BILL ANALYSIS

C.S.H.B. 3519
By: Guerra
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

The use of telemonitoring services has been reported to be a cost-effective way to treat chronically ill patients by allowing health care professionals to receive the latest patient data without forcing these patients to travel to a health care facility. These services can also help increase access to health care in medically underserved areas in Texas. C.S.H.B. 3519 seeks to expand the use of home telemonitoring services under the Medicaid program.

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

ANALYSIS

C.S.H.B. 3519 amends the Government Code, as amended by S.B. 219, Acts of the 84th Legislature, Regular Session, 2015, to include among the persons who are eligible for home telemonitoring services under the Medicaid program a person who is diagnosed with a condition for which the Health and Human Services Commission (HHSC) makes an evidence-based determination that monitoring through the use of home telemonitoring services is cost-effective and feasible and who exhibits two or more specified risk factors. The bill requires a program permitting Medicaid reimbursement for home telemonitoring services to provide reimbursement for those services in the event of an unsuccessful data transmission if the provider of the services attempts to communicate with the patient by telephone or in person to establish a successful data transmission. The bill requires such a program to provide that home telemonitoring services are available to a pediatric patient with chronic or complex medical needs who is being concurrently treated by at least three medical specialists, is medically dependent on technology, is diagnosed with end-stage solid organ disease, or requires mechanical ventilation.

C.S.H.B. 3519 postpones from September 1, 2015, to September 1, 2021, the date on which HHSC is no longer authorized to reimburse providers under Medicaid for the provision of home telemonitoring services. The bill requires the executive commissioner of HHSC, as soon as practicable after the bill's effective date, to adopt necessary rules to implement the changes in law made by the bill's provisions.

EFFECTIVE DATE

September 1, 2015.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 3519 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. Section 531.02164, Government Code, is amended by amending Subsection (c) and adding Subsection (f) to read as follows:	SECTION 1. Section 531.02164, Government Code, is amended by amending Subsection (c), as amended by S.B. No. 219, Acts of the 84th Legislature, Regular Session, 2015, and adding Subsection (c-1) to read as follows:
(c) The program required under this section must:	(c) The program required under this section must:
(1) provide that home telemonitoring services are available only to a person [~~persons~~] who:	(1) provide that home telemonitoring services are available only to a person [~~persons~~] who:
(A) is [~~are~~] diagnosed with a condition for which the commission makes an evidence-based determination that monitoring through the use of home telemonitoring services is cost-effective and feasible [~~one or more of the following conditions:~~ [~~(i) pregnancy;~~ [~~(ii) diabetes;~~ [~~(iii) heart disease;~~ [~~(iv) cancer;~~ [~~(v) chronic obstructive pulmonary disease;~~ [~~(vi) hypertension;~~ [~~(vii) congestive heart failure;~~ [~~(viii) mental illness or serious emotional disturbance;~~ [~~(ix) asthma;~~ [~~(x) myocardial infarction; or~~ [~~(xi) stroke~~]; and	(A) is [~~are~~] diagnosed with one or more of the following conditions: (i) pregnancy; (ii) diabetes; (iii) heart disease; (iv) cancer; (v) chronic obstructive pulmonary disease; (vi) hypertension; (vii) congestive heart failure; (viii) mental illness or serious emotional disturbance; (ix) asthma; (x) myocardial infarction; [~~or~~] (xi) stroke; or [~~and~~] (xii) another condition for which the commission makes an evidence-based determination that monitoring through the use of home telemonitoring services is cost-effective and feasible; and
(B) exhibits [~~exhibit~~] two or more of the following risk factors: (i) two or more hospitalizations in the prior 12-month period; (ii) frequent or recurrent emergency room admissions; (iii) a documented history of poor adherence to ordered medication regimens; (iv) a documented history of falls in the prior six-month period; (v) limited or absent informal support systems; (vi) living alone or being home alone for extended periods of time; and (vii) a documented history of care access	(B) exhibits [~~exhibit~~] two or more of the following risk factors: (i) two or more hospitalizations in the prior 12-month period; (ii) frequent or recurrent emergency room admissions; (iii) a documented history of poor adherence to ordered medication regimens; (iv) a documented history of falls in the prior six-month period; (v) limited or absent informal support systems; (vi) living alone or being home alone for extended periods of time; and (vii) a documented history of care access

challenges;
(2) ensure that clinical information gathered by a home health agency or hospital while providing home telemonitoring services is shared with the patient's physician; and

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

(f) The commission may conduct pilot projects to collect evidence regarding the effectiveness of using home telemonitoring services to monitor certain conditions.

SECTION 2. Section 531.02176, Government Code, is amended.

SECTION 3. As soon as practicable after the effective date of this Act, the executive commissioner of the Health and Human Services Commission shall adopt necessary rules to implement the changes in law made by this Act.

SECTION 4. 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

challenges;
(2) ensure that clinical information gathered by a home and community support services agency or hospital while providing home telemonitoring services is shared with the patient's physician; [~~and~~]
(3) ensure that the program does not duplicate disease management program services provided under Section 32.057, Human Resources Code; and
(4) provide reimbursement for home telemonitoring services in the event of an unsuccessful data transmission if the provider of the services attempts to communicate with the patient by telephone or in person to establish a successful data transmission.

(c-1) Notwithstanding Subsection (c)(1), the program required under this section must also provide that home telemonitoring services are available to a pediatric patient with chronic or complex medical needs who:
(1) is being concurrently treated by at least three medical specialists;
(2) is medically dependent on technology;
(3) is diagnosed with end-stage solid organ disease; or
(4) requires mechanical ventilation.

SECTION 2. Substantially the same as introduced version.

SECTION 3. Same as introduced version.

SECTION 4. Same as introduced version.

delay implementing that provision until the waiver or authorization is granted.	
SECTION 5. This Act takes effect September 1, 2015.	SECTION 5. Same as introduced version.