poverty Level							
	13%	21%	27%	100%	133%	185%	200%	300%
1	1,408	2,274	2,924	10,830	14,404	20,036	21,660	32,490
2	1,894	3,060	3,934	14,570	19,378	26,955	29,140	43,710
3	2,380	3,845	4,944	18,310	24,352	33,874	36,620	54,930
4	2,867	4,631	5,954	22,050	29,327	40,793	44,100	66,150
5	3,353	5,416	6,963	25,790	34,301	47,712	51,580	77,370

Most Medicaid recipients in Texas are pregnant women and children because the income thresholds are the most generous, as noted above. Although these percentages may seem impressive, the corresponding dollar equivalents are actually very low.

As shown in Table 3, federal poverty guidelines depend on the number of people in the family. For adults, including non-pregnant women, Texas has an income eligibility limit of \$4,944 per year for a family of three with one working parent (the limit goes down to \$2,380 if the parents are not working). This equates to 27 percent of the Federal Poverty Level (FPL),¹¹ compared with a national average income eligibility limit of \$11,928 or 68 percent of FPL.¹² Childless, non-disabled adults are not eligible for Medicaid. Texas' low-income eligibility limit drastically reduces the number of low-income residents in Texas who can qualify for Medicaid health care benefits resulting in an increase of uninsured Texans.

In addition, the Texas-funded State Children's Health Insurance Program's (SCHIP) income eligibility limit is \$35,200 or 200 percent of FPL.¹³ This is well below the \$53,300 or 300 percent of FPL that many states use for SCHIP income eligibility.

Compounding the restrictive eligibility requirements are cumbersome rules and administration of the Medicaid and CHIP programs in Texas. Eligible applicants are often thwarted by various bureaucratic requirements theoretically designed to prevent fraud, or have their applications delayed due to a backlog of applications and short staffed state eligibility offices. For Medicaid, one significant reason for the backlog of applications is that people are only eligible for Medicaid for six months at a time. If the eligibility period were extended to 12 months, the workload for Medicaid eligibility reviewers would effectively be reduced dramatically. With such a reduction in workload, more attention can be paid to ensuring that applications are not inappropriately denied and that people are not unnecessarily dropped from Medicaid coverage. While CHIP eligibility is retained for one year, CHIP applicants face similar administrative challenges as do Medicaid applicants.

Aside from those who are actively attempting to enroll in Medicaid and CHIP, there are tens of thousands of people in the Houston area who are eligible but do not ever apply. This group includes people who do not know that they are eligible, are unwilling to admit the need for health insurance, or are fearful that their information will be shared with other government agencies. Many are eligible, legal immigrants, or the children of those immigrants, including children who were born in the United States.

As a result, Texas leads the country with 1.5 million uninsured children – nearly one in every four children lacks health insurance.¹⁴ Of those 1.5 million uninsured children, approximately

¹¹ U. S. Department of Health and Human Services, U.S. Federal Poverty Level for 2009. (2009). Retrieved April 2009. <http://aspe.hhs.gov/poverty/09poverty.shtml>

¹² Kaiser Foundation. (2009). State Health Facts.org. Retrieved April 2009. <http://www.statehealthfacts.org/profileind.jsp?ind=205&cat=4&rgn=45>

¹³ Ibid.

1.4 million are eligible for SCHIP. Currently, Texas covers approximately 450,000 children under the SCHIP program of the estimated 1.4 million eligible children. In addition, approximately 431,000 or 27 percent of those uninsured Texas children live in the Houston Consolidated Metropolitan Statistical Area (CMSA).¹⁵

Table 4: Number of Uninsured Children in the Houston CMSA*

County	Number of Uninsured Children
Brazoria	15,538
Chambers	1,738
Fort Bend	36,030
Galveston	13,945
Harris	332,093
Liberty	4,477
Montgomery	24,045
Waller	2,772
	430,638

**2010 estimates. Study commissioned by Methodist Healthcare Ministries and produced by Dr. Karl Escht, PhD, State Demographer of Texas*

Both Medicaid and CHIP are funded by a sharing between federal and state dollars. For Medicaid in Texas, the state pays approximately 41 percent and the federal government pays 59 percent. Despite this fact, Texas has repeatedly declined to maximize its participation in the matching program sponsored by the federal government in which every dollar that Texas would invest in the children’s Medicaid program would be matched by \$1.47 in federal aid.¹⁶ If Texas did participate, a \$500 million match by the state would generate an extra \$800 million in federal funds and reduce the number of uninsured children by one-third.

For CHIP, the federal match is even higher, with federal funds picking up approximately 72 percent of the cost, to 28 percent for the State. A proposal in the last legislative session, that would have allowed families between 200 and 300 percent of FPL to buy into CHIP, contributing almost all the state’s 28 percent needed to draw down federal funds failed to pass due to political bickering unrelated to CHIP directly.

Proposed federal reform would expand Medicaid eligibility to all citizens and certain legal, resident immigrants at or below 133 percent of FPL. This would dramatically decrease the

¹⁴ News from Children’s Defense Fund and the Texas Finish Line Campaign. (April 14, 2009). *Legislators and Champions for Child Health Push Legislature to Provide 12-Month Medicaid Coverage to Eligible Children.*

¹⁵ The Houston CMSA is made up of Chambers, Ft. Bend, Harris, Liberty, Montgomery, Waller, Galveston, and Brazoria counties.

¹⁶ Scharer, G. (April 14, 2009). Houston Chronicle. *Shame on us in Texas that we don’t take care of our children.* Retrieved April 2009. http://blogs.chron.com/texaspolitics/archives/2009/04/post_42.html

uninsured, but because the cost of Medicaid is shared between federal and state funds, state of Texas officials are very concerned about where the additional funds Texas would be required to contribute would come from, even though current proposals would have federal funds covering between 80 and 90 percent of the cost in the first five years.

B) Immigrants (Groups 3 and 4)

The population growth in the Houston region has over the past 20 years has been largely fueled by immigrants, both documented and undocumented. In 2004, almost one in every four Houston residents was born outside the United States – largely in Mexico.¹⁷ Since a large number of these immigrants work in low-wage jobs that do not provide health care benefits, they often receive their needed care at a community clinic or emergency center. Even if health insurance is provided to them, the lack of understanding of how to use health insurance is an obstacle that is difficult to overcome. Additionally, there is the challenge of adequately communicating with immigrants who have not yet mastered English and who speak many diverse languages.

The current safety net providers—overtaxed as they are—are superior to the health care accessible to many immigrants in their home countries, so Houston’s health care problems are not a significant deterrent to immigrants seeking jobs in the region. Whether or not new undocumented immigrants are entering the region, there are ones already present. While advocating for comprehensive reform measures on immigration, the region must find a way to accommodate the health care needs of those already here to avoid public health crises that will further strain the system.

C) Workers without Employer-Sponsored Health Insurance (Groups 5 and 6)

Much of Houston’s recent growth and success has come through a business friendly environment that includes a large labor supply of employees (both immigrants and native-born citizens) who are willing to work for low wages and do not demand health insurance as a condition of employment. Employers’ ability to hire workers without providing health insurance, coupled with an insurance market for small employers that often results in higher-than-projected, difficult-to-budget costs has made it easy for small employers to assert that they simply cannot afford to provide health insurance and still remain competitive. Most governmental entities and larger private businesses, for which small businesses are suppliers or sub-contractors, as well as household consumers, have chosen lower costs over encouraging small employers to provide insurance. In addition, many large employers make active decisions to hire part-time workers who are not eligible for the employer-sponsored health plan, to keep costs lower.

¹⁷ Houston Department of Health and Human Services. March 2008. *City of Houston Health Disparities Data Report*.

The problem of the uninsured not only affects individuals, but businesses as well. In fact, Texas is ranked 49th in the United States in employer-sponsored health insurance. Only 53 percent, or 10.9 million, people have employer sponsored insurance in Texas, compared with the national average of 65 percent.¹⁸ If Texas could merely achieve the national average, another 2.5 million people would be covered. Unfortunately, the quiet acceptance of this reality by the Houston business sector – and by the community at large – has perpetuated and is now accelerating the problem of the uninsured. Texas now has the fifth highest individual and third highest family premium costs primarily due in part to the cost of caring for the uninsured that is included in the premiums.

As more individuals require and receive health care they cannot afford due to lack of insurance, health care providers, especially hospitals compensate for that loss by charging insurance companies higher prices for those with coverage. The insurance companies, in turn, charge higher premiums to their customers in a process called “cost shifting.” Due to cost shifting in 2005, private employer health insurance premiums were on average \$1,551 higher than they needed to be for family coverage and \$550 higher for individual coverage. For 2010, it is projected that the cost shifting amounts would increase to \$2,786 for family coverage and \$922 for individual coverage.¹⁹

Between 2000 and 2009, the average annual premiums for family coverage increased an astounding 92 percent, from over \$6,600 to approximately \$12,700. The share paid by the worker increased 134 percent, while the employer’s share increased 76%. A similar pattern exists for individual coverage.²⁰ This growth in premium costs is about five times faster than personal income growth.

Due to rising healthcare costs, including cost shifting by insurance companies, employers have reduced the amount of health care coverage they offer to their employees or to discontinue offering health insurance entirely. This vicious cycle repeats every year and is a significant contributing factor in the rising level of uninsured in the Houston region.

This cycle could be broken by an expectation within the business community that employers must either provide health insurance or contribute a dollar amount per employee per hour worked toward health care. If all businesses simultaneously increase production costs in this manner, prices for goods and services would increase nominally, but competition would remain balanced. By leveling the field of competition for small employers in this manner, the issue of cost would no longer be such a big concern. With the small business sector already suffering the most difficulty in affording health care for its employees, small business advocacy groups have strongly opposed these “play or pay” proposals.

¹⁸ Kaiser Foundation. (2007). State Health Facts.org. Retrieved April 2009.
<http://www.statehealthfacts.org/profileind.jsp?cat=3&sub=41&rgn=45>

¹⁹ Families USA. (June 2005). Paying a Premium: The Added Cost of Care for the Uninsured.

²⁰ Families USA. (September 2009). Costly Coverage: Premiums Outpace Paychecks in Texas.

Even with “play or pay”, there are small business owners who truly cannot afford policies for their workers due to the costs under current market rules for health insurance for small employers, such as those who employ workers with significant on-going medical conditions or those who cannot buy policies because they cannot get the minimum number of workers required to participate. New solutions must be found for these employers.

