

1-1 By: Watson S.B. No. 293
1-2 (In the Senate - Filed December 21, 2010; January 31, 2011,
1-3 read first time and referred to Committee on Health and Human
1-4 Services; April 4, 2011, reported adversely, with favorable
1-5 Committee Substitute by the following vote: Yeas 9, Nays 0;
1-6 April 4, 2011, sent to printer.)

1-7 COMMITTEE SUBSTITUTE FOR S.B. No. 293 By: Deuell

1-8 A BILL TO BE ENTITLED
1-9 AN ACT

1-10 relating to telemedicine medical services, telehealth services,
1-11 and home telemonitoring services provided to certain Medicaid
1-12 recipients.

1-13 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

1-14 SECTION 1. Section 531.001, Government Code, is amended by
1-15 adding Subdivisions (4-a), (7), and (8) to read as follows:

1-16 (4-a) "Home telemonitoring service" means a health
1-17 service that requires scheduled remote monitoring of data related
1-18 to a patient's health and transmission of the data to a licensed
1-19 home health agency as defined by Section 531.02164(a).

1-20 (7) "Telehealth service" means a health service, other
1-21 than a telemedicine medical service, that is delivered by a
1-22 licensed or certified health professional acting within the scope
1-23 of the health professional's license or certification who does not
1-24 perform a telemedicine medical service and that requires the use of
1-25 advanced telecommunications technology, other than telephone or
1-26 facsimile technology, including:

1-27 (A) compressed digital interactive video, audio,
1-28 or data transmission;

1-29 (B) clinical data transmission using computer
1-30 imaging by way of still-image capture and store and forward; and

1-31 (C) other technology that facilitates access to
1-32 health care services or medical specialty expertise.

1-33 (8) "Telemedicine medical service" means a health care
1-34 service that is initiated by a physician or provided by a health
1-35 professional acting under physician delegation and supervision,
1-36 that is provided for purposes of patient assessment by a health
1-37 professional, diagnosis or consultation by a physician, or
1-38 treatment, or for the transfer of medical data, and that requires
1-39 the use of advanced telecommunications technology, other than
1-40 telephone or facsimile technology, including:

1-41 (A) compressed digital interactive video, audio,
1-42 or data transmission;

1-43 (B) clinical data transmission using computer
1-44 imaging by way of still-image capture and store and forward; and

1-45 (C) other technology that facilitates access to
1-46 health care services or medical specialty expertise.

1-47 SECTION 2. Section 531.0216, Government Code, is amended to
1-48 read as follows:

1-49 Sec. 531.0216. PARTICIPATION AND REIMBURSEMENT OF
1-50 TELEMEDICINE MEDICAL SERVICE PROVIDERS AND TELEHEALTH SERVICE
1-51 PROVIDERS UNDER MEDICAID. (a) The commission by rule shall
1-52 develop and implement a system to reimburse providers of services
1-53 under the state Medicaid program for services performed using
1-54 telemedicine medical services or telehealth services.

1-55 (b) In developing the system, the executive commissioner by
1-56 rule shall:

1-57 (1) review programs and pilot projects in other states
1-58 to determine the most effective method for reimbursement;

1-59 (2) establish billing codes and a fee schedule for
1-60 services;

1-61 (3) ~~[provide for an approval process before a provider~~
1-62 ~~can receive reimbursement for services;~~

1-63 ~~[(4)]~~ consult with the Department of State Health

2-1 Services and providers [~~the telemedicine advisory committee~~] to
2-2 establish procedures to:

2-3 (A) identify clinical evidence supporting
2-4 delivery of health care services using a telecommunications system;

2-5 (B) establish pilot studies for telemedicine
2-6 medical service delivery; and

2-7 (C) annually review health care services,
2-8 considering new clinical findings, to determine whether
2-9 reimbursement for particular services should be denied or
2-10 authorized;

2-11 (4) [(5)] establish pilot programs in designated
2-12 areas of this state under which the commission, in administering
2-13 government-funded health programs, may reimburse a health
2-14 professional participating in the pilot program for telehealth
2-15 services authorized under the licensing law applicable to the
2-16 health professional;

2-17 [~~(6) establish a separate provider identifier for~~
2-18 ~~telemedicine medical services providers,~~] and

2-19 (5) [(7)] establish a separate modifier for
2-20 telemedicine medical services, telehealth services, and home
2-21 telemonitoring services eligible for reimbursement.

2-22 (c) The commission shall encourage health care providers
2-23 and health care facilities to participate as telemedicine medical
2-24 service providers or telehealth service providers in the health
2-25 care delivery system. The commission may not require that a
2-26 service be provided to a patient through telemedicine medical
2-27 services or telehealth services when the service can reasonably be
2-28 provided by a physician through a face-to-face consultation with
2-29 the patient in the community in which the patient resides or
2-30 works. This subsection does not prohibit the authorization of the
2-31 provision of any service to a patient through telemedicine medical
2-32 services or telehealth services at the patient's request.

2-33 (d) Subject to Section 153.004, Occupations Code, the
2-34 commission may adopt rules as necessary to implement this
2-35 section. In the rules adopted under this section, the commission
2-36 shall:

2-37 (1) refer to the site where the patient is physically
2-38 located as the patient site; and

2-39 (2) refer to the site where the physician or health
2-40 professional providing the telemedicine medical service or
2-41 telehealth service is physically located as the distant site.

2-42 (e) The commission may not reimburse a health care facility
2-43 for telemedicine medical services or telehealth services provided
2-44 to a Medicaid recipient unless the facility complies with the
2-45 minimum standards adopted under Section 531.02161.

