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H.B. No. 1697

A BILL TO BE ENTITLED

AN ACT

relating to the establishment of a pediatric health
tele-connectivity resource program for rural Texas.

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

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
or American Osteopathic Board of Pediatrics.

(3) "Pediatric subspecialist" means a physician who is
certified in a pediatric subspecialty by the American Board of
Pediatrics or American Osteopathic 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 tele-connectivity

1 resource program for rural Texas established under this chapter.

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

9 Sec. 541.003. USE OF GRANT. A nonurban health care facility
10 awarded a grant under this chapter may use grant money to:

11 (1) purchase equipment necessary for implementing a
12 telemedicine medical service;

13 (2) modernize the facility's information technology
14 infrastructure and secure information technology support to ensure
15 an uninterrupted two-way video signal that is compliant with the
16 Health Insurance Portability and Accountability Act of 1996 (Pub.
17 L. No. 104-191);

18 (3) pay a service fee to a pediatric tele-specialty
19 provider under an annual contract with the provider; or

20 (4) pay for other activities, services, supplies,
21 facilities, resources, and equipment the commission determines
22 necessary for the facility to use a telemedicine medical service.

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

27 (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. (a) The commission may solicit and accept gifts, grants, and donations from any public or private source for the purposes of this chapter.

(b) A political subdivision that participates in the program may pay part of the costs of the program.

Sec. 541.006. WORK GROUP. (a) The commission may establish a program work group to:

(1) assist the commission with developing, implementing, or evaluating the program; and

(2) prepare a report on the results and outcomes of the grants awarded under this chapter.

1 (b) A member of a program work group established under this
2 section is not entitled to compensation for serving on the program
3 work group and may not be reimbursed for travel or other expenses
4 incurred while conducting the business of the program work group.

5 (c) A program work group established under this section is
6 not subject to Chapter 2110.

7 Sec. 541.007. REPORT TO GOVERNOR AND LEGISLATURE. Not
8 later than December 1 of each even-numbered year, the commission
9 shall submit a report to the governor and members of the legislature
10 regarding the activities of the program and grant recipients,
11 including the results and outcomes of grants awarded under this
12 chapter.

13 Sec. 541.008. RULES. The executive commissioner may adopt
14 rules necessary to implement this chapter.

15 Sec. 541.009. SPECIFIC APPROPRIATION REQUIRED. The
16 commission may not spend state funds to accomplish the purposes of
17 this chapter and is not required to award a grant under this chapter
18 unless money is appropriated for the purposes of this chapter.

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

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

27 SECTION 4. If before implementing any provision of this Act

1 a state agency determines that a waiver or authorization from a
2 federal agency is necessary for implementation of that provision,
3 the agency affected by the provision shall request the waiver or
4 authorization and may delay implementing that provision until the
5 waiver or authorization is granted.

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