By: Watson, Nelson S.B. No. 293

A BILL TO BE ENTITLED

1	AN ACT
2	relating to telemedicine medical services, telehealth services,
3	and home telemonitoring services provided to certain Medicaid
4	recipients.
5	BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
6	SECTION 1. Section 531.001, Government Code, is amended by
7	adding Subdivisions (4-a), (7), and (8) to read as follows:
8	(4-a) "Home telemonitoring service" means a health
9	service that requires scheduled remote monitoring of data related
10	to a patient's health and transmission of the data to a licensed
11	home health agency or a hospital, as those terms are defined by
12	Section 531.02164(a).
13	(7) "Telehealth service" means a health service, other
14	than a telemedicine medical service, that is delivered by a
15	licensed or certified health professional acting within the scope
16	of the health professional's license or certification who does not
17	perform a telemedicine medical service and that requires the use of
18	advanced telecommunications technology, other than telephone or
19	facsimile technology, including:
20	(A) compressed digital interactive video, audio,
21	or data transmission;
22	(B) clinical data transmission using computer
23	imaging by way of still-image capture and store and forward; and
24	(C) other technology that facilitates access to

- 1 health care services or medical specialty expertise.
- 2 (8) "Telemedicine medical service" means a health care
- 3 service that is initiated by a physician or provided by a health
- 4 professional acting under physician delegation and supervision,
- 5 that is provided for purposes of patient assessment by a health
- 6 professional, diagnosis or consultation by a physician, or
- 7 treatment, or for the transfer of medical data, and that requires
- 8 the use of advanced telecommunications technology, other than
- 9 <u>telephone or facsimile technology</u>, including:
- 10 (A) compressed digital interactive video, audio,
- 11 or data transmission;
- 12 (B) clinical data transmission using computer
- 13 imaging by way of still-image capture and store and forward; and
- (C) other technology that facilitates access to
- 15 health care services or medical specialty expertise.
- SECTION 2. Section 531.0216, Government Code, is amended to
- 17 read as follows:
- 18 Sec. 531.0216. PARTICIPATION AND REIMBURSEMENT OF
- 19 TELEMEDICINE MEDICAL SERVICE PROVIDERS AND TELEHEALTH SERVICE
- 20 PROVIDERS UNDER MEDICAID. (a) The commission by rule shall
- 21 develop and implement a system to reimburse providers of services
- 22 under the state Medicaid program for services performed using
- 23 telemedicine medical services or telehealth services.
- 24 (b) In developing the system, the executive commissioner by
- 25 rule shall:
- 26 (1) review programs and pilot projects in other states
- 27 to determine the most effective method for reimbursement;

- 1 (2) establish billing codes and a fee schedule for
- 2 services;
- 3 (3) [provide for an approval process before a provider
- 4 can receive reimbursement for services;
- 5 $\left[\frac{(4)}{(4)}\right]$ consult with the Department of State Health
- 6 Services and providers [the telemedicine advisory committee] to
- 7 establish procedures to:
- 8 (A) identify clinical evidence supporting
- 9 delivery of health care services using a telecommunications system;
- 10 (B) establish pilot studies for telemedicine
- 11 medical service delivery; and
- 12 (C) annually review health care services,
- 13 considering new clinical findings, to determine whether
- 14 reimbursement for particular services should be denied or
- 15 authorized;
- 16 (4) [(5)] establish pilot programs in designated
- 17 areas of this state under which the commission, in administering
- 18 government-funded health programs, may reimburse a health
- 19 professional participating in the pilot program for telehealth
- 20 services authorized under the licensing law applicable to the
- 21 health professional;
- 22 [(6) establish a separate provider identifier for
- 23 telemedicine medical services providers; and
- (5) [(7)] establish a separate modifier for
- 25 telemedicine medical services, telehealth services, and home
- 26 telemonitoring services eligible for reimbursement.
- 27 (c) The commission shall encourage health care providers

- 1 and health care facilities to participate as telemedicine medical
- 2 service providers or telehealth service providers in the health
- 3 care delivery system. The commission may not require that a service
- 4 be provided to a patient through telemedicine medical services or
- 5 telehealth services when the service can reasonably be provided by
- 6 a physician through a face-to-face consultation with the patient in
- 7 the community in which the patient resides or works. This
- 8 subsection does not prohibit the authorization of the provision of
- 9 any service to a patient through telemedicine medical services or
- 10 telehealth services at the patient's request.
- 11 (d) Subject to Section 153.004, Occupations Code, the
- 12 commission may adopt rules as necessary to implement this
- 13 section. In the rules adopted under this section, the commission
- 14 shall:
- 15 (1) refer to the site where the patient is physically
- 16 located as the patient site; and
- 17 (2) refer to the site where the physician or health
- 18 professional providing the telemedicine medical service or
- 19 telehealth service is physically located as the distant site.
- 20 (e) The commission may not reimburse a health care facility
- 21 for telemedicine medical services or telehealth services provided
- 22 to a Medicaid recipient unless the facility complies with the
- 23 minimum standards adopted under Section 531.02161.
- 24 (f) Not later than December 1 of each even-numbered year,
- 25 the commission shall report to the speaker of the house of
- 26 representatives and the lieutenant governor on the effects of
- 27 telemedicine medical services, telehealth services, and home

