

By: Nelson

S.B. No. 967

A BILL TO BE ENTITLED

AN ACT

relating to the use of telemonitoring in the medical assistance program.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Section 531.001, Government Code, is amended by adding Subdivision (7) to read as follows:

(7) "Telemonitoring" means the use of telecommunications and information technology to provide access to health assessment, intervention, consultation, supervision, and information across distance. Telemonitoring includes the use of technologies such as telephones, facsimile machines, e-mail systems, text messaging systems, and remote patient monitoring devices to collect and transmit patient data for monitoring and interpretation.

SECTION 2. Subchapter B, Chapter 531, Government Code, is amended by adding Sections 531.02176, 531.02177, and 531.02178 to read as follows:

Sec. 531.02176. MEDICAID TELEMONITORING PILOT PROGRAMS FOR DIABETES. (a) The commission shall determine whether the Medicaid Enhanced Care program's diabetes self-management training telemonitoring pilot program was cost neutral.

(b) In determining whether the pilot program described by Subsection (a) was cost neutral, the commission shall, at a minimum, compare:

1 (1) the health care costs of program participants who
2 received telemonitoring services with the health care costs of a
3 group of Medicaid recipients who did not receive telemonitoring
4 services;

5 (2) the health care services used by program
6 participants who received telemonitoring services with the health
7 care services used by a group of Medicaid recipients who did not
8 receive telemonitoring services;

9 (3) for program participants who received
10 telemonitoring services, the amount spent on health care services
11 before, during, and after the receipt of telemonitoring services;
12 and

13 (4) for program participants who received
14 telemonitoring services, the health care services used before,
15 during, and after the receipt of telemonitoring services.

16 (c) If the commission determines that the pilot program
17 described by Subsection (a) was cost neutral, the executive
18 commissioner shall adopt rules for providing telemonitoring
19 services through the Medicaid Texas Health Management Program for
20 select diabetes patients in a manner comparable to that program.

21 (d) If the commission determines that the pilot program
22 described by Subsection (a) was not cost neutral, the commission
23 shall develop and implement within the Medicaid Texas Health
24 Management Program for select diabetes patients a new diabetes
25 telemonitoring pilot program based on evidence-based best
26 practices, provided that the commission determines implementing
27 the new diabetes telemonitoring pilot program would be cost

1 neutral.

2 (e) In determining whether implementing a new diabetes
3 telemonitoring pilot program under Subsection (d) would be cost
4 neutral, the commission shall consider appropriate factors,
5 including the following:

6 (1) the target population, participant eligibility
7 criteria, and the number of participants to whom telemonitoring
8 services would be provided;

9 (2) the type of telemonitoring technology to be used;

10 (3) the estimated cost of the telemonitoring services
11 to be provided;

12 (4) the estimated cost differential to the state based
13 on changes in participants' use of emergency department services,
14 outpatient services, pharmaceutical and ancillary services, and
15 inpatient services other than inpatient labor and delivery
16 services; and

17 (5) other indirect costs that may result from the
18 provision of telemonitoring services.

19 Sec. 531.02177. MEDICAID TELEMONITORING PILOT PROGRAM FOR
20 CERTAIN CONDITIONS. (a) The commission shall develop and
21 implement a pilot program within the Medicaid Texas Health
22 Management Program to evaluate the cost neutrality of providing
23 telemonitoring services to persons who are diagnosed with health
24 conditions other than diabetes, if the commission determines
25 implementing the pilot program would be cost neutral.

26 (b) In determining whether implementing a pilot program
27 under Subsection (a) would be cost neutral, the commission shall

consider appropriate factors, including the following:

(1) the types of health conditions that could be assessed through the program by reviewing existing research and other evidence on the effectiveness of providing telemonitoring services to persons with those conditions;

(2) the target population, participant eligibility criteria, and the number of participants to whom telemonitoring services would be provided;

(3) the type of telemonitoring technology to be used;

(4) the estimated cost of the telemonitoring services to be provided;

(5) the estimated cost differential to the state based on changes in participants' use of emergency department services, outpatient services, pharmaceutical and ancillary services, and inpatient services other than inpatient labor and delivery services; and

(6) other indirect costs that may result from the provision of telemonitoring services.

Sec. 531.02178. DISSEMINATION OF INFORMATION ABOUT EFFECTIVE TELEMONITORING STRATEGIES. The commission shall annually:

(1) identify telemonitoring strategies implemented within the Medicaid program that have demonstrated cost neutrality or resulted in improved performance on key health measures; and

(2) disseminate information about the identified strategies to encourage the adoption of effective telemonitoring strategies.

1 SECTION 3. (a) Not later than January 1, 2012, the
2 executive commissioner of the Health and Human Services Commission
3 shall adopt the rules required by Section 531.02176(c), Government
4 Code, as added by this Act, if the commission determines that the
5 Medicaid Enhanced Care program's diabetes self-management training
6 telemonitoring pilot program was cost neutral.

7 (b) Not later than September 1, 2012, the Health and Human
8 Services Commission shall determine whether implementing a new
9 diabetes telemonitoring pilot program would be cost neutral if
10 required by Section 531.02176(d), Government Code, as added by this
11 Act, and report that determination to the governor and the
12 Legislative Budget Board.

13 SECTION 4. Not later than September 1, 2012, the Health and
14 Human Services Commission shall determine whether implementing a
15 telemonitoring pilot program for health conditions other than
16 diabetes would be cost neutral as required by Section 531.02177(a),
17 Government Code, as added by this Act, and report that
18 determination to the governor and the Legislative Budget Board.

19 SECTION 5. If before implementing any provision of this Act
20 a state agency determines that a waiver or authorization from a
21 federal agency is necessary for implementation of that provision,
22 the agency affected by the provision shall request the waiver or
23 authorization and may delay implementing that provision until the
24 waiver or authorization is granted.

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