

AN ACT

relating to the study and development of outreach and education programs for promotoras or community health workers under which community residents provide public health education services.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

ARTICLE 1. PROMOTORA PROGRAM DEVELOPMENT COMMITTEE

SECTION 1.01. PURPOSE. The purpose of this article is to establish a temporary committee that will study certain issues related to the development of outreach and education programs for promotoras or community health workers and that will advise the Texas Department of Health, the governor, and the legislature regarding its findings.

SECTION 1.02. DEFINITIONS. In this article:

(1) "CHIP" means the children's health insurance program as created under Title XXI of the Social Security Act (42 U.S.C. Section 1397aa et seq.), as amended and as administered by this state.

(2) "Commissioner" means the commissioner of public health.

(3) "Committee" means the Promotora Program Development Committee.

(4) "Department" means the Texas Department of Health.

(5) "Local pilot project" means a pilot project operated in an area of this state under this article for the purpose of demonstrating the feasibility and benefits of employing promotoras to assist beneficiaries of the Medicaid managed care and CHIP programs.

(6) "Medicaid managed care organization" means a managed care organization, as that term is defined by Section 533.001, Government Code, that is operating a portion of the Medicaid managed care program under Chapter 533, Government Code.

(7) "Promotora" or "community health worker" means a person who promotes health within the community in which the person resides, without regard to whether the person is compensated, by engaging in activities such as providing health education, making referrals to health and social services providers, coaching families on effective ways to access health services, conducting needs assessments, identifying barriers to health care delivery, making home visits, providing language services, collecting information regarding the outcome of health services provided to families, and acting as a liaison between families and health care providers.

SECTION 1.03. COMMITTEE. (a) The department shall establish the committee to study the development of a framework for a promotora development program and to advise the department, the governor, and the legislature regarding its findings and recommendations.

(b) The committee is composed of the following 15 members:

(1) two representatives designated by the department, each of whom must be department employees, one of whom must be assigned to the department's bureau of managed care and one of whom must be assigned to the department's Texas Health Steps Comprehensive Care Program;

(2) one representative of the Texas Higher Education Coordinating Board designated by the board;

(3) one representative of the Texas Tech University Health Science Center designated by the university;

(4) two representatives of The Texas A&M University System designated by the system, one of whom must be from the Center for Housing and Urban Development in the Texas A&M University School of Architecture and one of whom must be from the South Texas Center for Rural Public Health;

(5) two representatives of The University of Texas System designated by the system, one of whom must be from the system's Valley Border Health Coordination Office and one of whom must be from the Health Education Training Centers Alliance of Texas;

(6) one representative of the Texas Association of Community Colleges designated by the association;

(7) two persons who are currently serving as promotoras designated by the Texas Association of Community Health Centers;

(8) one representative of the Texas Workforce Commission, designated by the commission;

(9) one representative of the Texas-Mexico Border Health Services Delivery Project, designated by The University of Texas Health Science Center at Houston; and

(10) two representatives of the general public who are not officers or employees of government designated by the State Office of Rural Health of the Center for Rural Health Initiatives.

(c) Chapter 2110, Government Code, does not apply to the committee, except Section 2110.005 does apply.

(d) A member of the committee is not entitled to compensation for service on the committee. Reasonable and necessary expenses incurred in performing duties as a member of the committee by a member of the committee who is an officer or employee of state government are reimbursed as expenses incurred in the performance of the member's duties as a state officer or employee. The two members of the committee who are currently serving as promotoras and the two representatives of the general public are entitled to reimbursement for reasonable travel expenses incurred in performing duties as a member of the committee in the manner provided by the General Appropriations Act and out of appropriations to the department. Other members of the committee are not entitled to reimbursement for expenses.

(e) The department shall provide staff support to the committee.

(f) The committee shall meet at the call of the presiding officer of the committee, at the call of the commissioner, and as provided by procedural rules or schedules adopted by the committee.

(g) The committee shall elect its presiding officer from among its members.

SECTION 1.04. RESPONSIBILITIES OF COMMITTEE. (a) The activities of the committee shall include the following:

- (1) reviewing and assessing promotora programs currently in operation around the state;
- (2) studying the feasibility of establishing a standardized curriculum for promotoras;
- (3) studying the options for certification of promotoras and the settings in which certification may be appropriate;
- (4) assessing available methods to evaluate the success of promotora programs;
- (5) creating, overseeing, and advising local pilot projects established under this article, subject to the availability of appropriations that may be used for this purpose; and
- (6) evaluating the feasibility of seeking a federal waiver so that promotora services may be included as a reimbursable service provided under the state Medicaid program.

(b) In conducting its activities, the committee shall consult nationally recognized experts in the field of lay community health outreach workers.

(c) Not later than December 31, 2000, the committee shall submit a report to the department, the governor, and the presiding officer of each house of the legislature that includes the committee's findings to date and its recommendations for the program.

(d) In addition to its other duties, the committee shall identify, and develop a strategic plan to address, the barriers encountered by recipients of benefits under the state Medicaid program in accessing prenatal and neonatal health care services. The committee shall submit a draft of its strategic plan to the department, the governor, and the presiding officer of each house of the legislature not later than December 31, 2000. In identifying the barriers, the committee shall consider at least the cultural and language differences that exist between health care providers and their patients, the extent to which health care facilities' days and hours of operation limit accessibility to health care, the availability of transportation to and from health care facilities, the extent to which health care facilities are inconveniently located, the unfamiliarity of recipients with enrollment processes, the unfamiliarity of health care providers with community needs and

cultural issues, and the unfamiliarity of recipients and health care providers with available health care benefits.

