

SUBJECT: Categorizing costs for promotora services as quality improvement costs

COMMITTEE: Human Services — favorable, without amendment

VOTE: 9 ayes — Frank, Hinojosa, Hull, Klick, Meza, Neave, Noble, Rose,
Shaheen

0 nays

WITNESSES: For — Kay Ghahremani, Texas Association of Community Health Plans;
(*Registered, but did not testify*: Stacey Pogue, Every Texan (formerly
CPPP); Thamara Narvaez, Harris County Commissioners Court; Lindsay
Lanagan, Legacy Community Health; Matthew Lovitt, National Alliance
on Mental Illness Texas; Nancy Walker, Texans Care for Children; Laurie
Vanhoose, Texas Association of Health Plans; Dan Finch, Texas Medical
Association; Eric Woomer, Texas Pediatric Society; Erika Ramirez, Texas
Women’s Healthcare Coalition; Molly Weiner, United Ways of Texas;
Thomas Parkinson)

Against — None

On — (*Registered, but did not testify*: Emily Zalkovsky, Texas Health and
Human Services Commission)

BACKGROUND: Health and Safety Code sec. 48.001 defines "promotora" or "community
health worker" as a person who, with or without compensation, provides a
liaison between health care providers and patients through activities that
may include activities such as assisting in case conferences, providing
patient education, making referrals to health and social services,
conducting needs assessments, distributing surveys to identify barriers to
health care delivery, making home visits, and providing bilingual
language services.

Interested parties have emphasized the important role of and increasing
need for community health workers as a resource to ensure quality access
to health care in Medicaid managed care organizations. Concerns have

been raised that additional funding and program flexibility are required to meet this need, as costs associated with these workers are capped at a certain amount because they are considered an administrative expense.

DIGEST:

HB 105 would require that the Health and Human Services Commission allow each Medicaid managed care organization providing health care services under the STAR Medicaid managed care program to categorize services provided by a promotora or community health worker as a quality improvement cost, as authorized by federal law, instead of as an administrative expense.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2021.