

BILL ANALYSIS

Senate Research Center
80R11919 AKR-D

C.S.S.C.R. 28
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Health & Human Services
3/21/2007
Committee Report (Substituted)

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

In 2000, more than two million senior citizens lived in Texas, and it is estimated that by 2020 the number of Texans over the age of 65 will increase to approximately 3.4 million. With average life expectancy continuing to rise, the considerable costs associated with caring for the elderly are a major concern for policy makers nationwide. The Centers for Medicare and Medicaid Services (CMS) estimates that in 2004 Texans spent \$5.590 billion for nursing home care and \$3.626 billion for home health care, more than one-third of which was paid for using public funds.

Further complicating the issue of elder care is the fact that seniors are increasingly choosing to live in their own homes for as long as possible. This trend toward "aging in place" requires significant changes in the methods of delivery in health care, social services, and support systems for the elderly. Addressing the challenges that "aging in place" presents for monitoring the health and welfare of the elderly has prompted practitioners and policy makers to consider alternative solutions that may be provided by advances in technology, especially in delivering services to seniors who live in rural areas and are often required to drive substantial distances to visit medical providers.

Advances in telecommunications, such as high-quality imaging and interactive real-time video, have significantly improved access to advanced health care. These telemedicine or telehealth services (services) are not only medically efficacious but also cost-effective if certain impediments in current Medicare regulations are removed. Requirements under the Medicare, Medicaid, and State Children's Health Insurance Program Benefits Improvement and Protection Act of 2000 severely limited Medicare reimbursement of services, prohibiting the use of certain telecommunications techniques and restricting payments to hub-site providers. Expanding the types of services that are eligible for reimbursement under the Medicare program would reduce the need for expensive inpatient chronic care and foster the development of improved service capabilities in skilled nursing facilities, lessening the burden and expense of transporting sick and frail elderly patients to and from various health care providers.

Federal legislation to revise service reimbursement requirements under Medicare was filed as recently as 2005, during the 109th Congress, and with the expected increase in the senior citizen population in Texas, it is appropriate that the Texas congressional delegation support current efforts to expand Medicare-covered services.

C.S.S.C.R. 28 proposes to expand certain types of services and initiate Medicare reimbursement for certain services.

RESOLVED

That the 80th Legislature of the State of Texas hereby respectfully urge the Texas congressional delegation to support federal legislation requiring CMS to take substantive and affirmative actions to expand services, especially the initiation of Medicare reimbursement for services in home health care and in skilled nursing facilities.

That the Texas secretary of state forward official copies of this resolution to the president of the United States, the speaker of the house of representatives and the president of the senate of United States Congress, and all members of the Texas delegation to the congress with the request that this resolution be officially entered in the Congressional Record as a memorial to the Congress of the United States of America.