

1-1 By: Price, et al. (Senate Sponsor - Perry) H.B. No. 2727
1-2 (In the Senate - Received from the House May 1, 2023;
1-3 May 2, 2023, read first time and referred to Committee on Health &
1-4 Human Services; May 21, 2023, reported adversely, with favorable
1-5 Committee Substitute by the following vote: Yeas 9, Nays 0;
1-6 May 21, 2023, sent to printer.)

1-7 COMMITTEE VOTE

	Yea	Nay	Absent	PNV
1-8				
1-9	<u>X</u>			
1-10	<u>X</u>			
1-11	<u>X</u>			
1-12	<u>X</u>			
1-13	<u>X</u>			
1-14	<u>X</u>			
1-15	<u>X</u>			
1-16	<u>X</u>			
1-17	<u>X</u>			

1-18 COMMITTEE SUBSTITUTE FOR H.B. No. 2727 By: Perry

1-19 A BILL TO BE ENTITLED
1-20 AN ACT

1-21 relating to the provision of home telemonitoring services under
1-22 Medicaid.

1-23 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-24 SECTION 1. Section 531.001(4-a), Government Code, is
1-25 amended to read as follows:

1-26 (4-a) "Home telemonitoring service" means a health
1-27 service that requires scheduled remote monitoring of data related
1-28 to a patient's health and transmission of the data to a licensed
1-29 home and community support services agency, a federally qualified
1-30 health center, a rural health clinic, or a hospital, as those terms
1-31 are defined by Section 531.02164(a). The term is synonymous with
1-32 "remote patient monitoring."

1-33 SECTION 2. Section 531.02164, Government Code, is amended
1-34 by amending Subsections (a), (b), (c), (c-1), (d), and (f) and
1-35 adding Subsections (c-2) and (c-3) to read as follows:

1-36 (a) In this section:

1-37 (1) "Federally qualified health center" has the
1-38 meaning assigned by 42 U.S.C. Section 1396d(1)(2)(B).

1-39 (1-a) "Home and community support services agency"
1-40 means a person licensed under Chapter 142, Health and Safety Code,
1-41 to provide home health, hospice, or personal assistance services as
1-42 defined by Section 142.001, Health and Safety Code.

1-43 (2) "Hospital" means a hospital licensed under Chapter
1-44 241, Health and Safety Code.

1-45 (3) "Rural health clinic" has the meaning assigned by
1-46 42 U.S.C. Section 1396d(1)(1).

1-47 (b) ~~The [If the commission determines that establishing a~~
1-48 ~~statewide program that permits reimbursement under Medicaid for~~
1-49 ~~home telemonitoring services would be cost-effective and feasible,~~
1-50 ~~the] executive commissioner [by rule] shall adopt rules for the~~
1-51 provision and reimbursement of home telemonitoring services under
1-52 Medicaid [establish the program] as provided under this section.

1-53 (c) For purposes of adopting rules [The program required]
1-54 under this section, the commission shall [must]:

1-55 (1) identify and provide home telemonitoring services
1-56 to persons diagnosed with conditions for which the commission
1-57 determines the provision of home telemonitoring services would be
1-58 cost-effective and clinically effective;

1-59 (2) consider providing home telemonitoring services
1-60 under Subdivision (1) [provide that home telemonitoring services
1-61 are available only] to Medicaid recipients [persons] who:

1-62 (A) are diagnosed with one or more of the

2-1 following conditions:

2-2 (i) pregnancy;

2-3 (ii) diabetes;

2-4 (iii) heart disease;

2-5 (iv) cancer;

2-6 (v) chronic obstructive pulmonary disease;

2-7 (vi) hypertension;

2-8 (vii) congestive heart failure;

2-9 (viii) mental illness or serious emotional

2-10 disturbance;

2-11 (ix) asthma;

2-12 (x) myocardial infarction; ~~[or]~~

2-13 (xi) stroke;

2-14 (xii) end stage renal disease; or

2-15 (xiii) a condition that requires renal

2-16 dialysis treatment; and

2-17 (B) exhibit at least one ~~[two or more]~~ of the

2-18 following risk factors:

2-19 (i) two or more hospitalizations in the

2-20 prior 12-month period;

2-21 (ii) frequent or recurrent emergency room

2-22 admissions;

2-23 (iii) a documented history of poor

2-24 adherence to ordered medication regimens;

2-25 (iv) a documented risk ~~[history]~~ of falls

2-26 ~~[in the prior six-month period]; and~~

2-27 (v) ~~[limited or absent informal support~~

2-28 ~~systems;~~

2-29 ~~[(vi) living alone or being home alone for~~

2-30 ~~extended periods of time; and~~

2-31 ~~[(vii)]~~ a documented history of care access

2-32 challenges;

2-33 (3) ~~[(2)]~~ ensure that clinical information gathered

2-34 by the following providers while providing home telemonitoring

2-35 services is shared with the recipient's physician:

2-36 (A) a home and community support services agency;

2-37 (B) a federally qualified health center;

2-38 (C) a rural health clinic; or

2-39 (D) a hospital ~~[while providing home~~

2-40 telemonitoring services is shared with the patient's physician];

2-41 [and]

2-42 (4) ~~[(3)]~~ ensure that the home telemonitoring

2-43 services provided under this section do ~~[program does]~~ not

2-44 duplicate disease management program services provided under

2-45 Section 32.057, Human Resources Code; and

2-46 (5) require a provider to:

2-47 (A) establish a plan of care that includes

2-48 outcome measures for each recipient who receives home

2-49 telemonitoring services under this section; and

2-50 (B) share the plan and outcome measures with the

2-51 recipient's physician.

