

BILL ANALYSIS

Senate Research Center

H.B. 1878

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Education

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Engrossed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Despite advances in medical science and technology, the delivery of health care continues to primarily occur face-to-face between doctor and patient. Recent advancements in telecommunications and video interfacing, however, now allow doctor and patient to communicate remotely without compromising accurate diagnosis, quality doctor-to-patient discussion, and monitoring of complex medical conditions. Proponents of this technology assert that such communication saves time and money for both doctor and patient and improves health care access. The proponents further contend that school-based telemedicine, which utilizes technology to connect children, pediatricians, school nurses, and parents, allows a physician and school nurse to promptly diagnose children and ensure they receive appropriate follow-up treatment without requiring a parent to miss work, thus saving taxpayers money because of reduced costs of emergency room visits and improved health outcomes for children. H.B. 1878 seeks to take advantage of recent technological advances to improve access to health care for children in a school-based setting.

H.B. 1878 amends current law relating to the provision of telemedicine medical services in a school-based setting, including the reimbursement of providers under the Medicaid program for those services.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Section 531.0217, Government Code, by adding Subsections (c-4) and (g-1) and amending Subsection (g), as follows:

(c-4) Requires the Health and Human Services Commission (HHSC) to ensure that Medicaid reimbursement is provided to a physician for a telemedicine medical service provided by the physician, even if the physician is not the patient's primary care physician or provider, if:

- (1) the physician is an authorized health care provider under Medicaid;
- (2) the patient is a child who receives the service in a primary or secondary school-based setting;
- (3) the parent or legal guardian of the patient provides consent before the service is provided; and
- (4) a health professional is present with the patient during the treatment.

(g) Requires HHSC, if a patient receiving a telemedicine medical service has a primary care physician or provider and consents or, if appropriate, the patient's parent or legal guardian consents to the notification, to require that the primary care physician or provider be notified of the telemedicine medical service for the purpose of sharing

medical information. Requires that the notification, if any, in the case of a service provided to a child in a school-based setting as described by Subsection (c-4), include a summary of the service, including exam findings, prescribed or administered medications, and patient instructions.

(g-1) Requires HHSC, if a patient receiving a telemedicine medical service in a school-based setting as described by Subsection (c-4) does not have a primary care physician or provider, to require that the patient's parent or legal guardian receive the notification required under Subsection (g) and a list of primary care physicians or providers from which the patient may select the patient's primary care physician or provider.

SECTION 2. Requires a state agency, if necessary for implementation of a provision of this Act, to request a waiver or authorization from a federal agency, and authorizes a delay of implementation until such a waiver or authorization is granted.

SECTION 3. Effective date: September 1, 2015.