Of the estimated 145,000 businesses based in the Houston region today, approximately 85 percent employ less than 500 people. Whether or not health insurance is truly unaffordable to small employers, there will be a continued reduction in the number of small firms offering health benefits if the insurance market remains unchanged. Already Texas has one of the lowest percentages of employers offering health insurance, and the number of small employers dropping coverage continues to grow. Unless this trend is reversed, Houston will continue to be afflicted with an increase in the number of uninsured people in its work force, which will result in increased absenteeism and lost productivity.

In today’s economy, small employers and employees in all industry sectors may choose to forgo health insurance altogether. This point is made by the following excerpt from Watson Wyatt, a leading health benefits consulting firm:

Employers are losing confidence that they will be able to continue providing health benefits to their workers 10 years from now, according to a survey by Watson Wyatt Worldwide and the National Business Group on Health at the NBGH's 2009 Business Health Agenda in Washington.

Just 62% of employers reported being "very sure" that they will continue to offer health care benefits 10 years from now, down from 73% last year, according to the 14th Annual NBGH/Watson Wyatt Employer Survey on Purchasing Value in Health Care.

D) Individuals Temporarily Uninsured between Jobs (Group 7)

Because the current health insurance market is predominantly based on employer-sponsored insurance, individuals who are unemployed or between jobs have little access to affordable health insurance. The extension of employer-sponsored insurance available through provisions of the Consolidated Omnibus Reconciliation Act of 1985 (COBRA) for people who have recently lost their jobs is unaffordable for most, as it requires individuals to pay the full cost of the premium toward which the employer was previously contributing, plus administrative fees. Individual policies are often also unaffordable, so the vast majority of people in this category choose to take the risk of being uninsured until they find new employment. Reforms suggested in this area include the ability for an individual to purchase a lower-cost catastrophic policy between jobs at group rates, as well as short-term subsidies for such policies.

E) The Willfully Uninsured (Group 8)

Many individuals have the opportunity and the financial ability to purchase health insurance but choose not to. These include people who are self-employed; the young, healthy employees who turn down employer-sponsored insurance in exchange for nominally higher income; people unwilling to pay the full cost of an individual health policy; and even those with pre-existing conditions who do not want to pay adjusted rates or join the state's high risk pool. Reform proposals include an individual mandate to encourage these individuals to participate in the insurance market, thereby increasing the size of risk pools and potentially lowering costs for those already covered.

Exacerbating Factors: Continued Population Growth and the Recent Economic Downturn

Another driver of the health care crisis in the Houston region is our rapid population growth. The Houston region has added more than 1 million residents in the past eight years. In fact, more people moved to Houston than any other metropolitan area in the United States from July 2007 to July 2008.²¹ Much of this population growth is due to the favorable job market, cost of living and low housing prices that make the Houston region an attractive place to live. Houston's regional population is predicted to grow by another 1 million people over the next ten years. Ironically, the growing trend of employers not to provide health insurance is at least a partial driver of the favorable job market, lower cost of living and lower housing prices. Unfortunately, a significant number of these new residents do not have health insurance, placing further strain on an already inadequate uninsured health care infrastructure.

If the current rate of uninsured residents in the Houston region holds constant at 28 percent, then every 1 million increase in the uninsured population will result in 280,000 additional uninsured individuals. This is an increase in a population that the Houston region currently does not have the capacity to serve.

Moreover, workers who once moved to or stayed in Houston because of the favorable job market are being affected by the global recession, which has added to the already challenging business and social environment developing in the Houston region's health care sector. Job and wealth losses are accelerating, contributing to sharp increases in families' economic distress. All private sectors of the economy—consumer spending, investment, and exports—are shrinking. Over the past twelve months the national unemployment rate has risen by 5.0 percentage points to the current 9.8 percent. In Texas, that rate has risen 3 percentage points to 8.2 percent compared with 5.1 percent a year ago.²² All these factors contribute to the

²¹ U.S. Census Bureau Report. (2008). Retrieved April 2009. <http://www.census.gov/Press-Release/www/releases/archives/population/012242.html>

²² U.S. Bureau of Labor Statistics. (2009). Retrieved March 2009. <http://www.bls.gov/eag/eag.tx.htm>

acceleration of an already-retreating employer-sponsored insurance market, as more and more small employers opt out of providing health insurance benefits.

The Over-Burdened Safety Net Health Care Infrastructure

The inadequacy of health care infrastructure to deliver primary care services to the low-income and uninsured population of the Houston region is a serious issue. Currently, in the Houston region, the demand for primary care and specialty services for those without insurance and limited funds significantly outpaces the supply. The most recent numbers show that regardless of school-based clinics, federally qualified health centers (FQHCs) and community health centers, 37.4 percent of the uninsured, low-income population's need for primary care visits remains unmet in the Houston region. As a result, many uninsured residents forgo primary care and preventive services because they have limited access – either they do not qualify for Medicaid, they cannot afford a primary care physician visit, or they suffer transportation or time restrictions limiting access to care.

In the Houston area services are available through a fragmented, difficult-to-navigate network that includes a combination of city, county and state facilities, along with a growing number of federally qualified health centers, philanthropically supported clinics funded by large foundations, United Way, faith-based organizations, private citizens and volunteer medical providers. Piecemeal and inefficient as it is, this safety net system placates individuals who choose not to purchase insurance and employers who choose not to offer health insurance to their employees, fueling the perception that having health insurance is not necessary. But with Houston's swelling ranks of uninsured residents, this safety net system is now splitting at the seams, at great consequence to all Houstonians.

County Indigent Care Policy

Texas, by statute, places the responsibility of indigent health care on county governments. Each county in Texas handles the provision of care for its indigent residents at its discretion. Harris County, for example, taxes its residents and funds a hospital district whose mission is to provide health care for indigent county residents. Other counties in the Houston region, such as Fort Bend and Brazoria, opt not to run a hospital district and instead contract with University of Texas Medical Branch (UTMB) in Galveston to provide care to qualified residents.

Most counties in the region define a qualified resident as an individual who has an annual income at or below 21 percent of the federal poverty level or \$4,800. This means that very few residents qualify for county support which results in residents receiving critical health care in the hospitals' emergency rooms.

Here is the breakdown of indigent care policies for the ten-county Houston region:

Table 5: Indigent Care Eligibility Criteria for Houston Area Counties and Hospital Districts

	Does Hospital District Cover Entire County?	Maximum Eligible Income (%FPL) [§]	Length of Eligibility	Maximum Limit of Services	County Tax Rate (per \$100 val.)
Austin County					0.47960
Bellville Hospital District [€]	Yes	Please see footnote.	Please see footnote.	Please see footnote.	0.07200
Brazoria County [†]	Please see footnote.	50%	6 months	\$30,000	0.39000
Sweeny Hospital District	No	50% with co-pays	3 months	\$30,000	0.32317
Angleton-Danbury Hospital District	No				0.24650
Chambers County [‡]	Please see footnote.	21%	6 months	\$30,000	0.49680
Winnie-Stowell Hospital District	No	150%	12 months	\$30,000	0.00750
Chambers County Public Hospital District	No	500%	12 months		0.46000
Fort Bend County	No hospital district	21%	6 months	\$30,000	0.49976
Galveston County	No hospital district	100%	6 months	\$30,000 or 30 days	0.57000
Harris County					0.63582
Harris County Hospital District	Yes	250%*	12 months	No limit	0.19216
Liberty County	No	35%	3 months	\$30,000	0.56000
Liberty County Hospital District	No	150%*	6 months	\$30,000 or 30 days	0.09000
Montgomery County					0.48380
Montgomery County Hospital District	No	150%*	3 mos. self-empl.; 6 mos. all others	\$60,000	0.0755
San Jacinto County	No hospital district				0.62870
Waller County	No hospital district				0.64250

[§] Asterisks (*) indicate a sliding scale fee structure based on %FPL. All others charge no fee for services rendered to indigent patients.

[€] Data to be confirmed.

[†] Sweeny Hospital District and Angleton-Danbury Hospital District are located within Brazoria County but are limited to regions within the county.

[‡] Winnie-Stowell Hospital District and Chambers County Public Hospital District are located within Chambers County but are limited to regions within the county. Indigent residents who are not served by these two hospital districts are covered by the Chambers County Indigent Health Care Office.

Compared to the largest metropolitan areas in Texas with populations over 1 million, Harris County Hospital District has the lowest county tax rate for a county operating a hospital district.

Table 6: Comparison of Hospital District Tax Rates for Ten Largest Hospital Districts in Texas

Texas Hospital District	Principal City	County Name	County Population	Total Tax Rate
Harris County Hospital District	Houston	Harris	3.98 million	\$0.192000
Dallas County Hospital District	Dallas	Dallas	2.41 million	\$0.254000
Tarrant County Hospital District	Ft. Worth	Tarrant	1.75 million	\$0.230397
University Health System	San Antonio	Bexar	1.62 million	\$0.237408
Travis County Hospital District	Austin	Travis	998,543	\$0.069300
R. E. Thomason General Hospital District	El Paso	El Paso	742,062	\$0.172281
Nueces County Hospital District	Corpus Christi	Nueces	322,077	\$0.144782
Montgomery County Hospital District	Conroe	Montgomery	429,953	\$0.077700
Lubbock County Hospital District	Lubbock	Lubbock	264,418	\$0.116610
Midland Memorial Hospital District	Midland	Midland	129,494	\$0.142250

Source: *Purpose Districts in Tax Levy 2007, Texas Comptroller of Public Accounts; 2008 Population Estimates, U.S. Census Bureau*

Harris County Hospital District

The Harris County Hospital District (HCHD) was established in order to help provide health care services to the low-income, uninsured residents of Harris County and to deliver “high quality health care services to a community that has the nation’s largest concentration of uninsured and underinsured residents.”²³ To achieve this goal, the HCHD operates 3 county hospitals (Ben Taub, Quentin Mease and Lyndon Baines Johnson) along with 1 dental center, 13 homeless shelter clinics, 9 school-based clinics, 5 mobile health units, 1 dialysis center and 14 community health centers. In fiscal year 2008 (FY08), the HCHD provided more than 1 million outpatient visits, 155,000 emergency center visits, 43,000 hospital admissions and delivered more than 1,000 babies. HCHD operates 838 of its 975 licensed beds, almost all of which are in four-bed “wards.”