- 1 telemonitoring services on the Medicaid program in the state,
- 2 including the number of physicians, [and] health professionals, and
- 3 licensed health care facilities using telemedicine medical
- 4 services, telehealth services, or home telemonitoring services,
- 5 the geographic and demographic disposition of the physicians and
- 6 health professionals, the number of patients receiving
- 7 telemedicine medical services, <u>telehealth services</u>, and home
- 8 telemonitoring services, the types of services being provided, and
- 9 the cost of utilization of telemedicine medical services,
- 10 telehealth services, and home telemonitoring services to the
- 11 program.
- 12 [(g) In this section:
- [(1) "Telehealth service" has the meaning assigned by
- 14 Section 57.042, Utilities Code.
- 15 [(2) "Telemedicine medical service" has the meaning
- 16 assigned by Section 57.042, Utilities Code.
- SECTION 3. Subchapter B, Chapter 531, Government Code, is
- 18 amended by adding Section 531.02164 to read as follows:
- 19 Sec. 531.02164. MEDICAID SERVICES PROVIDED THROUGH HOME
- 20 TELEMONITORING SERVICES. (a) In this section:
- 21 (1) "Home health agency" means a facility licensed
- 22 under Chapter 142, Health and Safety Code, to provide home health
- 23 services as defined by Section 142.001, Health and Safety Code.
- 24 (2) "Hospital" means a hospital licensed under Chapter
- 25 241, Health and Safety Code, that provides home health services as
- 26 <u>defined by Section 142.001, Health and Safety Code.</u>
- 27 (b) The executive commissioner by rule shall establish a

- 1 statewide program that permits reimbursement under the state
- 2 Medicaid program for home telemonitoring services as provided under
- 3 this section.
- 4 (c) The program required under this section must:
- 5 (1) provide that home telemonitoring services are
- 6 available only to persons who are diagnosed with one or more
- 7 conditions described by Section 531.02171(c)(4) and who exhibit two
- 8 or more of the following risk factors:
- 9 (A) two or more hospitalizations in the prior
- 10 12-month period;
- 11 (B) frequent or recurrent emergency room
- 12 admissions;
- 13 (C) a documented history of poor adherence to
- 14 ordered medication regimens;
- 15 (D) a documented history of falls in the prior
- 16 <u>six-month period;</u>
- 17 <u>(E) limited or absent informal support systems;</u>
- 18 (F) living alone or being home alone for extended
- 19 periods of time; and
- 20 (G) a documented history of care access
- 21 challenges;
- (2) ensure that clinical information gathered by a
- 23 home health agency or hospital while providing home telemonitoring
- 24 <u>services is shared with the patient's physician; and</u>
- 25 (3) ensure that the program does not duplicate disease
- 26 management program services provided under Section 32.057, Human
- 27 Resources Code.

of

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          SECTION 4. Subsection (c), Section 531.02171, Government
   Code, as added by Chapter 661 (H.B. 2700), Acts of the 77th
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   Legislature, Regular Session, 2001, is amended to read as follows:
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               In developing and operating a pilot program under this
   section, the commission shall:
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6
               (1)
                    solicit and obtain support for the program from
7
   local officials and the medical community;
                    focus on enhancing health outcomes in the area
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               (2)
9
   served by the pilot program through increased access to medical
   services, including:
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11
                    (A)
                         health screenings;
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                    (B)
                        prenatal care;
13
                     (C)
                         medical or surgical follow-up visits;
                         periodic consultation
14
                     (D)
                                                   with
                                                          specialists
15
   regarding chronic disorders;
16
                    (E)
                         triage and pretransfer arrangements; [and]
17
                         transmission of diagnostic images or data;
                     (F)
   and
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                    (G) monitoring of chronic conditions;
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20
               (3)
                    establish quantifiable measures and
   health outcomes for each authorized telemedicine medical service or
21
22
   telehealth service;
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telemedicine medical services or telehealth services, including

pregnancy;

diabetes;

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applications for:

(A)

(B)

consider condition-specific applications

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                     (C)
                         heart disease; [and]
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                     (D)
                         cancer;
                         chronic obstructive pulmonary disease;
                    (E)
 3
 4
                    (F) hypertension; and
                    (G) congestive heart failure; and
5
               (5)
                    demonstrate that the provision
6
                                                        of
                                                              services
7
    authorized as telemedicine medical services or telehealth services
   will not adversely affect the provision of traditional medical
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9
    services within the area served by the pilot program.
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          SECTION 5. The following provisions of the Government Code
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   are repealed:
                    Subsection (a), Section 531.02161;
12
               (1)
13
               (2)
                    Subdivisions (3) and (4), Subsection (a), Section
   531.0217;
14
                    Subdivisions (3) and (4), Subsection (a), Section
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16
   531.02171, as added by Chapter 661 (H.B. 2700), Acts of the 77th
   Legislature, Regular Session, 2001; and
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18
               (4)
                    Section 531.02171, as added by Chapter 959 (S.B.
    1536), Acts of the 77th Legislature, Regular Session, 2001.
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          SECTION 6. If before implementing any provision of this Act
   a state agency determines that a waiver or authorization from a
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   federal agency is necessary for implementation of that provision,
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   the agency affected by the provision shall request the waiver or
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authorization and may delay implementing that provision until the

SECTION 7. This Act takes effect September 1, 2011.

waiver or authorization is granted.

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