

SUBJECT: Creating a Medicaid telephone hotline pilot program

COMMITTEE: Public Health — committee substitute recommended

VOTE: 6 ayes — Laubenberg, Coleman, McReynolds, Solis, Truitt, Zedler
0 nays
3 absent — Delisi, Dawson, Jackson

SENATE VOTE: On final passage, March 31 — 30-0 on Local and Uncontested Calendar

WITNESSES: For — None
Against — None
On — Lisa Kirsch, Health and Human Services Commission

BACKGROUND: Medicaid, the state-federal health insurance program for children, low-income families, elderly, and disabled individuals is administered in Texas by the Health and Human Services Commission (HHSC).

DIGEST: CSSB 873 would direct HHSC, if feasible, to establish a pilot program to test the effect of a medical information hotline on the cost of Medicaid services. The program would be created in two counties with fewer than 100,000 Medicaid recipients, half of whom were in managed care. It would involve a telephone service through which enrollees could contact physicians and ask questions. The hotline could be administered by a private vendor under contract.

The bill would set timelines for the project and require a report to the Legislature by January 1, 2007. 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:**

CSSB 873 would provide information to Medicaid recipients that might cut their utilization of emergency care. One of the biggest cost drivers facing health care systems today is emergency room use. Because of limited office hours and poor patient education, some people opt to go to the emergency room when an office setting or advice might be the more appropriate course of action. A telephone hotline would allow patients to call with questions about whether or not they needed to go to the emergency room or if over-the-counter remedies were available. It also would be an opportunity for patients to become better educated about the signs and symptoms that should prompt the need to seek care.

The bill would create no cost to the Medicaid program because cost-effectiveness tests are built in to the pilot.

**OPPONENTS
SAY:**

No apparent opposition.

NOTES:

The committee substitute would not include a definition of “physician.”