2-52 (c-1) Notwithstanding any other provision of this section

2-53 [Subsection (c)(1)], the commission shall ensure ~~[the program~~

2-54 required under this section must also provide] that home

2-55 telemonitoring services are available to pediatric persons who:

2-56 (1) are diagnosed with end-stage solid organ disease;

2-57 (2) have received an organ transplant; or

2-58 (3) require mechanical ventilation.

2-59 (c-2) In addition to determining whether to provide home

2-60 telemonitoring services to Medicaid recipients with the conditions

2-61 described under Subsection (c)(2), the commission shall determine

2-62 whether high-risk pregnancy is a condition for which the provision

2-63 of home telemonitoring services is cost-effective and clinically

2-64 effective. If the commission determines that high-risk pregnancy

2-65 is a condition for which the provision of home telemonitoring

2-66 services is cost-effective and clinically effective:

2-67 (1) the commission shall, to the extent permitted by

2-68 state and federal law, provide recipients experiencing a high-risk

2-69 pregnancy with clinically appropriate home telemonitoring services

2-70 equipment for temporary use in the recipient's home; and

2-71 (2) the executive commissioner by rule shall:

3-1 (A) establish criteria to identify recipients
 3-2 experiencing a high-risk pregnancy who would benefit from access to
 3-3 home telemonitoring services equipment;

3-4 (B) ensure that, if cost-effective, feasible,
 3-5 and clinically appropriate, the home telemonitoring services
 3-6 equipment provided includes uterine remote monitoring services
 3-7 equipment and pregnancy-induced hypertension remote monitoring
 3-8 services equipment;

3-9 (C) subject to Subsection (c-3), require that a
 3-10 provider obtain:

3-11 (i) prior authorization from the commission
 3-12 before providing home telemonitoring services equipment to a
 3-13 recipient during the first month the equipment is provided to the
 3-14 recipient; and

3-15 (ii) an extension of the authorization
 3-16 under Subparagraph (i) from the commission before providing the
 3-17 equipment in a subsequent month based on the ongoing medical need of
 3-18 the recipient; and

3-19 (D) prohibit payment or reimbursement for home
 3-20 telemonitoring services equipment during any period that the
 3-21 equipment was not in use because the recipient was hospitalized or
 3-22 away from the recipient's home regardless of whether the equipment
 3-23 remained in the recipient's home while the recipient was
 3-24 hospitalized or away.

3-25 (c-3) For purposes of Subsection (c-2), the commission
 3-26 shall require that:

3-27 (1) a request for prior authorization under Subsection
 3-28 (c-2)(2)(C)(i) be based on an in-person assessment of the
 3-29 recipient; and

3-30 (2) documentation of the recipient's ongoing medical
 3-31 need for the equipment is provided to the commission before the
 3-32 commission grants an extension under Subsection (c-2)(2)(C)(ii).

3-33 (d) If, after implementation, the commission determines
 3-34 that a condition for which the commission has authorized the
 3-35 provision and reimbursement of home telemonitoring services under
 3-36 Medicaid [the program established] under this section is not
 3-37 cost-effective and clinically effective, the commission may
 3-38 discontinue the availability of home telemonitoring services for
 3-39 that condition [program] and stop providing reimbursement under
 3-40 Medicaid for home telemonitoring services for that condition,
 3-41 notwithstanding Section 531.0216 or any other law.

3-42 (f) To comply with state and federal requirements to provide
 3-43 access to medically necessary services under Medicaid, including
 3-44 the Medicaid managed care program, and if the commission determines
 3-45 it is cost-effective and clinically effective, the commission or a
 3-46 Medicaid managed care organization, as applicable, may reimburse
 3-47 providers for home telemonitoring services provided to persons who
 3-48 have conditions and exhibit risk factors other than those expressly
 3-49 authorized by this section. [In determining whether the managed
 3-50 care organization should provide reimbursement for services under
 3-51 this subsection, the organization shall consider whether
 3-52 reimbursement for the service is cost-effective and providing the
 3-53 service is clinically effective.]

3-54 SECTION 3. If before implementing any provision of this Act
 3-55 a state agency determines that a waiver or authorization from a
 3-56 federal agency is necessary for implementation of that provision,
 3-57 the agency affected by the provision shall request the waiver or
 3-58 authorization and may delay implementing that provision until the
 3-59 waiver or authorization is granted.

3-60 SECTION 4. This Act takes effect immediately if it receives
 3-61 a vote of two-thirds of all the members elected to each house, as
 3-62 provided by Section 39, Article III, Texas Constitution. If this
 3-63 Act does not receive the vote necessary for immediate effect, this
 3-64 Act takes effect September 1, 2023.

3-65 * * * * *