BILL ANALYSIS

C.S.H.B. 2082
By: Laubenberg
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Despite advances in medical science and technology, the delivery of health care continues to primarily occur in a face-to-face setting between a doctor and a patient. Recently, however, telecommunications and video interfacing have reached a point that a doctor and a patient can communicate remotely while still allowing for accurate diagnosis, quality doctor-patient discussion, and the monitoring of complex medical needs. Proponents of this technology assert that such communication saves time and money for both the doctor and the patient and can enhance the expert care a patient receives from personal health care providers with minimal disruption to the patient and patient's family. In addition, taxpayers benefit from this relationship since better observation and access equates to reduced emergency room visits by and improved life outcomes for children. C.S.H.B. 2082 seeks to use recent technological advances to increase access to care for eligible children.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 1 of this bill.

ANALYSIS

C.S.H.B. 2082 amends the Human Resources Code to require the Health and Human Services Commission (HHSC) to develop and implement a program for telemedicine medical services for children with chronic or complex medical needs that enables an eligible child to receive Medicaid benefits for health care services provided in the child's residence through telemedicine medical services and to provide reimbursement for telemedicine medical services to eligible children. The bill makes a child eligible for inclusion in the program if the child is a Medicaid recipient and has been diagnosed with an end-stage solid organ disease or a condition that, as determined by HHSC rule, requires mechanical ventilation, requires the child to be technology-dependent, or requires the child to be treated by three or more specialists.

C.S.H.B. 2082 requires HHSC, not later than January 1, 2019, and at other times after that date as determined appropriate by the executive commissioner of HHSC, to report to the legislature on results and outcomes of the program and requires a report to include an evaluation of clinical outcomes of the program, including the program's success in reducing expected emergency department visits, and the program's impact on medical costs. The bill authorizes the executive commissioner to adopt rules to implement the bill's provisions.

EFFECTIVE DATE

September 1, 2015.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 2082 may differ from the original in minor or nonsubstantive ways, the following comparison is organized and formatted in a manner that indicates the substantial differences between the introduced and committee substitute versions of the bill and does not indicate differences relating to changes made by S.B. 219, Acts of the 84th Legislature, Regular Session, 2015, which became effective April 2, 2015.

INTRODUCED	HOUSE COMMITTEE SUBSTITUTE
SECTION 1. Subchapter B, Chapter 32, Human Resources Code, is amended by adding Section 32.076 to read as follows:	SECTION 1. Subchapter B, Chapter 32, Human Resources Code, is amended by adding Section 32.076 to read as follows:
Sec. 32.076. PILOT PROGRAM FOR TELEMEDICINE MEDICAL SERVICES FOR CHILDREN WITH CHRONIC OR COMPLEX MEDICAL NEEDS. (a) In this section, "telemedicine medical service" means a health care service that is provided by a physician for purposes of patient assessment, diagnosis, consultation, or treatment, or for the transfer of medical data, and that requires the use of advanced telecommunications technology, other than telephone or facsimile technology, including:	Sec. 32.076. TELEMEDICINE MEDICAL SERVICES FOR CHILDREN WITH CHRONIC OR COMPLEX MEDICAL NEEDS. (a) In this section, "telemedicine medical service" means a health care service that is provided by a physician for purposes of patient assessment, diagnosis, consultation, or treatment, or for the transfer of medical data, and that requires the use of advanced telecommunications technology, other than telephone or facsimile technology, including:
(1) compressed digital interactive video, audio, or data transmission;	(1) compressed digital interactive video, audio, or data transmission;
(2) clinical data transmission using computer imaging by way of still-image capture and store and forward; and	(2) clinical data transmission using computer imaging by way of still-image capture and store and forward; and
(3) other technology that facilitates access to health care services or medical specialty expertise.	(3) other technology that facilitates access to health care services or medical specialty expertise.
(b) The department shall develop and implement a pilot program to:	(b) The commission shall develop and implement a program to:
(1) enable an eligible child described under Subsection (c) to receive medical assistance benefits for health care services provided in the child's residence through telemedicine medical services; and	(1) enable an eligible child described under Subsection (c) to receive medical assistance benefits for health care services provided in the child's residence through telemedicine medical services; and
(2) provide reimbursement to a pediatric subspecialist who provides telemedicine medical services under Subdivision (1).	(2) provide reimbursement for telemedicine medical services under Subdivision (1).
(c) A child is eligible for inclusion in the pilot program under this section if the child:	(c) A child is eligible for inclusion in the program under this section if the child:
(1) is a recipient of medical assistance; and	(1) is a recipient of medical assistance; and
(2) has been diagnosed with:	(2) has been diagnosed with:
(A) an end-stage solid organ disease; or	(A) an end-stage solid organ disease; or
(B) a condition that, as determined by department rule, requires:	(B) a condition that, as determined by commission rule, requires:

(i) mechanical ventilation; (ii) the child to be technology-dependent; or (iii) the child to be treated by three or more specialists.	(i) mechanical ventilation; (ii) the child to be technology-dependent; or (iii) the child to be treated by three or more specialists.
(d) The pilot program must require that the health care services provided through telemedicine medical services: (1) are provided by a pediatric subspecialist who: (A) has clinical privileges at a tertiary pediatric health care system that is associated with an academic medical center; and (B) has previously treated the child in person; and (2) do not replace the health care services the child is otherwise receiving.	
(e) The department shall conduct the pilot program in: (1) Dallas, Tarrant, and Travis Counties; and (2) the Northeast Texas and Central Texas Medicaid Rural Service Area Regions.	
(f) Not later than January 1, 2019, the department shall report to the legislature on the results of the pilot program. The report must include:	(d) Not later than January 1, 2019, and at other times after that date as determined appropriate by the executive commissioner, the commission shall report to the legislature on results and outcomes of the program. A report must include:
(1) an evaluation of the clinical outcomes of the pilot program, including the program's success in reducing expected emergency department visits; and (2) the program's impact on medical costs.	(1) an evaluation of clinical outcomes of the program, including the program's success in reducing expected emergency department visits; and (2) the program's impact on medical costs.
(g) The executive commissioner may adopt rules to implement this section.	(e) The executive commissioner may adopt rules to implement this section.
(h) This section expires January 1, 2019.	
SECTION 2. 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.	SECTION 2. Same as introduced version.
SECTION 3. This Act takes effect September 1, 2015.	SECTION 3. Same as introduced version.