

SUBJECT: Requiring parents or guardians to attend Medicaid well-child exams

COMMITTEE: Public Health — committee substitute recommended

VOTE: 9 ayes — Gray, Coleman, Capelo, Delisi, Glaze, Hilderbran, Maxey, McClendon, Uresti

0 nays

WITNESSES: For — None

Against — None

On — Kathleen Hamilton, Texas Department of Health

BACKGROUND: The Texas Department of Health administers a Medicaid program that provides early and periodic screening, diagnosis, and treatment (EPSDT) for children for medical and dental care. In Texas, the program is called Texas Health Steps. The federal government has set a goal of screening 80 percent of children eligible for the program.

DIGEST: CSHB 1285 would require that a parent, guardian, or other adult, including a relative, authorized by the child’s parent or guardian, accompany a child younger than 15 to Medicaid well-child examinations. If no parent or guardian or other authorized adult was present, then the clinic, doctor, or dentist would not be eligible for reimbursement for the cost of the services.

If a waiver or federal authorization was necessary to implement the provisions of the bill, CSHB 1285 would require a state agency to request such waiver or federal authorization and to delay implementation until the waiver or authorization was granted.

CSHB 1285 would take effect September 1, 1999.

SUPPORTERS SAY: The Texas Family Code is clear about who can consent to medical treatment for children, but current law does not require that a child’s parent or guardian be present during the EPSDT visits. CSHB 1285 would clarify that parents, guardians, or other authorized adults are a necessary part of this process.

Early screening and diagnosis enables physicians and dentists to catch and treat problems early on. However, because parents are not required to accompany their children to the periodic visits, a practitioner can screen a child without a parent or guardian being present, as long as they have parental consent. The vast majority of health care practitioners would not provide services to children without a responsible adult being present. By not requiring the presence of a parent or guardian, current law creates the potential for fraud and abuse of the Medicaid system and of the children it serves.

The Health and Human Services Commission is currently investigating a situation in the Houston-Galveston area where some parents were allegedly offered incentives to allow their children to go for medical and dental exams. The clinics offering screenings were located far away from where the children lived. It is unclear whether the parents gave proper authorization for screening and treatment and, in some cases, treatment may have been unwarranted and expensive.

CSHB 1285 would strengthen good standards of care for children receiving services through the early screening program by requiring that a responsible adult be involved in the child's health care. The bill would provide considerable flexibility to cover a wide range of circumstances by allowing an adult authorized by the child's parent or guardian to accompany the child.

OPPONENTS
SAY:

CSHB 1285 should provide flexibility for school-based clinics or day care centers that are authorized to provide EPSDT services. Parents should be involved in their child's health care. However, there are some circumstances when it is not possible or practical for a parent, especially a working parent, to be present at an EPSDT visit.

The screening takes place at a school health clinic or day care center, which takes place during the school day. This is in an environment full of responsible adults who are familiar to both the child and the parent. Parents or guardians give their consent for EPSDT visits at the beginning of the school year, or within a 12-month period, and are notified of upcoming screenings. If a child is found to need follow up care, the parent or guardian is notified so that appropriate steps can be taken to obtain treatment.

CSHB 1285 could present a barrier to health care, especially in rural areas or

under served areas where school health clinics or day care centers that provide EPSDT services are the only gateway to medical care.

**OTHER
OPPONENTS
SAY:**

The age requirement in CSHB 1285 should be lowered to 13 years of age. A 14-year-old child is too old to need a parent to be present at a well-child visit. Some children under 15 are responsible for getting to doctor visits on their own, either riding a bus or their bicycles. A 14-year-old can get a temporary hardship driver's license under certain restricted circumstances. CSHB 1285 should not create an obstacle for these children to obtain medical or dental screenings.

NOTES:

The committee substitute would require that children under age 15, rather than all children, be accompanied by a parent, guardian or authorized adult. It also added that another adult, including one related to the child, authorized by the parent or guardian, could accompany the child.