

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

April 27, 2021

The Honorable Xavier Becerra  
Secretary  
Department of Health and Human Services  
200 Independence Ave. SW  
Washington, D.C. 20201

Elizabeth Richter  
Acting Administrator  
Centers for Medicare and Medicaid Services  
7500 Security Boulevard  
Baltimore, MD 21244

Dear Secretary Becerra and Acting Administrator Richter:

As CMS begins conversations with the State of Texas on the potential renegotiation of its 1115 waiver, we write regarding the urgent need to achieve significant reductions in our state's unacceptable number of uninsured citizens. We recognize that your termination of the Texas 1115 waiver extension was necessitated by the Trump Administration's violation of the law by ignoring important transparency and public participation requirements. Since this Trump action occurred more than 1 ½ years before the current waiver expires, no current Texas health care provider nor beneficiary is jeopardized by CMS now taking the necessary time for a thorough and thoughtful consideration of this matter. The inadequate social safety net which the State has authorized under the current waiver is in no way jeopardized, but a properly renegotiated waiver could address the many gaping holes in that net.

As you consider any further waiver application, we encourage you to ensure that Texas officials address our State's disgraceful distinction of having more uninsured citizens than any state in the country. While important that Texas hospitals receive necessary funding for uncompensated care, the 1115 waiver should not serve as a replacement for the State's failure to accept federal funding to expand Medicaid pursuant to the Affordable Care Act. Rather, the 1115 waiver should serve as a funding supplement for unavoidable uncompensated care costs and to test innovative health care delivery models. In order to facilitate better health care to more Texans, CMS should work with the State to ensure any new waiver application, including any modified extension of the existing waiver, is not misused to finance the failure to expand readily available coverage.

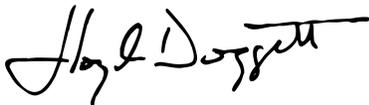
Among coverage expansion options, the State could accept the estimated \$3.9 billion over two years offered under the American Rescue Plan Act in addition to the accompanying 90% federal match dollars offered under the Affordable Care Act in perpetuity. Nearly 200 Texas organizations, including groups as diverse as the Lubbock Chamber of Commerce, Texas Medical Association, AARP, and the Children's Defense Fund, have called for doing just that.

Alternatively, if by not fully expanding Medicaid it remains indifferent to the needs of millions of uninsured Texans, the State could request a more limited approach successfully piloted in

other states to allow a number of counties and other political subdivisions to expand coverage. Such an approach should prioritize counties with large uninsured populations. And it would require careful CMS guidelines and implementation to ensure full State cooperation with such local political entities. Previously approved CMS 1115 waivers allowing local expansion in Ohio, Illinois, and California have served as a glidepath to eventual statewide coverage expansion.

It is imperative that CMS ensure constructive steps are taken to assure broader coverage and to significantly reduce the number of uninsured Texans. While Texas will ultimately still require some type of 1115 waiver, this must be consistent with federal law and accomplished through a transparent process with the goal of securing health care for many more of our disadvantaged neighbors. We stand ready to work with you, the State of Texas, and any willing partner in achieving this goal.

Sincerely,



Lloyd Doggett



Colin Allred



Joaquin Castro



Henry Cuellar



Veronica Escobar



Lizzie Fletcher



Vicente Gonzalez



Al Green



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