²³ Harris County Hospital District Annual Reports. Accessed April 2009.
<http://www.hchdonline.com/about/financials/financials.htm>

Harris County provides indigent care through HCHD for individuals up to 200 percent of FPL with limited copayments. Patients with incomes between 201 percent and 250 percent of FPL receive a 50 percent discount for billed charges. Above 250 percent FPL, patients must pay for the full cost of services. Apart from emergency care, only *residents* of Harris County may use HCHD's services. To verify residential status, patients apply for the Gold Card and present it every time they access HCHD services. Unfortunately, many people, including some employers and the uninsured, mistakenly believe that having a Gold Card means access to free care. This misconception results in a large number of Houstonians without access to or foregoing health insurance.

While both the overall and uninsured population has grown dramatically in Harris County over the past 20 years, HCHD has never been funded to assume responsibility for all indigent and uninsured care, and has not been able to keep up with additional demand. HCHD has not added inpatient beds since 1991, instead focusing on increasing outpatient clinic capacity when financially possible. Although Harris County has the lowest property tax rate of any major metropolitan area in the state (\$0.19 per \$1,000 assessed home value), HCHD has been consistently profitable over the past 5 years. HCHD's net income has risen from \$25 million in FY05 to \$68.1 million in FY06, to \$87.6 million in FY07, to more than \$127 million in FY08. At the same time volumes have been flat or slightly decreasing due to lack of additional capacity.

While the uninsured population has grown in Harris County, HCHD's data show inpatient admissions down seven percent from FY07 to FY08 and emergency visits falling by 16,000.²⁴

The private hospital community of Harris County provides the majority of care to more of Harris County's self-pay and Medicaid patients. In 2007, HCHD served approximately 25 percent of Harris County's self-pay and Medicaid patients.

University of Texas Medical Branch (UTMB) in Galveston

University of Texas Medical Branch (UTMB) in Galveston has historically provided indigent care services for many Texas counties, including most counties in the Houston area, other than Harris. (Please see Appendix A for a chart illustrating UTMB's services to various Texas counties in 2008.)

The inconsistency in the methods the counties use to provide for the health care needs of their residents has proven inefficient and, more importantly, ineffective. Residents of counties which do not operate a hospital district are not getting the care they need close to home. In many cases residents are traveling to Harris County to access health care at the HCHD or private hospitals instead of traveling to UTMB. Not only has UTMB begun to limit access to those patients who do not have the ability pay, but also many of the residents in these contracting

²⁴ Harris County Hospital District Annual Reports. Accessed April 2009.
<http://www.hchdonline.com/about/financials/financials.htm>

counties do not have the means to travel far distances to seek basic health care. Additionally, the UTMB emergency center only recently re-opened after being closed for more than ten months following the devastating Hurricane Ike.

Additional Providers of Care to the Medically Indigent

In addition to county-run facilities, there are many other health care outlets for the low-income population in the Houston region. The list includes, but is not limited to: cash clinics, clinics operated by the City of Houston, Federally Qualified Health Centers (FQHCs), FQHC look-alikes, independent clinics, Planned Parenthood and school-based clinics. The operating budget for each model of care comes from one or more sources, which may include different combinations of state and federal grants, patient fees, public insurance such as Medicaid and CHIP, and philanthropic sources. A list of 115 Harris County safety net facilities, divided by primary and specialty care facilities, can be found in Appendix A. Twenty-seven safety net facilities in the surrounding counties are listed in Appendix B.

Private, non-profit organizations that provide health care services to the underserved in a community have proven to be successful. For example, the Ibn Sina Foundation was founded in 2001 with the sole vision of bringing quality primary care to the immigrant and indigent population of Houston. The organization's mission is to "ensure the health of the community by providing integrated preventive and primary care in a clinical setting through dissemination and application of health related knowledge, thereby enhancing the quality of life of future generations."²⁵ In addition to service partnerships with the local government and community, Ibn Sina Foundation operates a Community Medical Center that provides low-cost medical and dental treatment for a nominal fee. This kind of private, nonprofit model for offering primary and preventive care is a potential solution to the lack of access to health care for uninsured Houston region.

Another model of providing health care to the indigent population is in the form of FQHCs. Organizations such as Legacy Community Health Services and El Centro de Corazon serve the Houston region community by providing a wide range of services on a sliding fee scale for all of their patients. In addition to primary care services, Legacy offers nutritional medicine, acupuncture, an eye clinic, psychiatric services, Hepatitis treatment and provides financial assistance to HIV positive patients, helping them pay for insurance premiums and medications. However, Houston's FQHCs rely on philanthropic and other non-federal grant dollars for, on average, approximately 39% of their operating funds, compared to approximately 21% nationally and 27% across the state of Texas. In 2007, non-federal grants/contributions provided approximately \$8.6 million in funding for FQHCs in Harris County.²⁶

²⁵ Ibn Sina Foundation Website. About Us. Accessed May 12, 2009.<http://www.ibnsinafoundation.org/about.cfm>

²⁶ Health Management Associates. "Strategic Assessment of Primary Care Capacity in Harris County." July 2008.

A third model is the community clinic. Large community clinics in the Houston region include those in Montgomery and San Jacinto counties. Community clinics focus largely on primary care and are available to county residents to access them as needed. For example, the San José Clinic in Houston “provides a setting that is safe and one that treats all within the building with dignity and respect. It is a safety net for people who do not qualify for Medicare, Medicaid or county health services and cannot afford to purchase private or employer-based health insurance. San José Clinic provides care on a sliding scale basis to approximately 5,000 patients annually.” San José Clinic also provides pharmaceuticals and lab services for patients at no additional charge.²⁷

These facilities keep costs low by negotiating discounted rates for diagnostic services provided by other health care entities such as hospitals, lab groups and imaging centers. Some also have doctors and staff working on a volunteer basis. Most of these facilities charge patients on a sliding-scale fee schedule based on FPL status, so some patients may not pay anything. Conversely, just as for HCHD, it also means that some patients must pay the full cost of services, which, while low, can still be unaffordable. To keep afloat as businesses, many of these facilities must make sure that they receive patients with Medicaid and CHIP, thus limiting the volume of uninsured individuals they can care for. As it is, the demand for services is already greater than these facilities can provide.

Several recent reports, including the Harris County Healthcare Alliance’s “Strategic Assessment of Primary Care Capacity in Harris County” have demonstrated the need for substantial and long-term commitment from the philanthropic and provider community to assure the long-term viability of the primary care safety net. This degree of support and commitment will be key to any of these three models.

System-Wide Challenges

As a whole, indigent care services are difficult to navigate. The varying missions and financial structures of the different networks and facilities limit each entity to providing specific services for specific populations. Exactly which facility provides what services to which populations is difficult to untangle, especially for people who have limited educations and even more limited knowledge of the Houston health care delivery structure.

Because the organization of indigent medical services is so fragmented, it is also easy for people to go from facility to facility to seek treatment, as long as they are eligible, without establishing a usual source of medical care. This lack of continuous and coordinated care is inefficient and encourages duplicate medical tests. Nevertheless, the complex safety net system has been able to serve thousands of Houston area residents.

²⁷ San Jose Community Clinic, Accessed May 15, 2009 from, <http://www.sanjoseclinic.org/amlink/mission.htm>

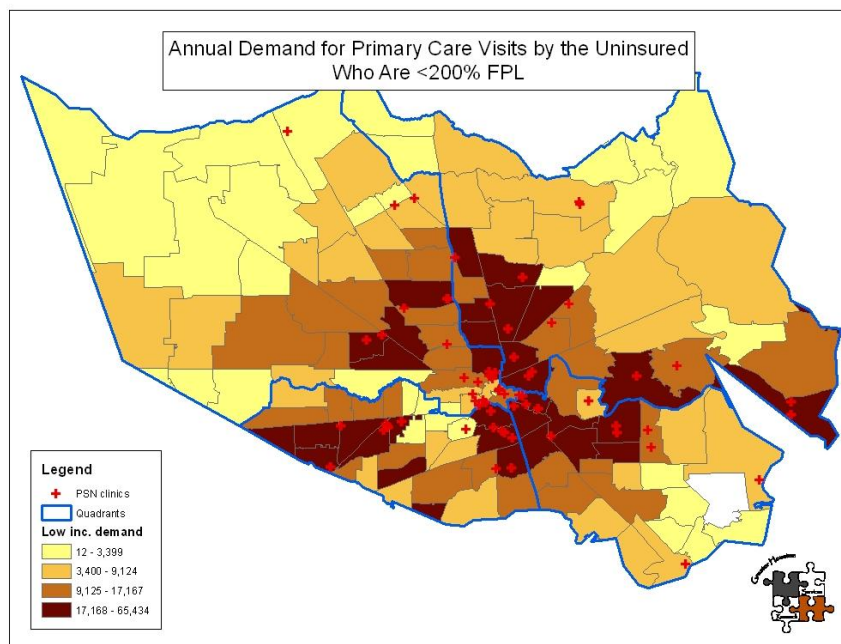
Primary Care for the Low-Income Population

Primary care physician shortage for the low-income population is very pronounced, as the number of physicians who accept Medicaid and CHIP coverage is low, and the facilities that provide indigent care are greatly overtaxed. Therefore, physician choice is limited and appointments are difficult to obtain. Most recent numbers show that regardless of school based clinics, federally qualified health centers (FQHC) and community health centers, 37.4 percent of the low-income uninsured population’s need for primary care visits remains unmet in the Houston region.

Table 7: Supply and Demand Gap for the Low-Income Population in Houston
 University of Texas School of Public Health and St.Luke’s Episcopal Health Charities
 Unpublished Report to the Harris County Healthcare Alliance, 2006.

	Unmet demand- Annual visits low income uninsured population	Unmet demand- Monthly visits low income uninsured population	Unmet demand- Percent of demand low income uninsured population
Northeast	213,293	17,774	54.62%
Northwest	113,180	9,432	32.24%
Southeast	129,497	10,791	41.36%
Southwest	85,111	7,093	21.70%
Total	541,081	45,090	37.4%

Chart 1: Supply and Demand Gap for the Low-Income Population in Houston



Specialty Care for the Low-Income Population

Primary care is not the only area in which the Houston region is underserved. The region lacks capacity in specialty care, mental health and dental health. Twenty to twenty-five percent of all primary care visits result in the need for specialty care, but the region lacks free or tax-supported capacity in specialty care, mental health and dental health, as evidenced in the inordinately long wait times in existing safety net specialty care facilities.

