

BILL ANALYSIS

C.S.H.B. 1697
By: Price
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Interested parties express concern that access to pediatric subspecialists, such as neonatologists and pediatric trauma and emergency department specialists, is severely limited in some areas of the state and is possible only by medical transport over long distances, which is disruptive to families and potentially expensive. The goal of C.S.H.B. 1697 is to improve access to pediatric subspecialist care, connect rural hospitals to the state's advanced pediatric specialists, and reduce the number of fragile infants who must be transferred to large urban centers for specialty care through the establishment of a grant 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 rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 1 of this bill.

ANALYSIS

C.S.H.B. 1697 amends the Government Code to require the Health and Human Services Commission (HHSC) with any necessary assistance of pediatric tele-specialty providers to establish and implement, not later than December 1, 2017, a pediatric tele-connectivity resource program for rural Texas to award grants to nonurban health care facilities to connect the facilities with pediatric specialists and pediatric subspecialists who provide telemedicine medical services. The bill defines, among other terms, "pediatric tele-specialty provider" as a pediatric health care facility in Texas that offers continuous access to telemedicine medical services provided by pediatric subspecialists and "nonurban health care facility" as a hospital or other licensed health care facility in Texas that is located in an area defined as a rural area for purposes of the Statewide Rural Health Care System Act. The bill authorizes a nonurban health care facility awarded a grant to use grant money to purchase equipment necessary for implementing a telemedicine medical service, modernize the facility's information technology infrastructure and secure information technology support to ensure an uninterrupted two-way video signal that is compliant with the federal Health Insurance Portability and Accountability Act of 1996, pay a service fee to a pediatric tele-specialty provider under an annual contract with the provider, or pay for other activities, services, supplies, facilities, resources, and equipment HHSC determines necessary for the facility to use a telemedicine medical service. The bill sets out grant eligibility requirements.

C.S.H.B. 1697 authorizes HHSC to solicit and accept gifts, grants, and donations from any public or private source for purposes of the grant program and authorizes a political subdivision that participates in the program to pay part of the costs of the program. The bill authorizes HHSC

to establish a program work group to assist HHSC with developing, implementing, or evaluating the program and prepare a report on the results and outcomes of the grants awarded under the program. The bill expressly does not entitle a member of the program work group to compensation for serving on the program work group and prohibits reimbursement of a member for travel or other expenses incurred while conducting the business of the program work group. The bill exempts the program work group from state law governing state agency advisory committees.

C.S.H.B. 1697 requires HHSC to submit not later than December 1 of each even-numbered year a report to the governor and members of the legislature regarding the activities of the program and grant recipients, including the results and outcomes of the grants, and to provide the initial report to the governor and the legislature not later than December 1, 2018. The bill authorizes the executive commissioner of HHSC to adopt rules necessary to implement the program. The bill prohibits HHSC from spending state funds to accomplish the program's purposes and expressly does not require HHSC to award a grant under the program unless money is appropriated for such purposes.

EFFECTIVE DATE

September 1, 2017.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 1697 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

SECTION 1. Subtitle I, Title 4, Government Code, is amended by adding Chapter 541 to read as follows:

CHAPTER 541. PEDIATRIC HEALTH ELECTRONIC ACCESS IN RURAL TEXAS GRANT PROGRAM

Sec. 541.001. DEFINITIONS. In this chapter:

(1) "Nonurban health care facility" means a hospital licensed under Chapter 241, Health and Safety Code, or other licensed health care facility in this state that is located in a municipality with a population of less than 500,000.

(2) "Pediatric specialist" means a physician who is certified in general pediatrics by the American Board of Pediatrics.

(3) "Pediatric subspecialist" means a physician who is certified in a pediatric subspecialty by the American Board of Pediatrics.

(4) "Pediatric tele-specialty provider" means a pediatric health care facility in this state that offers continuous access to telemedicine medical services provided by pediatric subspecialists.

HOUSE COMMITTEE SUBSTITUTE

SECTION 1. Subtitle I, Title 4, Government Code, is amended by adding Chapter 541 to read as follows:

CHAPTER 541. PEDIATRIC TELE-CONNECTIVITY RESOURCE PROGRAM FOR RURAL TEXAS

Sec. 541.001. DEFINITIONS. In this chapter:

(1) "Nonurban health care facility" means a hospital licensed under Chapter 241, Health and Safety Code, or other licensed health care facility in this state that is located in a rural area as defined by Section 845.002, Insurance Code.

