By: Watson, et al. (J. Davis of Harris) Substitute the following for S.B. No. 293: By: Kolkhorst C.S.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 as defined by Section 531.02164(a).
12	(7) "Telehealth service" means a health service, other
13	than a telemedicine medical service, that is delivered by a
14	licensed or certified health professional acting within the scope
15	of the health professional's license or certification who does not
16	perform a telemedicine medical service and that requires the use of
17	advanced telecommunications technology, other than telephone or
18	facsimile technology, including:
19	(A) compressed digital interactive video, audio,
20	<u>or data transmission;</u>
21	(B) clinical data transmission using computer
22	imaging by way of still-image capture and store and forward; and
23	(C) other technology that facilitates access to
24	health care services or medical specialty expertise.

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1 (8) "Telemedicine medical service" means a health care service that is initiated by a physician or provided by a health 2 professional acting under physician delegation and supervision, 3 that is provided for purposes of patient assessment by a health 4 professional, diagnosis or consultation by a physician, or 5 treatment, or for the transfer of medical data, and that requires 6 the use of advanced telecommunications technology, other than 7 8 telephone or facsimile technology, including: 9 (A) compressed digital interactive video, audio, 10 or data transmission; (B) clinical data transmission using computer 11 12 imaging by way of still-image capture and store and forward; and (C) other technology that facilitates access to 13 14 health care services or medical specialty expertise. 15 SECTION 2. Section 531.0216, Government Code, is amended to read as follows: 16 Sec. 531.0216. PARTICIPATION 17 AND REIMBURSEMENT OF TELEMEDICINE MEDICAL SERVICE PROVIDERS AND TELEHEALTH SERVICE 18 PROVIDERS UNDER MEDICAID. (a) The commission by rule shall 19 develop and implement a system to reimburse providers of services 20 under the state Medicaid program for services performed using 21 telemedicine medical services or telehealth services. 22 23 (b) In developing the system, the executive commissioner by 24 rule shall: 25 (1) review programs and pilot projects in other states to determine the most effective method for reimbursement; 26 establish billing codes and a fee schedule for 27 (2)

1 services;

2 (3) provide for an approval process before a provider
3 can receive reimbursement for services;

4 (4) consult with the Department of State Health
5 Services and the telemedicine <u>and telehealth</u> advisory committee to
6 establish procedures to:

7 (A) identify clinical evidence supporting 8 delivery of health care services using a telecommunications system; establish pilot studies for telemedicine 9 (B) medical service delivery and telehealth service delivery; and 10 (C) annually review health care services, 11 12 considering new clinical findings, to determine whether

13 reimbursement for particular services should be denied or 14 authorized;

15 (5) establish pilot programs in designated areas of 16 this state under which the commission, in administering 17 government-funded health programs, may reimburse a health 18 professional participating in the pilot program for telehealth 19 services authorized under the licensing law applicable to the 20 health professional;

(6) establish a separate provider identifier for
telemedicine medical services providers, telehealth services
<u>providers</u>, and home telemonitoring services providers; and

(7) establish a separate modifier for telemedicine
medical services, telehealth services, and home telemonitoring
services eligible for reimbursement.

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(c) The commission shall encourage health care providers

1 and health care facilities to participate as telemedicine medical service providers or telehealth service providers in the health 2 care delivery system. The commission may not require that a 3 service be provided to a patient through telemedicine medical 4 services or telehealth services when the service can reasonably be 5 provided by a physician through a face-to-face consultation with 6 the patient in the community in which the patient resides or 7 This subsection does not prohibit the authorization of the 8 works. provision of any service to a patient through telemedicine medical 9 10 services or telehealth services at the patient's request.

(d) Subject to Section 153.004, Occupations Code, the commission may adopt rules as necessary to implement this section. In the rules adopted under this section, the commission shall:

15 (1) refer to the site where the patient is physically16 located as the patient site; and

17 (2) refer to the site where the physician <u>or health</u>
 18 <u>professional</u> providing the telemedicine medical service <u>or</u>
 19 <u>telehealth service</u> is physically located as the distant site.

(e) The commission may not reimburse a health care facility
for telemedicine medical services <u>or telehealth services</u> provided
to a Medicaid recipient unless the facility complies with the
minimum standards adopted under Section 531.02161.