The FQHCs and private clinics struggle daily to find providers that will accept referrals for their uninsured patients. When necessary, low-income patients are referred to specialty clinics and hospitals for diagnostic testing, specialty and surgical care, primarily to HCHD clinics and facilities. But due to capacity issues at HCHD, Houston-area hospitals whose missions include providing care to the underserved, regardless of ability to pay, collectively see more admissions than HCHD, unfortunately, usually through emergency room admissions.

In the Houston region, the HCHD operates 975 total beds, which equates to 1,212 uninsured persons per hospital beds. The other hospital districts in the state operate 670 beds or less. Since 1991, HCHD has not added any new, despite the population and number of uninsured having more than doubled since then.

Mental health is one particular specialty in which Houston is sorely deficient, especially for the medically indigent. Nearly seven percent of all emergency department visits in Houston and Harris County involve a behavioral health problem and 75 percent of these patients are adults with no insurance or Medicaid coverage.²⁸ Even though safety net clinics for mental health exist, they can be alarmingly limited in scope of service. For example, clinics run by the Mental Health and Mental Retardation Authority (MHMRA) of Harris County may attend to only three diagnoses for adults: schizophrenia, major depression and bipolar disorder.

Houston's problems in mental health care are tightly intertwined with its problems of homelessness, imprisonment and criminal recidivism, all of which are sectors that drain the region's economy. For Houston to minimize all of these problems, the region must find a solution for the inadequacy of mental health services.

An expansion of capacity in specialty, primary, mental and dental health care is greatly needed in the Houston region. If primary care is expanded without expansion of specialty care, the problem of access will remain unsolved. Uninsured residents must be able to access needed health care services through school programs, FQHCs, Harris County Hospital District (HCHD) clinics or other local channels. Only then will the burden to hospitals and to the larger community be reduced significantly.

²⁸ Begley, C., et al. (September 2008). Emergency Department Visits for Behavioral Health Issues in Harris County. University of Texas School of Public Health.

Emergency Care for the Low-Income Population

This inability to access primary care services in a timely manner results in a delay in medical care until the resident is so sick he or she requires expensive hospital care. The resident receives this care by going to a hospital's emergency room. To comply with the Emergency Medical Treatment and Active Labor Act (EMTALA) federal regulation, the hospital must provide care without regard to the resident's ability to pay for services if deemed to be an emergency or life threatening condition. The great majority of the residents cannot pay for these services and the bill is written off to charity care. Even when patients have Medicaid coverage, reimbursements from government programs often do not cover the full cost of medical care. Therefore, hospitals raise the prices they charge patients with health insurance, a practice typically referred to as "cost shifting." Higher costs lead to increased health insurance premiums. Thus taxpayers and businesses pay the cost of "free" care through increased health insurance premiums. Rising premiums in turn make health insurance less affordable, further increasing the ranks of the uninsured in our community and fueling a deepening cycle.

As a result, Houston area emergency rooms are constantly clogged with patients who do not receive the necessary specialty care after being referred by a primary care physician, patients who are unable to take care of minor dental issues that have been exacerbated by inattention and patients with mental health needs that do not require an acute care setting. This emergency care is not only unnecessary, but also expensive. In 2007, the average cost of an emergency department visit was \$706, whereas the average cost of an office-based physician visit was \$152.

Exacerbating Factors

The disproportionate number of uninsured in the Houston region has been an issue for many years. Over the years, the safety net system to treat the uninsured has not only kept up with growth, but has been adversely affected by recent events, particularly the impact of Hurricane Ike and the subsequent closing of the services at UTMB in Galveston and the worsening economy, each which have led to a heightened state of urgency and alarm throughout the region.

On September 13, 2008, Hurricane Ike devastated the homes, lives and livelihoods of scores of people across the region. It left almost 98 percent of area residents without power and flooded a total of 3,700 homes. The second most costly disaster in the history of the United States, Hurricane Ike killed 112 people in the United States, of which 48 were in Texas and nearly 30 in the Houston region. As people and businesses have recovered, one critical health care provider remains crippled – UTMB. Prior to Hurricane Ike, UTMB operated one of the three Level I trauma centers and one of the three burn centers serving the Houston region. It provided critical services to tens of thousands of indigent and uninsured patients from dozens of Southeast Texas counties every year, notably Brazoria, Galveston, Jefferson and Chambers.

UTMB's services were extremely limited. Its Level I trauma center remains closed and only reopened in August 2009 as a full-service emergency center. The region must find the best ways to replace this capacity.

Regardless of insurance status, lack of access to critical care following trauma in the Houston area is alarming. The American College of Surgeons recommends having one Level I trauma center for every one million residents in a region. The Houston-Sugar Land-Baytown Metropolitan Statistical Area (MSA) has a population of more than 5.6 million,²⁹ requiring six Level I trauma centers. With only two Level I trauma centers serving the Houston region (Memorial Hermann Hospital – Texas Medical Center and Ben Taub General Hospital) and more hospitals forced to divert emergency patients due to lack of capacity in their critical care units, increasing numbers of critically ill and injured patients are at risk.

Before Hurricane Ike, Memorial Hermann Hospital – Texas Medical Center campus was on trauma diversion for adult patients an average of 8.8 percent of the time. Since the Hurricane, the average has increased to 25.5 percent of the time. When a hospital is on diversion, it cannot take more patients and ambulances are forced to take critically ill patients elsewhere – delaying care and risking lives. To put this in perspective, the American College of Surgeons (ACS) guidelines indicate that hospitals should be on trauma diversion less than five percent of the time – an insurmountable goal in the Houston region today.

In addition to the devastation of Hurricane Ike and the crippling of UTMB, the deepening global recession has added to the already bleak business and social environment developing in the Houston region's health care sector. The swift downturn of the economy, the resulting increase in the number of unemployed and the swelling numbers of uninsured and underinsured living in the Houston region have strained the community's ability to provide adequate levels of care to its residents and improve their quality of life.

Challenges for Hospitals

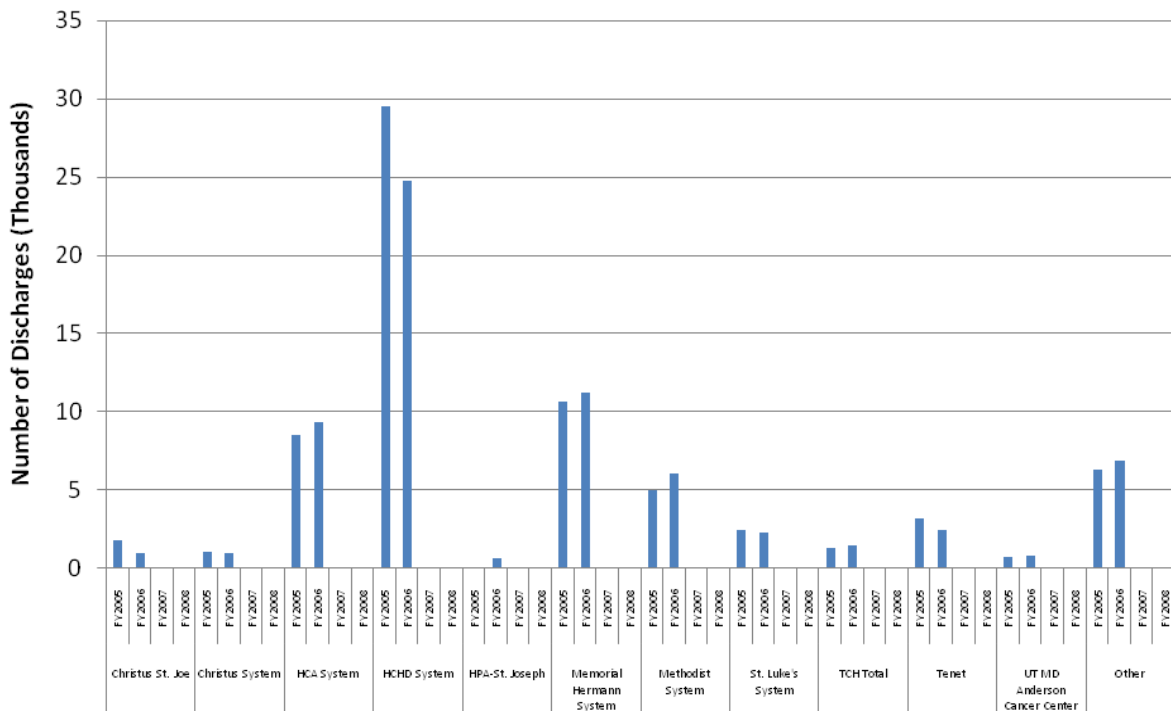
Notwithstanding all of the challenges of the indigent care provider systems in the region, we continue to attract new residents willing to work without health insurance, because, as fragmented and inefficient as it is, most of the uninsured are not complaining. Unfortunately, the current system cannot accept any additional new demand, or closure of key components as happened with Hurricane Ike, without risking a meltdown.

The challenge that must be addressed is the disproportionate distribution of the burden of caring for the uncompensated and Medicaid patients among these hospitals. Most hospital systems accept Medicaid patients as income-generating clients, though for almost all of them,

²⁹ The Houston CMSA is made up of Chambers, Ft. Bend, Harris, Liberty, Montgomery, Waller, Galveston, and Brazoria counties.

