

BILL ANALYSIS

C.S.H.B. 727
By: Guerra
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Interested parties contend that the use of telemonitoring services is a cost-effective way to allow a health care professional to receive the latest patient data without forcing a patient to travel to a health care facility and increases access to care in medically underserved areas. C.S.H.B. 727 seeks to provide more patients access to telemonitoring services.

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. 727 amends the Government Code to require the Medicaid telemonitoring services reimbursement program 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 and prohibits a provider that received such reimbursement from also being reimbursed for communicating with the patient by telephone or in person to establish a successful data transmission. The bill authorizes the Medicaid telemonitoring reimbursement program to provide that home telemonitoring services are available to pediatric patients with chronic or complex medical needs who are being concurrently treated by at least three medical specialists, are diagnosed with end-stage solid organ disease, have received an organ transplant, or are diagnosed with severe asthma. The bill requires the executive commissioner of HHSC to adopt necessary rules to implement the bill's provisions.

EFFECTIVE DATE

September 1, 2017.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 727 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.

INTRODUCED

HOUSE COMMITTEE SUBSTITUTE

SECTION 1. Section 531.02164, Government Code, is amended by amending Subsection (c) and adding Subsections (c-1) and (c-2) to read as follows:

(c) The program required under this section must:

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

(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 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

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(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.

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

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 Section 531.02176, Government Code, is repealed.

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 delay implementing that provision until the waiver or authorization is granted.

SECTION 5. This Act takes effect September 1, 2017.

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 may also provide that home telemonitoring services are available to pediatric patients with chronic or complex medical needs who:

(1) are being concurrently treated by at least three medical specialists;

(2) are diagnosed with end-stage solid organ disease;

(3) have received an organ transplant; or

(4) are diagnosed with severe asthma.

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

No equivalent provision.

SECTION 2. Same as introduced version.

SECTION 3. Same as introduced version.

SECTION 4. Same as introduced version.