

By: Zaffirini

S.B. No. 1886

A BILL TO BE ENTITLED

AN ACT

relating to developing a program to provide telemedicine medical services to certain children.

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

SECTION 1. Subchapter B, Chapter 32, Human Resources Code, is amended by adding Section 32.076 to read as follows:

Sec. 32.076. 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:

(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

(3) other technology that facilitates access to health care services or medical specialty expertise.

(b) The department 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

1 telemedicine medical services; and

2 (2) provide reimbursement to a pediatric
3 subspecialist who provides telemedicine medical services under
4 Subdivision (1).

5 (c) A child is eligible for inclusion in the program under
6 this section if the child:

7 (1) is a recipient of medical assistance; and

8 (2) has been diagnosed with:

9 (A) an end-stage solid organ disease; or

10 (B) a condition that, as determined by department
11 rule, requires:

12 (i) mechanical ventilation;

13 (ii) the child to be technology-dependent;

14 or

15 (iii) the child to be treated by three or
16 more specialists.

17 (d) The program must require that the health care services
18 provided through telemedicine medical services:

19 (1) are provided by a pediatric subspecialist who:

20 (A) has clinical privileges at a tertiary
21 pediatric health care system that is associated with an academic
22 medical center; and

23 (B) has previously treated the child in person;

24 and

25 (2) do not replace the health care services the child
26 is otherwise receiving.

27 (e) Not later than January 1, 2019, the department shall

1 report to the legislature on the results of the program. The report
2 must include:

3 (1) an evaluation of the clinical outcomes of the
4 program, including the program's success in reducing expected
5 emergency department visits; and

6 (2) the program's impact on medical costs.

7 (f) The executive commissioner may adopt rules to implement
8 this section.

9 (g) This section expires January 1, 2021.

10 SECTION 2. If before implementing any provision of this Act
11 a state agency determines that a waiver or authorization from a
12 federal agency is necessary for implementation of that provision,
13 the agency affected by the provision shall request the waiver or
14 authorization and may delay implementing that provision until the
15 waiver or authorization is granted.

16 SECTION 3. This Act takes effect September 1, 2015.