

- SUBJECT:** Authorizing Medicaid and faith- and community-based initiatives
- COMMITTEE:** Public Health — committee substitute recommended
- VOTE:** 8 ayes — Delisi, Laubenberg, Dawson, Jackson, McReynolds, Solis, Truitt, Zedler
- 0 nays
- 1 absent — Coleman
- WITNESSES:** For — Walter G. Diggles, ONE STAR National Service Commission; Byron Johnson
- Against — Kathy Miller, Texas Freedom Network; Bee Moorhead, Texas Impact
- On — Suzii Paynter, Christian Life Commission Baptist General Convention of Texas
- BACKGROUND:** Medicaid, the state-federal health insurance program for children, low-income families, the elderly, and disabled individuals, is administered in Texas by the Health and Human Services Commission (HHSC).
- DIGEST:** CSHB 2479 would establish new initiatives relating to the Medicaid program and faith- and community-based services.
- Emergency room use reduction.** HHSC would implement a plan to reduce emergency room use, which could include a pilot program offering:
- access to bilingual health service providers;
 - information on accessing primary care and local health clinics;
 - financial incentives to providers offering after-hours services;
 - payment of a referral fee to hospitals that perform a pre-admission screening in the emergency room and refer, when appropriate, non-emergent patients to a more appropriate care setting
 - alerting high emergency room use patients to other health care resources; and

- a health literacy program offering patients health literature.

Long-term care insurance. HHSC would, if cost-effective and permitted under federal law, pay a stipend for the premium for long-term care insurance in lieu of paying for long-term care for an individual; assist an individual who had a chronic health condition and was likely to need long-term care in the future; and form an agreement under which an individual would pay the premium for long-term care insurance and Medicaid would pay benefits once the insurance was exhausted.

Office of Medical Technology. It would direct HHSC to establish an Office of Medical Technology at HHSC, which would be charged with evaluating new medical technology and proposing implementation of new technologies that would be cost-effective.

Returning unused drugs. CSHB 2479 would expand the return of unused drugs under existing procedures to include drugs in tamper-evident packaging but not in a manufacturer's original packaging, unless required by federal law.

Reimbursement rates. The bill also would direct HHSC to establish reimbursement under Medicaid for:

- nursing care in a patient's home under the Medicaid program, if it would prevent hospitalization and a physician certified that the services were medically appropriate;
- group appointments for certain medical conditions, if it were cost-effective;
- online medical consultations, if cost-effective and a procedure code was developed federally, or a pilot program to determine whether online medical consultations were cost-effective;
- performance bonuses through a pilot program for primary care providers that treat Medicaid patients with chronic health conditions in accordance with recognized best practices and standards of care, with a report on the effects of the program by December 1, 2006 and the conclusion of the pilot on September 1, 2007.

Faith and community-based initiatives. The Governor's Office would establish the Texas mentoring initiative to coordinate with other entities in expanding mentoring opportunities and services by faith- and community-

based organizations, schools, and businesses. If funds were appropriated, through the "renewing our communities" account, grants could be awarded to small and medium-sized organizations to support the initiative. Each health and human services agency, as well as criminal justice, workforce, education, housing, and other agencies, would be required to designate by September 1, 2005, a liaison with faith and community-based organizations. The liaison also would serve on an interagency coordinating group.

HHSC would create a center for faith- and community-based services by September 15, 2005, with a director and any appropriate staff. The center would provide information and training to faith and community based service providers and identify any barriers preventing them from partnering with the state. HHSC also would establish, by January 1, 2006, an online database of state agency and community volunteer opportunities. An advisory committee composed of faith and community leaders would be created that would meet twice a year and would be subject to open meetings but not other provisions about advisory committees under Government Code, ch. 2110.

If a waiver or other federal authorization were required, HHSC would be directed to obtain it. The bill would take effect September 1, 2005.

**SUPPORTERS
SAY:**

CSHB 2479 would encourage innovation in health and human services, particularly in the Medicaid program. Most of the ideas proposed in this bill have worked in the private sector and were part of the governor's Medicaid workgroup discussions. All of them are ways for the state to improve services in a cost-effective manner.

The faith-based initiative set forth by CSHB 2479 incorporates many activities that separate agencies and the Governor's Office are doing now but would bring them together in a coordinated fashion. It also would broaden the interaction between faith and community groups to include state functions outside health and human services. The bill would include new provisions to ensure transparency and accountability, a source of concern in the filed version of the bill.

**OPPONENTS
SAY:**

Transparency and accountability are very important in this bill. It is appropriate for agencies other than just the Governor's Office to be involved, and the protections against infringing on the separation between church and state are key.

NOTES: The substitute moved much of the faith- and community-based initiative activities to HHSC and included provisions protecting the separation of church and state.