(f) Not later than December 1 of each even-numbered year, the commission shall report to the speaker of the house of representatives and the lieutenant governor on the effects of telemedicine medical services, telehealth services, and home

1 telemonitoring services on the Medicaid program in the state, including the number of physicians, [and] health professionals, and 2 3 <u>licensed health care facilities</u> using telemedicine medical services, telehealth services, or home telemonitoring services, 4 5 the geographic and demographic disposition of the physicians and health professionals, the number of patients receiving 6 telemedicine medical services, telehealth services, and home 7 8 telemonitoring services, the types of services being provided, and the cost of utilization of telemedicine medical services, 9 10 telehealth services, and home telemonitoring services to the program. 11

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## [<del>(g) In this section:</del>

13 [(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. The heading to Section 531.02161, Government Code, is amended to read as follows:

Sec. 531.02161. TELEMEDICINE, TELEHEALTH, AND HOME
 TELEMONITORING TECHNOLOGY STANDARDS.

21 SECTION 4. Section 531.02161(b), Government Code, is 22 amended to read as follows:

(b) The commission and the Telecommunications Infrastructure Fund Board by joint rule shall establish and adopt minimum standards for an operating system used in the provision of telemedicine medical services, telehealth services, or home telemonitoring services by a health care facility participating in

the state Medicaid program, including standards for electronic
 transmission, software, and hardware.

3 SECTION 5. Subchapter B, Chapter 531, Government Code, is 4 amended by adding Section 531.02164 to read as follows:

5 <u>Sec. 531.02164. MEDICAID SERVICES PROVIDED THROUGH HOME</u> 6 <u>TELEMONITORING SERVICES. (a) In this section, "home health</u> 7 <u>agency" means a facility licensed under Chapter 142, Health and</u> 8 <u>Safety Code, to provide home health services as defined by Section</u> 9 <u>142.001, Health and Safety Code.</u>

10 (b) If the commission determines that establishing a 11 statewide program that permits reimbursement under the state 12 Medicaid program for home telemonitoring services would be 13 cost-effective and feasible, the executive commissioner by rule 14 shall establish the program as provided under this section.

15 (c) A program established under this section must:

16 (1) provide that home telemonitoring services are 17 available only to persons who are diagnosed with one or more 18 conditions described by Section 531.02171(c)(4) and who exhibit two 19 or more of the following risk factors:

20 (A) two or more hospitalizations in the prior
21 <u>12-month period;</u>
22 (B) frequent or recurrent emergency room
23 <u>admissions;</u>
24 (C) a documented history of poor adherence to

25 <u>ordered medication regimens;</u>

26 (D) a documented history of falls in the prior
27 six-month period;

C.S.S.B. No. 293 1 (E) limited or absent informal support systems; 2 (F) living alone or being home alone for extended 3 periods of time; and 4 (G) a documented history of care access 5 challenges; 6 (2) ensure that clinical information gathered by a home health agency while providing home telemonitoring services is 7 8 shared with the patient's physician; and (3) ensure that the program does not duplicate disease 9 10 management program services provided under Section 32.057, Human 11 Resources Code. 12 (d) If, after implementation, the commission determines that the program established under this section is not 13 cost-effective, the commission may discontinue the program and stop 14 providing reimbursement under the state Medicaid program for home 15 telemonitoring services, notwithstanding Section 531.0216 or any 16 17 other law. (e) The commission shall determine whether the provision of 18 19 home telemonitoring services to persons who are eligible to receive benefits under both the Medicaid and Medicare programs achieves 20 cost savings for the Medicare program. If the commission 21 determines that the provision of home telemonitoring services 22 achieves cost savings for the Medicare program, the commission 23 24 shall pursue the creation of accountable care organizations to participate in the Medicare shared savings program in accordance 25 26 with 42 U.S.C. Section 1395jjj. 27 SECTION 6. The heading to Section 531.02171, Government

