

By: Price, Thompson of Harris, Oliverson,
Jetton, Guerra, et al.

H.B. No. 2727

A BILL TO BE ENTITLED

AN ACT

relating to the provision of home telemonitoring services under Medicaid.

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

SECTION 1. Section 531.001(4-a), Government Code, is amended to read as follows:

(4-a) "Home telemonitoring service" means a health service that requires scheduled remote monitoring of data related to a patient's health and transmission of the data to a licensed home and community support services agency, a federally qualified health center, a rural health clinic, or a hospital, as those terms are defined by Section 531.02164(a). The term is synonymous with "remote patient monitoring."

SECTION 2. Section 531.02164, Government Code, is amended by amending Subsections (a), (b), (c), and (f) and adding Subsections (c-2) and (c-3) to read as follows:

(a) In this section:

(1) "Federally qualified health center" has the meaning assigned by 42 U.S.C. Section 1396d(1)(2)(B).

(1-a) "Home and community support services agency" means a person licensed under Chapter 142, Health and Safety Code, to provide home health, hospice, or personal assistance services as defined by Section 142.001, Health and Safety Code.

(2) "Hospital" means a hospital licensed under Chapter

1 241, Health and Safety Code.

2 (3) "Rural health clinic" has the meaning assigned by
3 42 U.S.C. Section 1396d(1)(1).

4 (b) If the commission determines that establishing a
5 statewide program that permits reimbursement under Medicaid for
6 home telemonitoring services would be cost-effective and
7 clinically effective [~~feasible~~], the executive commissioner by
8 rule shall establish the program as provided under this section.

9 (c) The program required under this section must:

10 (1) provide that home telemonitoring services are
11 available only to persons who:

12 (A) are diagnosed with one or more of the
13 following conditions:

- 14 (i) pregnancy;
- 15 (ii) diabetes;
- 16 (iii) heart disease;
- 17 (iv) cancer;
- 18 (v) chronic obstructive pulmonary disease;
- 19 (vi) hypertension;
- 20 (vii) congestive heart failure;
- 21 (viii) mental illness or serious emotional
22 disturbance;
- 23 (ix) asthma;
- 24 (x) myocardial infarction; [~~or~~]
- 25 (xi) stroke;
- 26 (xii) end stage renal disease;
- 27 (xiii) a condition that requires renal

1 dialysis treatment; or

2 (xiv) any other condition for which home
3 telemonitoring services would be clinically effective, as
4 determined by commission rule; and

5 (B) exhibit at least one [~~two or more~~] of the
6 following risk factors:

7 (i) two or more hospitalizations in the
8 prior 12-month period;

9 (ii) frequent or recurrent emergency room
10 admissions;

11 (iii) a documented history of poor
12 adherence to ordered medication regimens;

13 (iv) a documented risk [~~history~~] of falls
14 [~~in the prior six-month period~~]; and

15 (v) [~~limited or absent informal support~~
16 ~~systems;~~

17 [~~(vi) living alone or being home alone for~~
18 ~~extended periods of time; and~~

19 [~~(vii)~~] a documented history of care access
20 challenges;

21 (2) ensure that clinical information gathered by the
22 following providers while providing home telemonitoring services
23 is shared with the patient's physician:

24 (A) a home and community support services agency;

25 (B) a federally qualified health center;

26 (C) a rural health clinic; or

27 (D) a hospital [~~while providing home~~

1 ~~telemonitoring services is shared with the patient's physician];~~

2 [~~and]~~

3 (3) ensure that the program does not duplicate disease
4 management program services provided under Section 32.057, Human
5 Resources Code;

6 (4) require a provider to:

7 (A) establish a plan of care that includes
8 outcome measures for each patient who receives home telemonitoring
9 services under the program; and

10 (B) share the plan and outcome measures with the
11 patient's physician; and

12 (5) subject to Subsection (c-2) and to the extent
13 permitted by state and federal law, provide patients experiencing a
14 high-risk pregnancy with clinically appropriate home
15 telemonitoring services equipment for temporary use in the
16 patient's home.

17 (c-2) For purposes of Subsection (c)(5), the executive
18 commissioner by rule shall:

19 (1) establish criteria to identify patients
20 experiencing a high-risk pregnancy who would benefit from access to
21 home telemonitoring services equipment;

22 (2) ensure that, if feasible and clinically
23 appropriate, the home telemonitoring services equipment available
24 under the program include uterine remote monitoring services
25 equipment and pregnancy-induced hypertension remote monitoring
26 services equipment;

27 (3) subject to Subsection (c-3), require that a

1 provider obtain:

2 (A) prior authorization from the commission
3 before providing home telemonitoring services equipment to a
4 patient during the first month the equipment is provided to the
5 patient; and

6 (B) an extension of the authorization under
7 Paragraph (A) from the commission before providing the equipment in
8 a subsequent month based on the ongoing medical need of the patient;
9 and

10 (4) prohibit payment or reimbursement for home
11 telemonitoring services equipment during any period that the
12 equipment was not in use because the patient was hospitalized or
13 away from the patient's home regardless of whether the equipment
14 remained in the patient's home while the patient was hospitalized
15 or away.

16 (c-3) For purposes of Subsection (c-2), the commission
17 shall require that:

18 (1) a request for prior authorization under Subsection
19 (c-2)(3)(A) be based on an in-person assessment of the patient; and

20 (2) documentation of the patient's ongoing medical
21 need for the equipment is provided to the commission before the
22 commission grants an extension under Subsection (c-2)(3)(B).

23 (f) To comply with state and federal requirements to provide
24 access to medically necessary services under Medicaid, including
25 the Medicaid managed care program, and if the commission determines
26 it is cost-effective and clinically effective, the commission or a
27 Medicaid managed care organization, as applicable, may reimburse

1 providers for home telemonitoring services provided to persons who
2 have conditions and exhibit risk factors other than those expressly
3 authorized by this section. [~~In determining whether the managed
4 care organization should provide reimbursement for services under
5 this subsection, the organization shall consider whether
6 reimbursement for the service is cost-effective and providing the
7 service is clinically effective.~~]

8 SECTION 3. If before implementing any provision of this Act
9 a state agency determines that a waiver or authorization from a
10 federal agency is necessary for implementation of that provision,
11 the agency affected by the provision shall request the waiver or
12 authorization and may delay implementing that provision until the
13 waiver or authorization is granted.

14 SECTION 4. This Act takes effect immediately if it receives
15 a vote of two-thirds of all the members elected to each house, as
16 provided by Section 39, Article III, Texas Constitution. If this
17 Act does not receive the vote necessary for immediate effect, this
18 Act takes effect September 1, 2023.