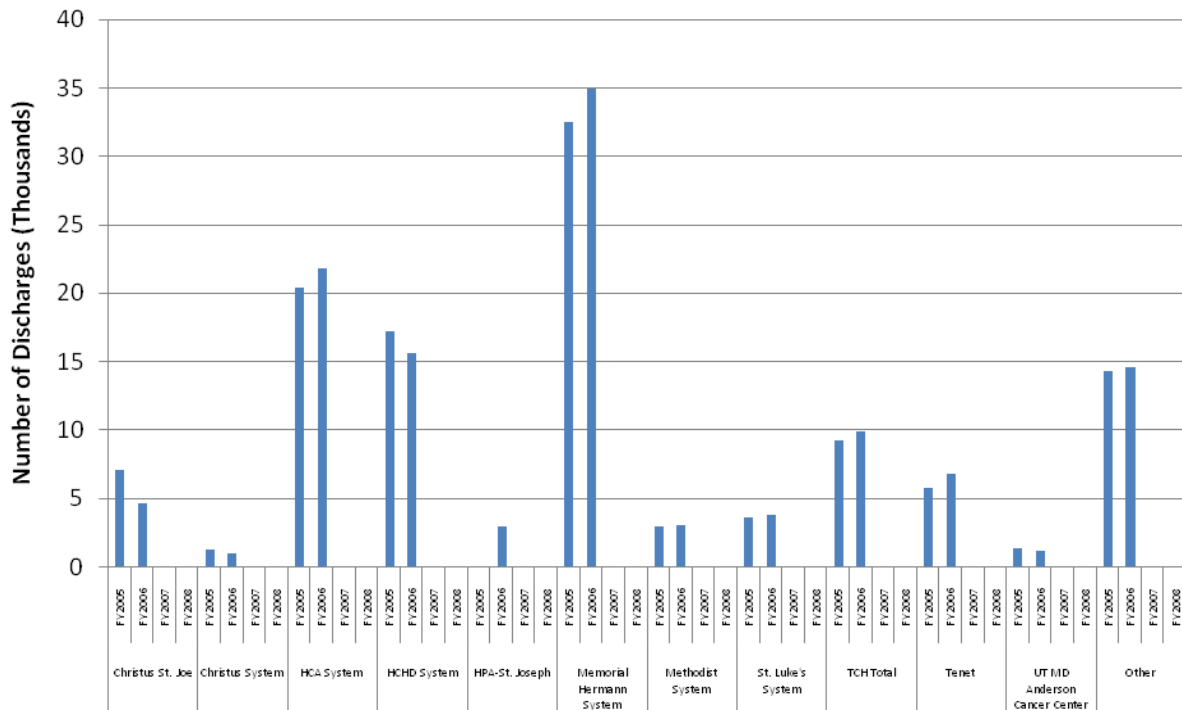
Medicaid reimbursement pays significantly less than the cost of providing the care. In addition, a select few hospital systems bear the lion’s share of uncompensated care. Therefore, an additional challenge that must be addressed, as evidenced in the following charts, is the disproportionate distribution of burden of caring for the uninsured patients among Houston area hospitals.

Chart 2: Uncompensated care discharges in Houston area hospital systems FY2005-FY2006.



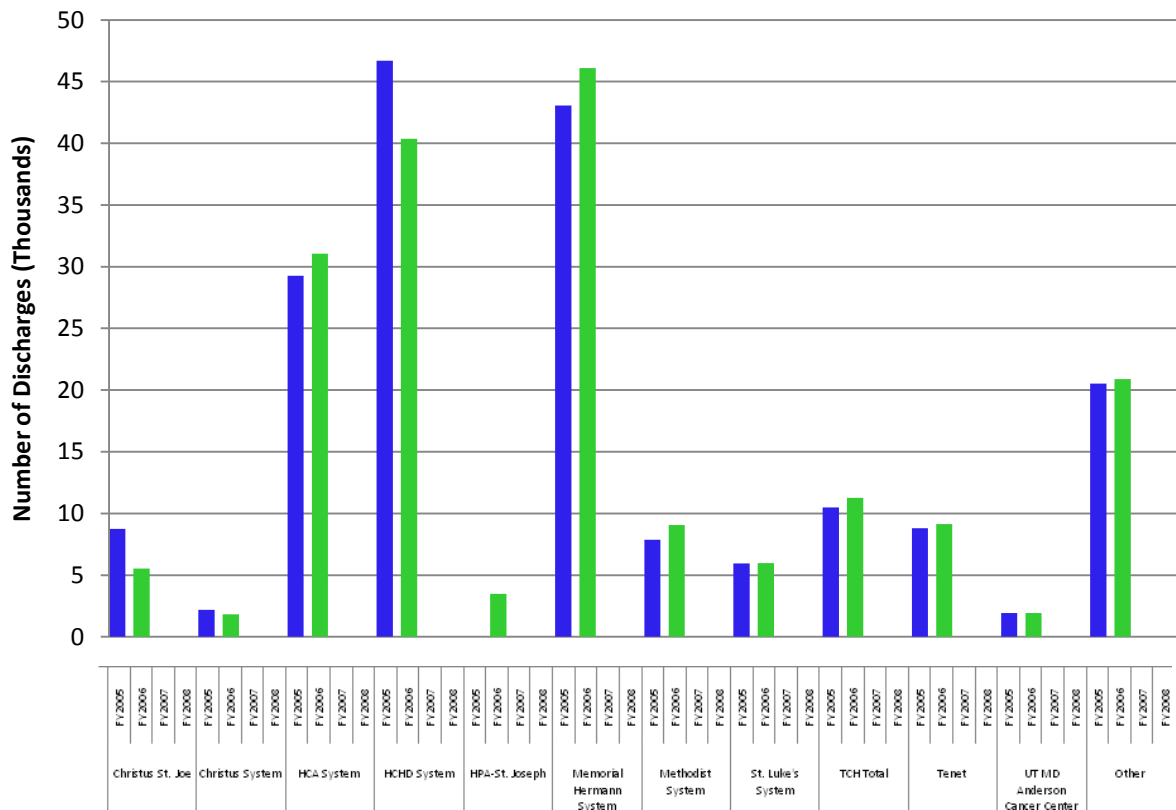
Uncompensated Discharges	Christus St. Joe	Christus System	HCA System	HCHD System	HPA-St. Joseph	Memorial Hermann System	Methodist System	St. Luke's System	TCH Total	Tenet	UT MD Anderson Cancer Center	Other
FY 2005	1,722	1,001	8,483	29,508	-	10,622	4,967	2,380	1,259	3,082	669	6,254
FY 2006	933	926	9,251	24,768	557	11,136	6,038	2,246	1,396	2,391	775	6,828

Chart 3: Medicaid care discharges in Houston area hospital systems FY2005-FY2006.



Medicaid Discharges	Christus St. Joe	Christus System	HCA System	HCHD	HPA-St. Joseph	Memorial Hermann System	Methodist System	St. Luke's System	TCH Total	Tenet	UT MD Anderson Cancer Center	Other
FY 2005	7,014	1,183	20,420	17,178	-	32,445	2,888	3,570	9,228	5,721	1,271	14,259
FY 2006	4,601	898	21,812	15,590	2,923	34,967	3,013	3,724	9,881	6,752	1,164	14,598

Chart 4: Uncompensated care and Medicaid care discharges in Houston area hospital systems FY2005-FY2006.



Uncompensated and Medicaid Discharges	Christus St. Joe	Christus System	HCA System	HCHD	HPA-St. Joseph	Memorial Hermann System	Methodist System	St. Luke's System	TCH Total	Tenet	UT MD Anderson Cancer Center	Other
FY 2005	8,736	2,184	28,903	46,686	-	43,067	7,855	5,950	10,487	8,803	1,940	20,513
FY 2006	5,534	1,824	31,063	40,358	3,480	46,103	9,051	5,970	11,277	9,143	1,939	20,880

We are truly at a tipping point that requires significant additional capacity and at the same time, a reduction in the number of uninsured. For Houston to achieve such goals will require a collaborative effort from all the stakeholders involved in this issue.

Current Efforts

The current efforts by several organizations to mitigate the health care crisis in the Houston region should be applauded. Individually, those efforts have helped many of the uninsured in the community receive the care they need. However, the Houston region's historically isolated, fragmented approach is inefficient and a waste of valuable resources. By working together, creating a master plan, coordinating efforts and utilizing resources better, the Houston region could positively address the many driving factors of the health care crisis and provide significantly improved access to critical health services.

Gateway to Care

Founded in 2000, Gateway to Care is a collaboration of more than 165 leaders in health care, government and the business community, sharing the mission to improve access to health care for the uninsured and underinsured residents of the Houston region.

Achievements of this group have included the development and implementation of a nurse navigation program, community health centers, provider health networks and a 24/7 nurse triage hotline. According to its website, "Gateway to Care and its member organizations have brought in over \$76 million in additional resources to the region since 2000 to address health care issues. Most of the resources have gone to member organizations and only minimally included support for core staff and operations of Gateway to Care."

For the medically indigent population, Gateway to Care is an invaluable resource that helps individuals find a health care entity that can cater to their needs. This organization is *one* step toward patching together the fragmented indigent health care delivery system.

Episcopal Health Charities' Project Safety Net

Episcopal Health Charities has created an interactive website that simplifies the process of searching for a safety net health care service. Users are able to search for facilities based on zip code, hours, type of facility, type of services needed, languages spoken, ages served and payment methods, or any combination thereof. The service is available in both English and Spanish, and is a useful resource for people trying to navigate the Houston area's complicated safety net system.

Harris County Health Care Alliance

Several years ago, the Greater Houston Partnership prompted the formation of the Harris County Health Care Alliance (“Alliance”) to address the health care crisis in the Harris County area. Membership includes representatives from government, physician groups, the hospital community, local clinics, mental health centers and homeless advocacy groups. Each member pays annual dues in order to fund the Alliance’s small staff and ongoing operations.

Over the past three years, the Alliance, which is comprised primarily of provider organizations, has continued to foster collaboration among providers and philanthropic organizations, analyze and report on data important to health delivery system policymaking, and advocate for consensus-built legislation and policy at local, state and federal levels.

In addition, the Alliance has launched two innovative initiatives – the Harris County 3-Share Plan and the 911 TeleHealth Program – toward its goals of improving access to appropriate care for the uninsured and underinsured population and increasing its members’ capacity to meet the healthcare needs of Houston/Harris County.

Three-Share Products

Together with the Alliance, two health insurance plans, Community Health Choice, Inc. and United Healthcare, have designed Three-Share products in which employers, employees and government split the cost of the premium. These insurance products are designed only for people working for small employers and provide subsidies for employees that cannot afford their share of the premium. They will be providing an affordable—and previously nonexistent—way for small employers to offer health benefits to their workers.