Code, as added by Chapter 661 (H.B. 2700), Acts of the 77th 1 Legislature, Regular Session, 2001, is amended to read as follows: 2 Sec. 531.02171. TELEMEDICINE 3 MEDICAL SERVICES AND TELEHEALTH SERVICES PILOT PROGRAMS. 4 SECTION 7. Section 531.02171(c), Government Code, as added 5 by Chapter 661 (H.B. 2700), Acts of the 77th Legislature, Regular 6 Session, 2001, is amended to read as follows: 7 8 (c) In developing and operating a pilot program under this section, the commission shall: 9 10 (1) solicit and obtain support for the program from local officials and the medical community; 11 focus on enhancing health outcomes in the area 12 (2) served by the pilot program through increased access to medical or 13 health care services, including: 14 15 (A) health screenings; 16 (B) prenatal care; 17 (C) medical or surgical follow-up visits; (D) periodic consultation 18 with specialists regarding chronic disorders; 19 20 triage and pretransfer arrangements; [and] (E) 21 (F) transmission of diagnostic images or data; 22 and 23 (G) monitoring of chronic conditions; 24 (3) establish quantifiable measures and expected health outcomes for each authorized telemedicine medical service or 25 26 telehealth service; 27 (4) consider condition-specific applications of

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1 telemedicine medical services or telehealth services, including
2 applications for:

3	<pre>(A) pregnancy;</pre>
4	(B) diabetes;
5	(C) heart disease; [ <del>and</del> ]
6	(D) cancer;
7	(E) chronic obstructive pulmonary disease;
8	(F) hypertension; and
9	(G) congestive heart failure; and
10	(5) demonstrate that the provision of services
11	authorized as telemedicine medical services or telehealth services
12	will not adversely affect the provision of traditional medical
13	services <u>or other health care services</u> within the area served by the
14	pilot program.
15	SECTION 8. The heading to Section 531.02172, Government
16	Code, is amended to read as follows:
17	Sec. 531.02172. TELEMEDICINE <u>AND TELEHEALTH</u> ADVISORY
18	COMMITTEE.
19	SECTION 9. Section 531.02172(b), Government Code, is
20	amended to read as follows:
21	(b) The advisory committee must include:
22	(1) representatives of health and human services
23	agencies and other state agencies concerned with the use of
24	telemedical and telehealth consultations and home telemonitoring
25	services in the Medicaid program and the state child health plan
26	program, including representatives of:
27	(A) the commission;

C.S.S.B. No. 293 1 (B) the Department of State Health Services; 2 (C) the Texas Department of Rural Affairs; 3 (D) the Texas Department of Insurance; (E) the Texas Medical Board; 4 5 (F) the Texas Board of Nursing; and (G) the Texas State Board of Pharmacy; 6 7 (2) representatives of health science centers in this 8 state; experts 9 (3) on telemedicine, telemedical consultation, and telemedicine medical services or telehealth 10 services; [<del>and</del>] 11 (4) representatives of consumers of health services 12 provided through telemedical consultations and telemedicine 13 14 medical services or telehealth services; and 15 (5) representatives of providers of telemedicine medical services, telehealth services, and home telemonitoring 16 17 services. SECTION 10. Section 531.02173(c), Government Code, 18 is amended to read as follows: 19 20 (c) The commission shall perform its duties under this section with assistance from the telemedicine and telehealth 21 advisory committee established under Section 531.02172. 22 23 SECTION 11. The following provisions of the Government Code 24 are repealed: 25 (1)Section 531.02161(a); (2) Sections 531.0217(a)(3) and (4); 26 Sections 531.02171(a)(3) and (4), as added by 27 (3)

1 Chapter 661 (H.B. 2700), Acts of the 77th Legislature, Regular 2 Session, 2001; and

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3 (4) Section 531.02171, as added by Chapter 959 (S.B.
4 1536), Acts of the 77th Legislature, Regular Session, 2001.

5 SECTION 12. Not later than December 31, 2012, the Health and Human Services Commission shall submit a report to the governor, 6 lieutenant governor, and the speaker of the 7 the house of 8 representatives regarding the establishment and implementation of the program to permit reimbursement under the state Medicaid 9 program for home telemonitoring services under Section 531.02164, 10 Government Code, as added by this Act. The report must include: 11

12 (1) the methods used by the commission to determine13 whether the program was cost-effective and feasible; and

14 (2) if the program has been established, information15 regarding:

16 (A) the utilization of home telemonitoring17 services by Medicaid recipients under the program;

(B) the health outcomes of Medicaid recipientswho receive home telemonitoring services under the program;

20 (C) the hospital admission rate of Medicaid 21 recipients who receive home telemonitoring services under the 22 program;

(D) the cost of the home telemonitoring servicesprovided under the program; and

(E) the estimated cost savings to the state as aresult of the program.

27 SECTION 13. If before implementing any provision of this

Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay implementing that provision until the waiver or authorization is granted.

6 SECTION 14. This Act takes effect September 1, 2011.