

# SENATE AMENDMENTS

2<sup>nd</sup> Printing

By: Guerra, Zerwas, Laubenberg, Lucio III,  
Sheffield, et al.

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.

# ADOPTED

MAY 24 2015

By: Theresa D. Barton

Leta Spaw  
Secretary of the Senate

H.B. No. 3519

Substitute the following for H.B. No. 3519:

By: Zaffin

C.S. H.B. No. 3519

## A BILL TO BE ENTITLED

1 AN ACT

2 relating to reimbursement for home telemonitoring services under  
3 Medicaid.

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

5 SECTION 1. Section 531.02176, Government Code, as amended  
6 by S.B. No. 219, Acts of the 84th Legislature, Regular Session,  
7 2015, is amended to read as follows:

8 Sec. 531.02176. EXPIRATION OF MEDICAID REIMBURSEMENT FOR  
9 PROVISION OF HOME TELEMONITORING SERVICES. Notwithstanding any  
10 other law, the commission may not reimburse providers under  
11 Medicaid for the provision of home telemonitoring services on or  
12 after September 1, 2019 [~~2015~~].

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

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

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION**

**May 25, 2015**

**TO:** Honorable Joe Straus, Speaker of the House, House of Representatives

**FROM:** Ursula Parks, Director, Legislative Budget Board

**IN RE: HB3519** by Guerra (Relating to reimbursement for home telemonitoring services under Medicaid. ), **As Passed 2nd House**

<b>No significant fiscal implication to the State is anticipated.</b>
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The bill extends home telemonitoring medical reimbursement through 2019. HHSC must amend contracts to change the expiration date of the home telemonitoring benefit from September 1, 2015, to September 1, 2019. Associated costs are immaterial and could be absorbed within existing resources.

**Local Government Impact**

No significant fiscal implication to units of local government is anticipated.

**Source Agencies:** 529 Health and Human Services Commission

**LBB Staff:** UP, SD, NB, JJ, JQ

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION**

**May 21, 2015**

**TO:** Honorable Charles Schwertner, Chair, Senate Committee on Health & Human Services

**FROM:** Ursula Parks, Director, Legislative Budget Board

**IN RE: HB3519** by Guerra (Relating to reimbursement for home telemonitoring services under Medicaid.), **Committee Report 2nd House, Substituted**

**No significant fiscal implication to the State is anticipated.**

The bill extends home telemonitoring medical reimbursement through 2019. HHSC must amend contracts to change the expiration date of the home telemonitoring benefit from September 1, 2015, to September 1, 2019. Associated costs are immaterial and could be absorbed within existing resources.

**Local Government Impact**

No significant fiscal implication to units of local government is anticipated.

**Source Agencies:** 529 Health and Human Services Commission

**LBB Staff:** UP, NB, JJ, JQ

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION**

**May 17, 2015**

**TO:** Honorable Charles Schwertner, Chair, Senate Committee on Health & Human Services

**FROM:** Ursula Parks, Director, Legislative Budget Board

**IN RE: HB3519** by Guerra (Relating to the use of home telemonitoring services under Medicaid.), **As Engrossed**

<p><b>No significant fiscal implication to the State is anticipated.</b></p>
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The bill would require that telemonitoring services are made available only to a person who is diagnosed with certain conditions or 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. The bill also requires the Health and Human Services Commission (HHSC) to provide home telemonitoring to certain pediatric clients with complex medical needs. It is assumed this is only required if HHSC determines the service is cost effective, as with other conditions listed, and therefore this provision would have no significant fiscal impact. The bill also would require Medicaid to 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. The bill would disallow a provider that is reimbursed for home telemonitoring services from also being reimbursed for communicating with the patient by telephone or in person to establish a successful data transmission. In addition, the bill extends home telemonitoring medical reimbursement through 2021.

HHSC already uses evidence-based research to determine conditions which can be managed through telemonitoring, and will continue to do so. HHSC assumes that a home health visit as a result of an unsuccessful transmission is part of the current standard of care and no additional costs are incurred. HHSC will need to update medical policy to reflect this requirement and ensure no duplication of services. HHSC also assumes a low rate of transmission error and therefore any technology costs required can be absorbed within existing resources. HHSC must amend contracts to change the expiration date of the home telemonitoring benefit from September 1, 2015 to September 1, 2021. HHSC indicates that any costs associated with the bill could be absorbed within the agency's existing resources.

**Local Government Impact**

No fiscal implication to units of local government is anticipated.

**Source Agencies:** 529 Health and Human Services Commission

**LBB Staff:** UP, JQ, NB, JJ





**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION**

**April 20, 2015**

**TO:** Honorable Myra Crownover, Chair, House Committee on Public Health

**FROM:** Ursula Parks, Director, Legislative Budget Board

**IN RE: HB3519** by Guerra (Relating to the use of home telemonitoring services under Medicaid.), **Committee Report 1st House, Substituted**

<p><b>No significant fiscal implication to the State is anticipated.</b></p>
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The bill would require that telemonitoring services are made available only to a person who is diagnosed with certain conditions or 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. The bill also requires the Health and Human Services Commission (HHSC) to provide home telemonitoring to certain pediatric clients with complex medical needs. It is assumed this is only required if HHSC determines the service is cost effective, as with other conditions listed, and therefore this provision would have no significant fiscal impact. The bill also would require Medicaid to 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. In addition, the bill extends home telemonitoring medical reimbursement through 2021.

HHSC already uses evidence-based research to determine conditions which can be managed through telemonitoring, and will continue to do so. HHSC assumes that a home health visit as a result of an unsuccessful transmission is part of the current standard of care and no additional costs are incurred. HHSC will need to update medical policy to reflect this requirement and ensure no duplication of services. HHSC also assumes a low rate of transmission error and therefore any technology costs required can be absorbed within existing resources. HHSC must amend contracts to change the expiration date of the home telemonitoring benefit from September 1, 2015 to September 1, 2021. HHSC indicates that any costs associated with the bill could be absorbed within the agency's existing resources.

**Local Government Impact**

No fiscal implication to units of local government is anticipated.

**Source Agencies:** 529 Health and Human Services Commission

**LBB Staff:** UP, NB, JJ, JQ

**LEGISLATIVE BUDGET BOARD**  
**Austin, Texas**

**FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION**

**April 11, 2015**

**TO:** Honorable Myra Crownover, Chair, House Committee on Public Health

**FROM:** Ursula Parks, Director, Legislative Budget Board

**IN RE: HB3519** by Guerra (Relating to the use of home telemonitoring services under the Medicaid program.), **As Introduced**

**No significant fiscal implication to the State is anticipated.**

The bill requires the Health and Human Services Commission (HHSC) to determine what conditions qualify for telemonitoring services based on cost-effectiveness and feasibility, rather than reimbursing only for conditions listed in statute. HHSC may conduct pilot projects to collect evidence regarding the effectiveness of using home telemonitoring services to monitor certain conditions. In addition, the bill extends home telemonitoring medical reimbursement through 2021.

HHSC indicates it already uses evidence-based research to determine conditions which can be managed through telemonitoring and will continue to do so, and therefore the primary impact of this bill is to extend the existing benefit. HHSC must amend contracts to change the expiration date of the home telemonitoring benefit from September 1, 2015 to September 1, 2021. HHSC indicates that any costs associated with the bill could be absorbed within the agency's existing resources.

**Local Government Impact**

No fiscal implication to units of local government is anticipated.

**Source Agencies:** 529 Health and Human Services Commission

**LBB Staff:** UP, NB, JJ, JQ