Harris County Hospital District

Even without the impact of UTMB’s temporary closing, the deteriorating economy and resulting unemployment, the number of uninsured patients presenting for treatment in the Houston region’s hospitals has grown each year. This year, the HCHD opened the new El Franco Lee Health Center in Alief and plans to open the new Martin Luther King Health Center in 2010. These two new primary care clinics will increase capacity by 137,000 visits. In addition, HCHD is beginning construction on its Holly Hall specialty care clinic. Although this is an important first step, there remains an enormous community need for primary and specialty outpatient care along with dental care and mental health care.

Greater Houston Partnership

As the primary business advocate for the 10-county Houston region, the Greater Houston Partnership (“Partnership”) recognizes the need for a strong and reliable health care delivery system and supports public policies that increase access to affordable health care, encourage efficiency in the health care industry and foster collaboration between and among public and private sector providers.

In 2009, the organization passed several resolutions advocating for health care reform:

- In support of trauma care funding;
- In support of health plan coverage for routine patient care costs associated with clinical trials;
- In opposition of legislative restrictions on health plans to terminate or non-renew physicians due to out-of-network referral patterns;
- In support of creating the Health Care Access Fund through the application of a tax imposed on certain tobacco products; and
- In support of key principles to be incorporated into the federal health care reform proposal.

The Partnership has always maintained a strong role in the past on pressing health care issues affecting the greater Houston region. In early 2004, the Partnership, in consultation with Harris County Judge Robert Eckels and City of Houston Mayor Bill White appointed a nineteen-member Public Health Task Force, including public officials, health care providers and business and community leaders, to examine the Houston/Harris County public health care delivery system and make recommendations for improvements. Led by Rob Mosbacher, Jr, the Public Health Task Force was charged with designing a system through which to provide more effective access to, and more efficient use of, available public health resources.

The Public Health Task Force issued a report providing a detailed view of the primary causes of the health care crisis the Houston region was then facing and proposing recommendations to alleviate the aggravated state of the public health system in the Houston region. The report became the impetus for a number of initiatives, including the Harris County Healthcare Alliance. This white paper is simply an extension in taking the report the Public Health Task Force proposed five years ago, to the next level.

Call to Action

The health care crisis in the Houston region is a community problem that can only be addressed through the collaborative effort of all stakeholders. The current fragmented approach has proven ineffective. The region needs a focused, collaborative action plan to maximize the benefit received from the community's health care resources.

While efforts are being made to address health care problems at the federal level, the region continues to battle challenges that must be addressed immediately. This white paper is designed to recommend comprehensive and manageable solutions and to outline for the reader some steps that can be taken to ensure appropriate resources are available and accessible to solve the health care crisis in the Houston region.

Regional Oversight Board

The initial step to developing a collaborative action plan is to immediately establish a regional oversight board comprised of business leaders, government leaders, community leaders, media and health care providers. This regional oversight board would be responsible for the development of a strategic plan:

- 1) to address the lack of access to health services for the uninsured and
- 2) to reduce the number of uninsured in the region.

The strategic plan should emphasize a coordinated, collaborative approach to addressing the health care needs of the community. By engaging the larger community and working together to develop innovative and practical solutions, this regional oversight board can advocate for adequate programs and funding from federal, state and local government. In addition, the regional oversight board should hold all stakeholders accountable for their "fair share" of the contributions that will be necessary to successfully achieve the goals of the strategic plan.

The governance of this oversight board could fall under the Houston-Galveston Area Council, or under another regional authority, but the Board must have a real commitment to drive change through collaboration.

In addition to the creation of a regional oversight board, the following are proposed solutions that the regional oversight board could recommend to resolve the uninsured problems facing our region:

A) The Houston Region

- The Houston region must support the need to decrease the uninsured while expanding the health care infrastructure of the 10-county Houston region to adequately meet the current and future needs of the uninsured patients. The region must create additional primary care, specialty care, mental health and dental capacity and assist in its funding through tax dollars, corporate involvement and charitable contributions. This needs to be achieved through a collaborative, proactive planning process that is focused on eliminating the current fragmented approach to addressing the uninsured problem.
- The Houston region must be educated about the critical importance of finding and establishing a relationship with a primary care physician or a clinic. Access does not automatically result in decreased primary care utilization of emergency rooms when individuals are unfamiliar with using the system appropriately. Expanding CHIP and Medicaid in Texas without an educational effort will be costly and ineffective.
- The Houston region must encourage the state and local governments to release the trauma funds currently designated for Level I trauma centers, as well as increase trauma capacity and funding. This could lead to the development of additional Level I trauma centers.
 - In FY08, only \$52 million of the available \$220 million in trauma funds were disbursed.³⁰
 - The Texas Department of State Health Services projects balances of undistributed funds as follows:
 - \$216.7 million in FY09
 - \$265.9 million in FY10
 - \$338.3 million in FY11³¹
- The Houston region must aggressively explore innovative insurance models for small employers and self-employed individuals that will provide access to care in an affordable manner. One example of such models is the Harris County 3-Share Plan set to begin offering coverage November 1, 2009. A pilot program aimed at covering up to 3,000 formerly uninsured employees of small businesses by the end of its second year will demonstrate success in Texas of a model that has proven successful elsewhere throughout the country.

³⁰ The Greater Houston Partnership, "Resolution in Support of Trauma Care Funding." April 1, 2009. Accessed May 11, 2009. <http://www.guidrynews.com/09April/09509Trauma.pdf>

³¹ Ibid.

These innovative solutions may include:

- Greater adoption by governmental entities and large private employers of “play or pay” programs similar to the City of Houston that provides incentives which encourages a culture of employer-sponsored health insurance, and
 - Limited Health Care Benefit Program focused on primary care and wellness with a wrap-around catastrophic care component.
- The Houston region, especially governmental entities and large companies that contract with smaller employers, should require all contractors to provide health insurance to their employees as a requirement of contracting.
 - The Houston region should actively support the Health Information Exchange initiative and encourage the provider community in the Houston region to participate.

B) Harris County Hospital District (HCHD)

- HCHD should efficiently staff and operate all of its inpatient beds and outpatient services to help alleviate the shortage of health care resources for the uninsured.
- HCHD should continue to expand its hospital, primary care and specialty care capacity.
- HCHD should immediately utilize a portion of its cash reserves that has been built based on issued bond ratings and incremental tax revenues on increasing the number of primary care, specialty care, and mental health clinics in the county or compensate existing providers for treating eligible Harris County indigents.
- HCHD should continue to open more outpatient health centers, focused on primary and secondary care and strategically located in communities with the greatest need.
- HCHD should continue to look for opportunities to purchase or lease hospital beds and diagnostic capabilities from other Houston area hospitals with excess capacity.
- HCHD should strengthen its connections to non-county clinics through health information technology and other mechanisms to improve flow of patients for specialty care not available in other clinics.

C) *Houston Region Hospitals*

- Hospitals boards must demand that their institutions treat their proportionate share of the uninsured and Medicaid patients by directly providing emergency care, inpatient care and outpatient services to these patients.
- As beneficiaries of reduced uninsured acute care costs, hospitals should assist in the creation and funding of the needed primary care, specialty care and mental health clinics in the region.
- All hospitals should implement policies similar to HCHD’s RightCare policy to re-direct care away from emergency rooms when appropriate.

D) *Harris County Commissioners Court*

- The commissioners should ensure the taxpayers are receiving maximum benefit for the services provided by the HCHD.
- Over a period of time, the commissioners should conduct a review of the hospital district tax rate to determine whether the rate is at a level comparable to other large metropolitan areas in the state that operate a hospital district to provide adequate care.
- The commissioners should ask legislators or the Regional Health Policy Services Council of the Houston-Galveston Area Council to convene commissioners from neighboring counties to develop long-term solutions to the health care problems facing the region. Among the alternatives this group should consider is the creation of a multi-county regional healthcare system.

E) *Texas State Legislature*

- The State government should release the reserved trauma funds in order to open additional Level I trauma centers in Southeast Texas or expand existing ones.
- The State government should expand eligibility criteria for Medicaid and SCHIP to cover more Texans and maximize the federal match. Every dollar of expansion includes 60 percent federal money and 40 percent state money. Expansion of these programs would mean increasing state taxes in some manner, since there is no extra “cushion” in the state budget. The “pull-down” of federal money involves a 40 percent match from the state, which businesses and individuals would have to be willing to pay in increased tax burden.

Efforts should include:

- Extending Medicaid eligibility to 12 months instead of the current 6 months,
 - Allow CHIP buy-in on a sliding scale for families whose incomes are above the current eligibility cutoffs,
 - Using federal health care reform dollars to expand Medicaid for very low income adults, and
 - Reinstate the Medicaid Medically Needy Program which expands Medicaid eligibility to qualified individuals who may have higher incomes than would qualify under the mandatory needy group.
- The State government should enact new health insurance regulation that would reform small group premium-setting and underwriting rules, and encourage development of large-risk pools for small employers and the self-employed. Other programs, such as the Healthy Texas public reinsurance program, which would provide low-cost, high-quality health insurance to these groups, should be promoted and expanded.
 - The State government should continue to fund additional nursing school faculty positions as they did in the 81st Legislature with a \$30 million increase for nursing education so all qualified nursing school applicants can be accepted into Texas nursing schools to help alleviate the extreme shortage of nurses.

F) University Systems Board of Regents

- The Regents should continue to promote the use of medical homes to better coordinate comprehensive patient care.
- The Regents should encourage health-related organizations to continue collaborating together to provide health care services to uninsured communities.
- The Regents should encourage additional residency spots to address the severe shortage of primary care physicians in the Houston region.
- The Regents should continue to advocate for increased funding and higher salaries for faculty including nursing staff.

G) Health Care Clinics

- The Houston region should build more FQHC access points and other clinic models to serve the uninsured in the Houston region.

H) *Harris County Medical Society*

- The Medical Society should continue to advocate for increased primary care physician positions in residency programs and increased funding for these positions.
- The Medical Society should continue to encourage their physician members to contribute time to community clinics and/or the Provider Health Network operated by Gateway to Care and to collaborate with Gateway to Care to determine the level of need in order to better communicate with their members.
- The Medical Society should encourage their members to open more practices to Medicaid patients where appropriate geographically and by specialty.
- The Medical Society should increase its engagement and involvement with the issue of the uninsured in the Houston region and help educate the community on the proper use of primary care. The Medical Society should actively support state and nation-wide efforts to identify best practices and evidence-based medicine to improve efficiency and reduce the cost of care.