SECTION 1.05. MEDICAID/CHIP PROMOTORA PILOT PROJECTS. (a) The committee may establish a series of neighborhood-based peer health outreach and education pilot projects to demonstrate the feasibility and benefits of employing promotoras to assist beneficiaries of the Medicaid managed care and CHIP programs.

(b) The activities of promotoras in any local pilot projects shall include:

(1) educating beneficiaries of the programs on appropriate use of health care resources, including the use of any available Medicaid or CHIP managed care plan that provides coverage to beneficiaries and the effective use of a beneficiary's primary care provider;

(2) promoting regular use of preventive care services by beneficiaries of the programs, particularly prenatal care services and services available under the Early Periodic Screening, Diagnosis, and Treatment Program;

(3) encouraging beneficiaries of the programs to develop a basic family preventive health plan; and

(4) encouraging and supporting beneficiaries of the programs in keeping appointments for health care, following up on missed appointments, and complying with the instructions of health care providers.

(c) Subject to the availability of appropriations that may be used for this purpose, the commissioner with the advice of the committee may provide grants to local pilot projects in not more than five areas in the state to provide partial support for the operation of the pilot program in that area.

(d) The commissioner with the advice of the committee may adopt rules relating to an application for grants under this section and to the use of funds granted to local pilot projects under this section.

(e) Subject to the requirements of federal law or regulations, the commissioner may authorize a local pilot project to:

(1) obtain confidential information from:

(A) the department;

(B) the Texas Department of Human Services;

(C) the Health and Human Services Commission;

(D) any contractor implementing a part of the state Medicaid program, including a Medicaid managed care organization; or

(E) a health care provider providing services to Medicaid recipients; and

(2) use the information obtained under Subdivision (1) of this subsection to conduct the local pilot project in the area.

(f) Information that may be obtained by a local pilot project under Subsection (e) of this section is limited to the information that the commissioner with the advice of the committee determines is necessary to achieve the purposes of the local pilot project. The information obtained may include a Medicaid recipient's:

(1) name, address, and telephone number;

(2) date of birth;

(3) Medicaid managed care plan and primary care provider; and

(4) appointment scheduling information.

(g) Confidential information obtained by a local pilot project may be used by the local pilot project and by persons connected with the local pilot project only for the purposes for which it was obtained and may not be released by the local pilot project or by persons connected with the local pilot project to any person other than the person who is the subject of the information. The commissioner shall adopt rules as necessary that impose additional restrictions on the use of the information.

SECTION 1.06. FUNDING. The department shall pay for the costs of all activities authorized or required under this article out of money appropriated to the department that may be used for that purpose.

SECTION 1.07. EXPIRATION. The committee is abolished and this article expires September 1, 2001.

ARTICLE 2. VOLUNTARY TRAINING AND REGULATION PROGRAM

SECTION 2.01. AMENDMENT. Subtitle B, Title 2, Health and Safety Code, is amended by adding Chapter 46 to read as follows:

CHAPTER 46. TRAINING AND REGULATION OF PROMOTORAS

Sec. 46.001. DEFINITION. In this chapter, "promotora" means a person who, with or without compensation, provides a bilingual liaison between health care providers and patients through activities that include 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 language services.

Sec. 46.002. PROMOTORA TRAINING PROGRAM. (a) The department shall establish and operate a program designed to train and educate persons who act as promotoras. In establishing the training program, the department, to the extent possible, shall use as a resource the uniform curriculum for training and educating promotoras developed by the Health Education Training Centers Alliance of Texas.

(b) Participation in a training and education program established under this section is voluntary.

Sec. 46.003. CERTIFICATION PROGRAM FOR PROMOTORAS. (a) The department shall establish and operate a certification program for persons who act as promotoras. In establishing the program, the board shall adopt rules that provide minimum standards and guidelines, including participation in the training and education program under Section 46.002, for issuance of a certificate to a person under this section.

(b) Receipt of a certificate issued under this section may not be a requirement for a person to act as a promotora.

SECTION 2.02. PROGRAM ESTABLISHMENT; ADOPTION OF RULES. The Texas Department of Health shall establish the promotora training and certification program required

by Chapter 46, Health and Safety Code, as added by this article, not later than January 1, 2000. The Texas Board of Health shall adopt rules as necessary under Chapter 46, Health and Safety Code, as added by this article, not later than December 1, 1999.

ARTICLE 3. EFFECTIVE DATE; EMERGENCY

SECTION 3.01. EFFECTIVE DATE. This Act takes effect September 1, 1999.

SECTION 3.02. EMERGENCY. The importance of this legislation and the crowded condition of the calendars in both houses create an emergency and an imperative public necessity that the constitutional rule requiring bills to be read on three several days in each house be suspended, and this rule is hereby suspended.



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President of the Senate

Speaker of the House

I certify that H.B. No. 1864 was passed by the House on May 8, 1999, by a non-record vote; and that the House concurred in Senate amendments to H.B. No. 1864 on May 21, 1999, by a non-record vote.

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Chief Clerk of the House

I certify that H.B. No. 1864 was passed by the Senate, with amendments, on May 19, 1999, by a viva-voce vote.

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Secretary of the Senate

APPROVED: \_\_\_\_\_

Date

  

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Governor