

BILL ANALYSIS

S.B. 24
By: Nelson
Public Health
Committee Report (Unamended)

BACKGROUND AND PURPOSE

Texas has large rural areas and a significant number of its counties are designated as areas that are health professional shortage areas or medically underserved or both. Telemedicine allows the use of technology to bring health care providers into these communities. Current Medicaid reimbursement law does not allow doctors to be compensated for office visits provided via telemedicine when they are away from the patient and the patient is with a provider working under this doctor's supervision.

SB 24 requires the Health and Human Services Commission to provide reimbursement under the Medicaid program to a distant physician for office visits when the patient is with a provider working with the physician to address reimbursement allocation issues, and extends a telemedicine pilot for two years.

RULEMAKING AUTHORITY

It is the committee's opinion that rulemaking authority is expressly granted to the Health and Human Services Commission in SECTION 1 of this bill.

ANALYSIS

SECTION 1. Amends Section 531.0217, Government Code, by adding Subsections (c-1), (c-2), and (c-3), as follows:

(c-1) Requires the Health and Human Services Commission (HHSC), notwithstanding Subsection (b) or (c), to provide reimbursement under the Medicaid program for an office visit provided through telemedicine by a physician who is assessing and evaluating the patient from a distant site under certain conditions. Provides specific requirements for reimbursement.

(c-2) Requires HHSC to develop rules to allocate reimbursement provided under Subsection (c-1) between a physician consulting from a distant site and a health professional present with the patient, or by rule to establish a facility fee that said physician is required to pay a health professional present with the patient.

(c-3) Requires HHSC, in adopting rules, to confer with the Centers for Medicare and Medicaid Services on the legality of allocating reimbursement or establishing a facility fee. Requires that rules adopted by HHSC must reflect a policy to build capacity in medically underserved areas of the state.

SECTION 2. Amends Sections 531.02175(i) and (j), Government Code, as added by Chapter 370, Acts of the 79th Legislature, Regular Session, 2005, as follows:

(i) Requires HHSC to submit a report to the legislature regarding the results of the pilot program not later than September 1, 2008, rather than December 1, 2006.

(j) Provides that this section expires September 1, 2009, rather than September 1, 2007.

SECTION 3. Authorizes delay of implementation until any necessary federal waivers or authorizations are obtained.

EFFECTIVE DATE

SECTION 1 of this Act takes effect September 1, 2007.

SECTIONS 2, 3, and 4 of this Act take effect immediately if the Act receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, Sections 2, 3, and 4 of this Act take effect August 27, 2007.