I) *Health Insurance Companies*

- Health insurance companies in the Houston area should collaboratively increase compensation for primary and preventive services and to provide incentives for the development of medical homes.
- Health insurance companies should develop strategies new compensation models to distribute savings to hospitals for decreasing unnecessary emergency and in-patient services.
- Health insurance companies should competitively create individual and small-group insurance products, including products designed for the low-income population.

J) *Greater Houston Partnership*

- The Partnership should continue to advocate for health care policies that promote better utilization of financial resources by maximizing federal and state funds.
- The Partnership should continue to support legislative initiatives that facilitate the recruitment of health care providers in health professional shortage areas.
- The Partnership should continue to encourage the creation of additional federally-qualified health centers.

- The Partnership should continue to support legislation that creates a CHIP buy-in program.
- The Partnership should advocate for an appropriate level of taxes to support necessary and needed services for the HCHD and/or the newly established multi-county regional healthcare system.

Moving Forward

If the situation is left at status quo and the Houston region's hospitals and community health care organizations are stretched to meet future demand at current capacity, the safety net will fail. This failure will not only affect the people who will be left untreated, but will also diminish the competitive advantages the Houston region holds over other metropolitan areas – a good business climate, low taxes, and a large, low-wage labor force – ultimately weakening the quality of life for Houston area residents.

Business and health care leaders, elected officials and concerned citizens must come together to improve access to health care across the region. Every individual deserves the chance to maximize his or her potential for health and well-being. The proposed solutions outlined in this paper are critical to the Houston region's ability to remain economically strong and attractive to people and businesses.

APPENDIX A: UTMB COUNTY INDIGENT CARE CONTRACT SERVICES

**THE UNIVERSITY OF TEXAS MEDICAL BRANCH AT GALVESTON
INDIGENT HEALTH CARE AND TREATMENT ACT
COUNTY INDIGENT CARE CONTRACT SERVICES
PRELIMINARY REPORT AS OF SEPTEMBER 13, 2008**

September 1, 2007 thru August 31, 2008

County Name	Amount of Services Provided to County (7)	Amount of Services Billed to County (7)	Reimbursement Received from County (1) & (2)
003 Angelina County	\$ 184,040.63	\$ 64,414.22	\$ 41,684.76
260 Angleton Danbury Hospital District (4)	455,400.69	159,390.24	139,005.01
004 Aransas County	63,087.31	22,080.56	21,521.61
008 Austin County	65,938.94	23,078.63	19,995.77
020 Brazoria County (4)	1,397,248.60	489,037.01	359,618.49
24 Brooks County	13,951.00	4,882.85	89.58
036 Chambers County	184,301.49	64,505.52	62,625.50
045 Colorado County	57,165.97	20,008.09	3,696.38
075 Fayette County	4,178.00	1,462.30	1,317.05
079 Fort Bend County	1,010,654.46	353,729.06	212,968.49
084 Galveston County (6)	5,952,660.54	2,083,431.19	762,418.19
100 Hardin County	565,397.73	197,889.21	110,305.16
108 Hidalgo County	565,400.46	197,890.16	148,995.63
111 Hood County Hospital District	271,904.69	95,166.64	3,479.22
121 Jasper County	491,472.51	172,015.38	109,163.17
123 Jefferson County (6)	4,172,975.13	1,460,541.30	845,403.94
146 Liberty County	504,568.94	176,599.13	150,424.43
270 Liberty County Hospital District	1,404,291.47	491,502.02	346,819.95
158 Matagorda County Hospital District	271,053.94	94,868.88	88,500.14
264 Montgomery County Hospital District (6)	1,035,522.48	362,432.87	191,780.86
174 Nacogdoches County Hospital District	260,910.22	91,318.58	7,195.37
176 Newton County	116,740.23	40,859.08	32,076.02
178 Nueces County Hospital District	43,839.87	15,343.95	-
181 Orange County	110,195.20	38,568.32	30,086.27
187 Polk County	77.00	26.95	-
202 Sabine County Hospital District	334,735.34	117,157.37	39,865.13
203 San Augustine Hospital District	9,528.91	3,335.12	3,335.44
204 San Jacinto County	46,637.66	16,323.18	14,988.10
210 Shelby County	165,361.57	57,876.55	37,250.65
258 Sweeny Hospital District	85,311.71	29,859.10	27,558.57
228 Trinity County	35,495.11	12,423.29	7,981.81
229 Tyler Hospital District	139,456.34	48,809.72	34,161.47
236 Walker County Hospital District	2,418,299.66	846,404.88	561,645.12
262 West Wharton Hospital District	115,316.77	40,360.87	39,179.63
241 Wharton County	791,656.26	277,079.69	141,510.00
246 Williamson County	2,271.00	794.85	676.10
TOTALS	\$ 23,347,047.85	\$ 8,171,466.75	\$ 4,597,323.01

NOTES:

1. REIMBURSEMENT REFLECTS PAYMENTS RECEIVED AGAINST SERVICES DELIVERED DURING FY08.
2. FOURTH QUARTER REIMBURSEMENTS ARE INCOMPLETE. DUE TO IKE THERE WAS AN INTERRUPTION IN POSTING PAYMENTS.
3. AN ELIGIBLE PATIENT IS A RESIDENT OF THE COUNTY OR HOSPITAL DISTRICT AND HAS AN ANNUAL INCOME THAT PLACES THEM WITHIN THE PARAMETERS OF THAT COUNTY OR HOSPITAL DISTRICT'S INDIGENT HEALTH CARE PROGRAM.
4. ANGLETON-DANBURY and BRAZORIA COUNTY INCLUDES CHARGES ASSOCIATED WITH TELEMEDICINE.
5. THE FOLLOWING COUNTIES/HOSPITAL DISTRICTS HAVE INDIGENT CARE CONTRACTS WITH UTMB BUT DID NOT INCUR ANY CHARGES OR MAKE ANY PAYMENTS FROM SEPTEMBER 1, 2007 TO AUGUST 31, 2008: BEE; HILL; HOPKINS; LIVE OAK; MILAM; MORRIS; NAVARRO; PALO PINTO; SAN PATRICIO; and SCHLEICHER.
6. GALVESTON COUNTY, JEFFERSON COUNTY AND MONTGOMERY COUNTY HOSPITAL DISTRICT'S BILLING RATE CHANGED ON JUNE 1, 2008 to Medicaid. THIS PRELIMINARY REPORT DOES NOT REFLECT THE BILLING CHANGE.
7. SOME JULY AND AUGUST DATES OF SERVICE HAVE NOT BEEN BILLED AND THEREFORE ARE NOT INCLUDED IN THIS PRELIMINARY REPORT.

APPENDIX B: HARRIS COUNTY SAFETY NET CLINICS

Primary Care Facilities

City of Houston Department of Health and Human Services

(Only attends to prenatal care, well child visits, sexually transmitted diseases, tuberculosis and Hanson's disease; does not accept refugees.)

La Nueva Casa De Amigos Health Center	1809 N. Main, Houston, TX 77009
Lyons Avenue Health Center	5602 Lyons, Houston, TX 77020
Magnolia Health Center	7037 Capitol, Houston, TX 77011
Northside Health Center	8504 Schuller, Houston, TX 77093
Riverside Health Center	3315 Delano, Houston, TX 77004
Sunnyside Health Center	9314 Cullen, Houston, TX 77051
Third Ward Multi-Service Center Adult Immunization Clinic	3611 Ennis, Houston, TX 77004

City of Houston Department of Health and Human Services/Independent

CHRISTUS SW Community Health Clinic	6441 High Star, Houston, TX 77074
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Federally Qualified Health Centers (FQHCs)

Airline Children's Clinic	5808 Airline Drive, Houston, TX 77076
Central Care CHC-Riverside	3315 Delano, Houston, TX 77004
Central Care Community Health Center	8610 Martin Luther King, Houston, TX 77033
Denver Harbor Community Health Center (Houston Community Health Centers, Inc)	424 Hahlo Street, Houston, TX 77020
El Centro de Corazón - Eastwood Clinic	412 Telephone Road, Houston, TX 77023
El Centro de Corazón - Navigation Clinic	5001 Navigation, Houston, TX 77011
El Centro de Corazón-Magnolia Clinic	7037 Capitol St., Houston, TX 77011
Good Neighbor Health Care Center	190 Heights Boulevard, Houston, TX 77007
Houston Area Community Services, Inc.	1710 West 25th Street, Houston, TX 77008
Independence Heights Community Health Center	4040 Yale, Houston, TX 77018
Legacy Community Health Services at Lyons Health Center	5602 Lyons, Houston, TX 77020
Legacy Community Health Services (formerly Montrose Clinic)	215 Westheimer, Houston, TX 77006
Pasadena Health Center	908 Southmore, Pasadena, TX 77502
Spring Branch Community Health Center	1615 Hillendahl, Houston, TX 77055

FQHC - Homeless

Harris County Hospital District Healthcare for the Homeless Program (HCHD-HCHP)	2525 Holly Hall, Houston, TX 77054
HCHD-HCHP: Star of Hope Mens' Shelter	1811 Ruiz, Houston, TX 77002
HCHD-HCHP: Star of Hope Women & Family Shelter	419 Dowling, Houston, TX 77003
HCHD-HCHP: Salvation Army Family Residence	1603 McGowen, Houston, TX 77004

HCHD-HCHP: Salvation Army Adult Rehabilitation Center	21118 Washington Ave., Houston, TX 77007
HCHD-HCHP: Salvation Army Men’s Shelter	2407 North Main, Houston, TX
Healthcare for the Homeless – Houston (HHH)	2505 Fannin, Houston, TX 77002
HHH-Cathedral Clinic	1212 Prairie, Houston, TX 77002

FQHC Look-Alikes

Hope Community Health Center (Asian American Health Coalition)	7001 Corporate Drive, Houston, TX 77036
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Harris County Hospital District (HCHD)

