

SUBJECT: Migrant health care network for children study and pilot program

COMMITTEE: Public Health — committee substitute recommended

VOTE: 6 ayes — Gray, Coleman, Capelo, Longoria, Maxey, Uresti  
1 nay — Wohlgemuth  
2 absent — Delisi, Glaze

WITNESSES: For — Dr. Elena Marin, Su Clinica Familiar; Sylvia Partida, National Center for Farmworker Health; Adolfo Valdez; *Registered but did not testify*: Sister Helen Brewer, Seton Healthcare Network; Jose Camacho, Texas Association of Community Health Centers; Helen Kent Davis, Texas Medical Association; Anne Dunkelberg, Center for Public Policy Priorities; Felicia Escobar, National Council of La Raza; DeAnn Friedholm, Americaid Community Care; Leslie Hernandez, National Association of Social Workers, Texas; Susan Jones, Texas Hospital Association; Lisa McGiffert, Consumers Union; Vicki Perkins, Christus Santa Rosa Children's Hospital; John Umphress, Texas Association of Public and Nonprofit Hospitals; Brian Sperry, Children's Hospital Association of Texas  
  
Against — None  
  
On — *Registered but did not testify*: Linda Wertz, Health and Human Services Commission; Marianna Zolondek, Texas Department of Health

BACKGROUND: Migrant workers often are seasonally employed by the agriculture industries in multiple states. Because migrant worker's families travel throughout the year, children who may be eligible for Medicaid or CHIP in Texas during the time they are in the state may not receive health services during the time they are out of state.

DIGEST: CSHB 1537 would direct the Health and Human Services Commission (HHSC) to conduct a feasibility study of a health plan for the children of migrant workers who are eligible for Medicaid or CHIP.

The study would consider how this program would work across states by looking at migrant work patterns, determining the need for interstate agreements, and ascertaining if coverage in other states would be needed to provide continuity of care.

If HHSC found that it were feasible to establish a migrant care network for eligible children, then it would have the authority to initiate a pilot program. HHSC would report the results of the study and the status of a pilot program to the governor, lieutenant governor, and related standing committees of the House and the Senate.

The study and the pilot program would expire September 1, 2003. This bill would direct HHSC to seek any necessary federal waivers or authorizations needed to implement the provisions of this bill. The agency could delay implementation until the federal waivers or authorization were granted. The bill would take effect September 1, 2001.

**SUPPORTERS  
SAY:**

CSHB 1537 would explore an important health issue for poor children in Texas. Migrant families move from one state to another with some frequency, so continuous eligibility for medical assistance is difficult. Even if children were eligible in Texas for medical assistance, they may travel out of state so often that it is impossible for a physician to maintain continuity of care. Children with treatable chronic diseases such as asthma or diabetes may get only infrequent treatment, which can make it difficult or impossible to stabilize their condition.

This bill would allow the state to gather the information it needs to evaluate this problem. Because the bill includes an option for a pilot program, the state could “road test” the information it obtains in the study. Combined, the study and pilot project would provide the state with sufficient information to evaluate its options in assisting poor migrant children.

**OPPONENTS  
SAY:**

CSHB 1537 would give HHSC a blank check. The study would determine the feasibility of a migrant care network, and the pilot program would be based on that determination. The study would not determine the cost of a migrant care network, and there would be no way to cap the cost of the pilot project. The state should conduct a study of the feasibility and cost of a

migrant care network first. Then, next session, the Legislature could use that information to develop a pilot program.

NOTES:

The fiscal note attached to CSHB 1537 estimates a cost of \$436,569 for fiscal 2002-03, which it assumes would be absorbed within existing resources.

The bill as filed would have created a migrant care network, while the committee substitute would create a study and pilot program.