

SUBJECT: Medical Child Abuse Resources and Education System grant program

COMMITTEE: Public Health — favorable, without amendment

VOTE: 7 ayes — Kolkhorst, Naishtat, Gonzales, Hopson, S. King, McReynolds,
Zerwas

0 nays

4 absent — Coleman, J. Davis, Laubenberg, Truitt

SENATE VOTE: On final passage, April 20 — 30-0

WITNESSES: For — Bryan Sperry, Children's Hospital Association of Texas;
(*Registered, but did not testify*: Conni Barker, DePelchin Children's
Center; Ed Berger, Seton Family of Hospitals and Dell Children's Medical
Center of Central Texas; Jane Burstain, Center for Public Policy Priorities;
Shane Casady, Driscoll Children's Hospital; Melody Chatelle, United
Ways of Texas; Michael Gutierrez; Greg Herzog, Texas Medical
Association; Mazie Jamison, Children's Medical Center Dallas; Carrie
Kroll, Texas Pediatric Society; Diana Martinez, Tex Protects; Vicki
Perkins, CHRISTUS Santa Rosa Children's Hospital; Joy Rauls,
Children's Advocacy Centers of Texas, Inc.; Denise Rose, Texas Hospital
Association; Rebekah Schroeder, Texas Children's Hospital; Katherine
Zackel, Texans Care for Children)

Against — None

On — Matthew Cox, Children's Hospital Association of Texas; Jane
Guerrero, Department of State Health Services

BACKGROUND: Two bills by Sen. Nelson, SB 6 in 2005 and SB 758 in 2007, made
significant revisions to the Child Protective Services (CPS) system,
including provisions designed to enhance investigations of child abuse and
neglect. SB 6 required the state to collaborate with health care and child
welfare professionals to design a medical services delivery model that
would include the designation of health care facilities with expertise in the
forensic assessment, diagnosis, and treatment of child abuse and neglect as

pediatric centers of excellence. SB 758 established the Committee on Pediatric Centers of Excellence Relating to Abuse and Neglect and required the committee to develop guidelines for designating regional pediatric centers of excellence and to assist the Department of Family and Protective Services (DFPS) in evaluating and interpreting the medical findings for children who are suspected victims of abuse and neglect. In its January 2009 report, the committee recommended the creation of a regional system of medical child abuse programs called the Texas Medical Child Abuse Resources and Education System (MEDCARES).

DIGEST: SB 1877 would require DSHS to establish the MEDCARES grant program to improve the assessment, diagnosis, and treatment of child abuse and neglect according to the reported recommendations of the Committee on Pediatric Centers of Excellence.

DSHS could award grants to hospitals or academic health centers with expertise in pediatric health care and a demonstrated commitment to developing basic and advanced programs and centers of excellence for the assessment, diagnosis, and treatment of child abuse and neglect. DSHS could accept gifts, grants, and donations for the grant program and would not be required to make grants unless money was appropriated for this purpose. The grant program, implemented by January 1, 2010, could support:

- comprehensive medical evaluations, psychosocial assessment, treatment services, and documentation of abuse;
- medical case reviews and testimony on these reviews;
- education and training, as appropriate, for health professionals, community agencies, law enforcement, and CPS staff;
- research, data collection, and quality assurance activities, including the development of protocols for the prevention, evaluation, and treatment of child abuse and neglect; and
- the use of telemedicine or other means to assist underserved areas.

A MEDCARES advisory committee would advise DSHS and the Health and Human Services Commission (HHSC) in establishing the rules and priorities for the use of program grant funds. The advisory committee would include a representative of the Medicaid program, a representative of DFPS, and seven other representatives designated by the HHSC

executive commissioner, such as health care professionals and children's advocates.

By December 1, of each even-numbered year, the advisory committee would assist DSHS in submitting a report to the governor and the Legislature about grant activities and outcomes.

The bill would take effect September 1, 2009, but only if a specific appropriation were made for the program in the general appropriations act.

**SUPPORTERS
SAY:**

SB 1877 would expand the capacity of health professionals, community advocates, law enforcement, and agency staff to contribute to investigations of child abuse and neglect. In 2006, Texas had nearly four child deaths per 100,000 children due to child abuse, the highest rate in the nation. A significant number of child deaths could be prevented if early signs of abuse were detected before the abuse escalated. SB 1877 most importantly would secure better child welfare outcomes, but also could reduce long-term law enforcement and social services expenses if child abuse cases received earlier intervention.

The bill would expand on prior efforts to improve the assessment, diagnosis, and treatment of child abuse and neglect. Texas has only about 15 child abuse pediatricians who have highly specialized training to ascertain cases of child abuse. This provider base is insufficient to investigate the potential cases of abuse among Texas' 7 million children. SB 1877 would provide a mechanism for Texas to develop a statewide system that could evaluate possible cases of abuse, educate more health professionals to identify less obvious evidence of abuse or disprove mistaken reports of abuse, and provide children with an expert medical voice in the courts to advise judges in abuse investigations.

The fiscal note is significantly higher than the amount of money that would be spent on the MEDCARES program in fiscal 2010-11. It indicates the bill would cost \$23 million to fund two full years of operation for 12 centers, yet the program would take a year to establish and would not expand immediately to 12 centers. The general appropriations bill is expected to include a rider for \$5 million for MEDCARES grants.

The Forensic Assessment Center Network has been a great resource for CPS investigators, yet would not be an adequate substitute for the

comprehensive medical evaluations or extensive training programs that would be performed under the MEDCARES program. Without the structure and adequate funding for the MEDCARES program, expert medical investigative capacity would not be enhanced. Significant collaboration and resources would be needed to encourage enough physicians to undertake specialty medical child abuse training to provide evaluation and diagnosis services for which they possibly would not receive adequate reimbursement.

**OPPONENTS
SAY:**

SB 1877 would carry a significant fiscal note that the state currently cannot afford. The MEDCARES grant program objectives are positive, but Texas should pursue less costly approaches to these objectives, such as enhancing the existing DFPS contract for the Forensic Assessment Center Network, which provides CPS investigators with 24-hour access to medical experts on diagnosing and treating child abuse victims. Services include training and physicians can provide a comprehensive review of medical records and an expert medical opinion on whether a child has been abused or neglected.

NOTES:

The fiscal note indicates a cost of \$23.4 million in general revenue funds in fiscal 2010-11. The LBB estimates it would cost \$11.7 million per year to fund 12 medical facilities.