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H.B. No. 3519

A BILL TO BE ENTITLED

1 AN ACT

2 relating to the use of home telemonitoring services under Medicaid.

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

4 SECTION 1. Section [531.02164](#), Government Code, is amended  
5 by amending Subsection (c), as amended by S.B. No. 219, Acts of the  
6 84th Legislature, Regular Session, 2015, and adding Subsections  
7 (c-1) and (c-2) to read as follows:

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

9 (1) provide that home telemonitoring services are  
10 available only to a person [~~persons~~] who:

11 (A) is [~~are~~] diagnosed with one or more of the  
12 following conditions:

- 13 (i) pregnancy;
- 14 (ii) diabetes;
- 15 (iii) heart disease;
- 16 (iv) cancer;
- 17 (v) chronic obstructive pulmonary disease;
- 18 (vi) hypertension;
- 19 (vii) congestive heart failure;
- 20 (viii) mental illness or serious emotional  
21 disturbance;
- 22 (ix) asthma;
- 23 (x) myocardial infarction; [~~or~~]
- 24 (xi) stroke; or [~~and~~]

1                    (xii) another condition for which the  
2 commission makes an evidence-based determination that monitoring  
3 through the use of home telemonitoring services is cost-effective  
4 and feasible; and

5                    (B) exhibits [~~exhibit~~] two or more of the  
6 following risk factors:

7                    (i) two or more hospitalizations in the  
8 prior 12-month period;

9                    (ii) frequent or recurrent emergency room  
10 admissions;

11                   (iii) a documented history of poor  
12 adherence to ordered medication regimens;

13                   (iv) a documented history of falls in the  
14 prior six-month period;

15                   (v) limited or absent informal support  
16 systems;

17                   (vi) living alone or being home alone for  
18 extended periods of time; and

19                   (vii) a documented history of care access  
20 challenges;

21                   (2) ensure that clinical information gathered by a  
22 home and community support services agency or hospital while  
23 providing home telemonitoring services is shared with the patient's  
24 physician; [~~and~~]

25                   (3) ensure that the program does not duplicate disease  
26 management program services provided under Section [32.057](#), Human  
27 Resources Code; and

1           (4) provide reimbursement for home telemonitoring  
2 services in the event of an unsuccessful data transmission if the  
3 provider of the services attempts to communicate with the patient  
4 by telephone or in person to establish a successful data  
5 transmission.

6           (c-1) Notwithstanding Subsection (c)(1), the program  
7 required under this section must also provide that home  
8 telemonitoring services are available to a pediatric patient with  
9 chronic or complex medical needs who:

10           (1) is being concurrently treated by at least three  
11 medical specialists;

12           (2) is medically dependent on technology;

13           (3) is diagnosed with end-stage solid organ disease;

14 or

15           (4) requires mechanical ventilation.

16           (c-2) A provider that is reimbursed under Subsection (c)(4)  
17 for home telemonitoring services provided to a patient may not also  
18 be reimbursed for communicating with the patient by telephone or in  
19 person to establish a successful data transmission as described by  
20 Subsection (c)(4).

21           SECTION 2. Section [531.02176](#), Government Code, as amended  
22 by S.B. No. 219, Acts of the 84th Legislature, Regular Session,  
23 2015, is amended to read as follows:

24           Sec. 531.02176. EXPIRATION OF MEDICAID REIMBURSEMENT FOR  
25 PROVISION OF HOME TELEMONITORING SERVICES. Notwithstanding any  
26 other law, the commission may not reimburse providers under  
27 Medicaid for the provision of home telemonitoring services on or

1 after September 1, 2021 [~~2015~~].

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

6           SECTION 4. If before implementing any provision of this Act  
7 a state agency determines that a waiver or authorization from a  
8 federal agency is necessary for implementation of that provision,  
9 the agency affected by the provision shall request the waiver or  
10 authorization and may delay implementing that provision until the  
11 waiver or authorization is granted.

12           SECTION 5. This Act takes effect September 1, 2015.