(2) "Pediatric specialist" means a physician who is certified in general pediatrics by the American Board of Pediatrics.

(3) "Pediatric subspecialist" means a physician who is certified in a pediatric subspecialty by the American Board of Pediatrics.

(4) "Pediatric tele-specialty provider" means a pediatric health care facility in this state that offers continuous access to telemedicine medical services provided by pediatric subspecialists.

(5) "Program" means the pediatric health electronic access in rural Texas grant program established under this chapter.

Sec. 541.002. PEDIATRIC HEALTH ELECTRONIC ACCESS IN RURAL TEXAS GRANT PROGRAM. The commission with any necessary assistance of pediatric tele-specialty providers shall establish a pediatric health electronic access in rural Texas grant program to award grants to nonurban health care facilities to connect the facilities with pediatric specialists and pediatric subspecialists who provide telemedicine medical services.

Sec. 541.003. USE OF GRANT.

Sec. 541.004. SELECTION OF GRANT RECIPIENTS. (a) The commission with any necessary assistance of pediatric tele-specialty providers may select an eligible nonurban health care facility to receive a grant under this chapter.

(b) To be eligible for a grant under this chapter, a nonurban health care facility must have:

(1) a quality assurance program that measures the compliance of the facility's health care providers with the facility's medical protocols;

(2) on staff at least one full-time equivalent physician who has training and experience in pediatrics and one person who is responsible for ongoing nursery and neonatal support and care;

(3) fewer than 1,200 births annually;

(4) a nursery or a Level I or Level II neonatal intensive care unit;

(5) an emergency department;

(6) a commitment to obtaining neonatal or pediatric education from a tertiary facility to expand the facility's depth and breadth of telemedicine medical service capabilities; and

(7) the capability of maintaining records and producing reports that measure the effectiveness of a grant received by the facility under this chapter.

Sec. 541.005. GIFTS, GRANTS, AND DONATIONS.

Sec. 541.006. WORK GROUP.

Sec. 541.007. REPORT TO GOVERNOR

(5) "Program" means the pediatric tele-connectivity resource program for rural Texas established under this chapter.

Sec. 541.002. PEDIATRIC TELE-CONNECTIVITY RESOURCE PROGRAM FOR RURAL TEXAS. The commission with any necessary assistance of pediatric tele-specialty providers shall establish a pediatric tele-connectivity resource program for rural Texas to award grants to nonurban health care facilities to connect the facilities with pediatric specialists and pediatric subspecialists who provide telemedicine medical services.

Sec. 541.003. USE OF GRANT.

Sec. 541.004. SELECTION OF GRANT RECIPIENTS. (a) The commission with any necessary assistance of pediatric tele-specialty providers may select an eligible nonurban health care facility to receive a grant under this chapter.

(b) To be eligible for a grant under this chapter, a nonurban health care facility must have:

(1) a quality assurance program that measures the compliance of the facility's health care providers with the facility's medical protocols;

(2) on staff at least one full-time equivalent physician who has training and experience in pediatrics and one person who is responsible for ongoing nursery and neonatal support and care;

(3) a designated neonatal intensive care unit or an emergency department;

(4) a commitment to obtaining neonatal or pediatric education from a tertiary facility to expand the facility's depth and breadth of telemedicine medical service capabilities; and

(5) the capability of maintaining records and producing reports that measure the effectiveness of a grant received by the facility under this chapter.

Sec. 541.005. GIFTS, GRANTS, AND DONATIONS.

Sec. 541.006. WORK GROUP.

Sec. 541.007. REPORT TO GOVERNOR

AND LEGISLATURE.

Sec. 541.008. RULES.

Sec. 541.009. SPECIFIC APPROPRIATION REQUIRED.

SECTION 2. Not later than December 1, 2017, the Health and Human Services Commission shall establish and implement the pediatric health electronic access in rural Texas grant program authorized by Chapter 541, Government Code, as added by this Act.

SECTION 3. Not later than December 1, 2018, the Health and Human Services Commission shall provide the initial report to the governor and the legislature as required by Section 541.007, Government Code, as added 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.

AND LEGISLATURE.

Sec. 541.008. RULES.

Sec. 541.009. SPECIFIC APPROPRIATION REQUIRED.

SECTION 2. Not later than December 1, 2017, the Health and Human Services Commission shall establish and implement the pediatric tele-connectivity resource program for rural Texas authorized by Chapter 541, Government Code, as added by this Act.

SECTION 3. Same as introduced version.

SECTION 4. Same as introduced version.

SECTION 5. Same as introduced version.