Acres Homes Health Center	818 Ringold Street, Houston, TX 77088
Aldine Health Center	4755 Aldine Mail Route, Houston, TX 77039
Baytown Health Center	1602 Garth Road, Baytown, TX 77520
Casa de Amigos Health Center	1615 North Main Street, Houston, TX 77009
E.A. “Squatty” Lyons Health Center	1712 First Street, Humble, TX 77338
El Franco Lee Health Center	8901 Boone Road, Houston, TX 77099
Gulfgate Health Center	7550 Office City Drive, Houston, TX 77012
Martin Luther King Health Center	3601 North MacGregor, Houston, TX 77004
Northwest Health Center	1100 West 34th Street, Houston, TX 77018
People’s Health Center	6630 DeMoss Street, Houston, TX 77074
Settegast Health Center	9105 North Wayside Dr., Houston, TX 77028
Strawberry Health Center	927 E. Shaw Road, Pasadena, TX 77506

Independent

Baylor Clinic	6620 Main St., Houston, TX 77030
Breath of Life Clinic	21715 Kingsland Blvd., Katy, TX 77450
Cavalcade Baylor Teen Clinic	3815 Cavalcade, Houston, TX 77026
Christ Clinic	5504 First Street, Katy, TX 77493
Cullen Baylor Teen and Male Clinics	5737 Cullen, Suite 200, Houston, TX 77021
Houston International Health Foundation	9630 Clarewood Drive, Houston, TX 77036
Ibn Sina Foundation Community Clinic	15132 Old Galveston Rd, Houston, TX 77598
Ibn Sina Foundation Community Clinic	11226 South Wilcrest, Houston, TX 77099
Lawn Baylor Teen Health Clinic	8111 Lawn Street, Houston, TX 77088
Neighborhood Health Center – Northeast	9813 Memorial North, Humble, TX 77338
Neighborhood Health Center – Northwest	11097 NW Freeway, Houston, TX 77092
Neighborhood Health Center – Southwest	8150 Southwest Freeway, Houston, TX 77074
Northwest Assistance Ministries (NAM) Children’s Clinic	15555 Kuykendahl, Houston, TX 77090
San Jose Clinic	2615 Fannin St, Houston, TX 77002
Shalom Health Ministries	2220 Broadway, Houston, TX 77012
TOMAGWA Healthcare Ministries	13414 Medical Complex Dr, Tomball, TX 77375
University of Texas Health Services-Houston	7000 Fannin, Suite 1620, Houston, TX 77030

Public Health & Environmental Services, Harris County (PHES)

(Only attends to prenatal care, well child visits, sexually transmitted diseases and tuberculosis; accepts refugees.)

Antoine Community Health Center	5815 Antoine, Suite A, Houston, TX 77091
Baytown Health Center	1000 Lee Drive, Baytown, TX 77520
Humble Health Center	1730 Humble Place Drive, Humble, TX 77338
LaPorte Health Center	1009 Broadway, LaPorte, TX 77571
Southeast Community Health Center	3737 Red Bluff, Pasadena, TX 77503
Webster Health Center	311 Pennsylvania, Webster, TX 77598

Planned Parenthood (Provides general primary care services and well-woman care. Services vary by location.)

Planned Parenthood Fannin Family Planning	3601 Fannin, Houston, TX 77004
Planned Parenthood FM 1960	3995 FM 1960 West, Houston, TX 77068
Planned Parenthood Greenspoint	11834 Airline Drive, Houston, TX 77037
Planned Parenthood Southwest	6121 Hillcroft - Ste. 0, Houston, TX 77081

School-Based Clinics

Baylor Teen-Cesar E. Chavez High School	8501 Howard Drive, Houston, TX 77017
Baylor Teen-Lee High School Clinic	6529 Beverly Hill, Houston, TX 77057
HCHD-Almantha Clark Taylor Health Clinic	13940 Bonham, Houston, TX 77015
HCHD-Deepwater Health Clinic	309 Glenmore, Pasadena, TX 77503
HCHD-Jerry Neal Health Clinic	828 1/2 Sheldon Road, Channelview, TX 77530
HCHD-Patrick Henry Health Clinic	10702 E. Hardy, Houston, TX 77093
HCHD-Robert Carrasco Health Clinic	1115 Noble, Houston, TX 77009-8499
HCHD-Sheldon Health Clinic	17203 Hall Sheppard, Houston, TX 77049
HCHD-Smiley Health Clinic	10726 Mesa Road, Houston, TX 77078
HCHD-Southside Health Clinic	1721 16th Street, Galena Park, TX 77547
Memorial Hermann-Burbank Health Center	315 Berry Road, Houston, TX 77022
Memorial Hermann-Hogg Middle School	1100 Merrill, Houston, TX 77009
Memorial Hermann-Jane Long Clinic	6501 Bellaire, Houston, TX 77074
Memorial Hermann-WAVE Clinic	1500 Main Street, South Houston, TX 77587

Texas Children's Pediatric Associates (TCPA) Project Medical Home (Provides only pediatric services.)

Cullen Pediatric Health Center	5751 Blythewood, Houston, TX 77021
TCPA - Corinthian Pointe	5505 W. Orem, Suite 100, Houston, TX 77085
TCPA - Gulfton	5900 Chimney Rock, Houston, TX 77081
TCPA - Ripley House Pediatrics	4410 Navigation Blvd, Houston, TX 77011
TCPA at AAMA	6001 Gulf Freeway, Houston, TX 77023

University of Texas Medical Branch (UTMB) (Provides only well child and prenatal services.)

Katy UTMB	5819 10th Street, Ste. A, Katy, TX 77493
Pasadena UTMB	3737 Red Bluff, Pasadena, TX 77503

Specialty Care

Harris County Hospital District

HCHD Dental Center	5230 Griggs Rd, Houston, TX 77021
Thomas Street HIV Services	2015 Thomas Street, Houston, TX 77009

Mental Health and Mental Retardation Authority (MHMRA)

(Treats only schizophrenia, major depression and bipolar disorder.)

Northwest Clinic & Family Resource Center	3737 Dacoma, Houston, TX 77092
Southeast Clinic & Family Resource Center	5901 Long Drive, Houston, TX 77087
Southwest Clinic & Family Resource Center	7011 Southwest Freeway, Houston, TX 77074
Tsanoff-Ripley Clinic & Family Resource Center	340 N. Sidney, Houston, TX 77003

Others

Asian American Family Services	6220 Westpark, Suite 228, Houston, TX 77057
Bering Omega Dental Clinic	1427 Hawthorne Street, Houston, TX 77006
City of Houston DHHS Sharpstown Health Services Dental Clinic	6201 Bonhomme, Houston, TX 77036
City of Houston Sharpstown Health Services Specialty Clinic	6201 Bonhomme, Houston, TX 77036
Good Neighbor Eye Clinic	190 Heights Blvd., Houston, TX 77007
Houston Area Community Services, Inc. – Behavioral Health	3730 Kirby Drive, Houston, TX 77098
Houston Speech & Hearing Clinic	100 Clinical Research Center, Houston, TX 77204
K.I.N.D.E.R. Rx Clinic	303 Jackson Hill Drive, Houston, TX 77007
La Nueva Casa de Amigos Eye Clinic	1809 N. Main, Houston, TX 77009
Legacy Community Health Services	3311 Richmond, Houston, TX 77098
Pasadena Health Center (Dental)	908 Southmore, Pasadena, TX 77502
Shield-Bearer Counseling Centers	12345 Jones Road, Houston, TX 77070
The Rose Joan Gordon Center	3400 Bissonnet, Houston, TX 77005
The Rose Medical Plaza	12700 North Featherwood, Houston, TX 77034
University of Houston College of Optometry	4901 Calhoun, Houston, TX 77004
University of Texas Dental Branch	6516 M.D. Anderson Blvd, Houston, TX 77030
UT Harris County Psychiatric Center Outpatient Mental Health Clinic	3610 Willowbend, Houston, TX 77054

APPENDIX C: NON-HARRIS COUNTY SAFETY NET CLINICS

Brazoria County

FQHC

Stephen F. Austin Community Health Center	1111 West Adoue Street, Alvin, TX 77511
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Independent

Brazosport Medical Center	905 North Gulf Blvd., Freeport, TX 77541
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UTMB

Angleton UTMB	1108-A East Mulberry, Angleton, TX 77515
Pearland UTMB	4616 W. Broadway, Pearland, TX 77581

Chambers County

FQHC

Bayside Clinic	312 Miller St., Anahuac, TX 77514
West Chambers Medical Clinic	10616 Eagle Dr., Baytown, TX 77520

Fort Bend County

FQHC

Fort Bend Family Health Center - New Hope Clinic	10435 Greenbough, Stafford, TX 77477
Fort Bend Family Health Center, Inc.	400 Austin Street, Richmond, TX 77469

Independent

Physicians at Sugar Creek	14023 Southwest Fwy, Sugar Land, TX 77478
Second Mile Mission Center-Community Health Clinic	504 FM 1092, Suite I, Stafford, TX 77477

Planned Parenthood

Planned Parenthood Rosenberg	4203 Avenue H - Ste 7, Rosenberg, TX 77471
Planned Parenthood Stafford	3727 Greenbriar, Stafford, TX 77477

School-Based Clinic

Memorial Hermann-Lamar High School	4606 Mustang Ave., Rosenberg, TX 77471
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UTMB

Stafford UTMB	2503 South Main, Ste. B, Stafford, TX 77477
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Galveston County

FQHC

4C's Clinic - Community Family Center	2000 Texas Avenue, Texas City, TX 77590
4C's Clinic - Galveston County Hospital Dist.	4700 Broadway, Galveston, TX 77550

Planned Parenthood

Planned Parenthood Dickinson	3315 Gulf Freeway, Dickinson, TX 77539
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UTMB

Dickinson UTMB	3828 Hughes Court, Dickinson, TX 77539
Galveston UTMB	400 Harbor Side Drive, Galveston, TX 77550
Texas City UTMB	104 20th Street North, Texas City, TX 77590

Liberty County

FQHC

Health Center of Southeast Texas	401-A East Crockett St., Cleveland, TX 77327
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Montgomery County

FQHC

Lone Star Community Health Center	704 Old Montgomery Rd, Conroe, TX 77301
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Independent

TBT Splendora Co-op Clinic	14006 Old Hwy 59, Splendora, TX 77372
The Community Clinic	101 Pine Manor Dr., Oak Ridge North, TX 77385

UTMB

Conroe UTMB	701 East Davis - Suite A, Conroe, TX 77301
New Caney UTMB	21134 Highway 59 N., New Caney, TX 77357

Waller County

FQHC

Fort Bend Family Health Center - Waller County	531 FM 359, Brookshire, TX 77423
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