2-46 (f) Not later than December 1 of each even-numbered year,
2-47 the commission shall report to the speaker of the house of
2-48 representatives and the lieutenant governor on the effects of
2-49 telemedicine medical services, telehealth services, and home
2-50 telemonitoring services on the Medicaid program in the state,
2-51 including the number of physicians, ~~and~~ health professionals, and
2-52 licensed health care facilities using telemedicine medical
2-53 services, telehealth services, or home telemonitoring services,
2-54 the geographic and demographic disposition of the physicians and
2-55 health professionals, the number of patients receiving
2-56 telemedicine medical services, telehealth services, and home
2-57 telemonitoring services, the types of services being provided, and
2-58 the cost of utilization of telemedicine medical services,
2-59 telehealth services, and home telemonitoring services to the
2-60 program.

2-61 [~~(g) In this section:~~

2-62 ~~(1) "Telehealth service" has the meaning assigned by~~
2-63 ~~Section 57.042, Utilities Code.~~

2-64 ~~(2) "Telemedicine medical service" has the meaning~~
2-65 ~~assigned by Section 57.042, Utilities Code.]~~

2-66 SECTION 3. Subchapter B, Chapter 531, Government Code, is
2-67 amended by adding Section 531.02164 to read as follows:

2-68 Sec. 531.02164. MEDICAID SERVICES PROVIDED THROUGH HOME
2-69 TELEMONITORING SERVICES. (a) In this section, "home health

3-1 agency" means a facility licensed under Chapter 142, Health and
 3-2 Safety Code, to provide home health services as defined by Section
 3-3 142.001, Health and Safety Code.

3-4 (b) The executive commissioner by rule shall establish a
 3-5 statewide program that permits reimbursement under the state
 3-6 Medicaid program for home telemonitoring services as provided under
 3-7 this section.

3-8 (c) The program required under this section must:

3-9 (1) provide that home telemonitoring services are
 3-10 available only to persons who are diagnosed with one or more
 3-11 conditions described by Section 531.02171(c)(4) and who exhibit two
 3-12 or more of the following risk factors:

3-13 (A) two or more hospitalizations in the prior
 3-14 12-month period;

3-15 (B) frequent or recurrent emergency room
 3-16 admissions;

3-17 (C) a documented history of poor adherence to
 3-18 ordered medication regimens;

3-19 (D) a documented history of falls in the prior
 3-20 six-month period;

3-21 (E) limited or absent informal support systems;

3-22 (F) living alone or being home alone for extended
 3-23 periods of time; and

3-24 (G) a documented history of care access
 3-25 challenges;

3-26 (2) ensure that clinical information gathered by a
 3-27 home health agency while providing home telemonitoring services is
 3-28 shared with the patient's physician; and

3-29 (3) ensure that the program does not duplicate disease
 3-30 management program services provided under Section 32.057, Human
 3-31 Resources Code.

3-32 SECTION 4. Subsection (c), Section 531.02171, Government
 3-33 Code, as added by Chapter 661 (H.B. 2700), Acts of the 77th
 3-34 Legislature, Regular Session, 2001, is amended to read as follows:

3-35 (c) In developing and operating a pilot program under this
 3-36 section, the commission shall:

3-37 (1) solicit and obtain support for the program from
 3-38 local officials and the medical community;

3-39 (2) focus on enhancing health outcomes in the area
 3-40 served by the pilot program through increased access to medical
 3-41 services, including:

3-42 (A) health screenings;

3-43 (B) prenatal care;

3-44 (C) medical or surgical follow-up visits;

3-45 (D) periodic consultation with specialists
 3-46 regarding chronic disorders;

3-47 (E) triage and pretransfer arrangements; ~~and~~

3-48 (F) transmission of diagnostic images or data;

3-49 and

3-50 (G) monitoring of chronic conditions;

3-51 (3) establish quantifiable measures and expected
 3-52 health outcomes for each authorized telemedicine medical service or
 3-53 telehealth service;

3-54 (4) consider condition-specific applications of
 3-55 telemedicine medical services or telehealth services, including
 3-56 applications for:

3-57 (A) pregnancy;

3-58 (B) diabetes;

3-59 (C) heart disease; ~~and~~

3-60 (D) cancer;

3-61 (E) chronic obstructive pulmonary disease;

3-62 (F) hypertension; and

3-63 (G) congestive heart failure; and

3-64 (5) demonstrate that the provision of services
 3-65 authorized as telemedicine medical services or telehealth services
 3-66 will not adversely affect the provision of traditional medical
 3-67 services within the area served by the pilot program.

3-68 SECTION 5. The following provisions of the Government Code
 3-69 are repealed:

4-1 (1) Subsection (a), Section 531.02161;
4-2 (2) Subdivisions (3) and (4), Subsection (a), Section
4-3 531.0217;
4-4 (3) Subdivisions (3) and (4), Subsection (a), Section
4-5 531.02171, as added by Chapter 661 (H.B. 2700), Acts of the 77th
4-6 Legislature, Regular Session, 2001; and
4-7 (4) Section 531.02171, as added by Chapter 959 (S.B.
4-8 1536), Acts of the 77th Legislature, Regular Session, 2001.
4-9 SECTION 6. If before implementing any provision of this Act
4-10 a state agency determines that a waiver or authorization from a
4-11 federal agency is necessary for implementation of that provision,
4-12 the agency affected by the provision shall request the waiver or
4-13 authorization and may delay implementing that provision until the
4-14 waiver or authorization is granted.
4-15 SECTION 7. This Act takes effect September 1, 2011.

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