

SENATE AMENDMENTS

2nd Printing

By: Price, Burkett, Sheffield,
Thompson of Harris, Longoria, et al.

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

H.B. No. 1697

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.

ADOPTED

MAY 12 2017

Larry Spaw
Secretary of the Senate

By: Price

H.B. No. 1697

Substitute the following for __.B. No. ____:

By: Van Taylor

C.S. H.B. No. 1697

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16 or American Osteopathic Board of Pediatrics.

17 (3) "Pediatric subspecialist" means a physician who is
18 certified in a pediatric subspecialty by a member board of the
19 American Board of Medical Specialties or American Osteopathic Board
20 of Pediatrics.

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

1 (5) "Physician" means a person licensed to practice
2 medicine in this state.

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

5 (7) "Telemedicine medical services" means health care
6 services delivered to a patient:

7 (A) by a physician acting within the scope of the
8 physician's license or a health professional acting under the
9 delegation and supervision of a physician and within the scope of
10 the health professional's license;

11 (B) from a physical location that is different
12 from the patient's location; and

13 (C) using telecommunications or information
14 technology.

15 Sec. 541.002. PEDIATRIC TELE-CONNECTIVITY RESOURCE PROGRAM
16 FOR RURAL TEXAS. The commission with any necessary assistance of
17 pediatric tele-specialty providers shall establish a pediatric
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21 and care;

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

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25 education from a tertiary facility to expand the facility's depth
26 and breadth of telemedicine medical service capabilities; and

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1 producing reports that measure the effectiveness of a grant
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3 Sec. 541.005. GIFTS, GRANTS, AND DONATIONS. (a) The
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14 (b) A member of a program work group established under this
15 section is not entitled to compensation for serving on the program
16 work group and may not be reimbursed for travel or other expenses
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18 (c) A program work group established under this section is
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20 Sec. 541.007. REPORT TO GOVERNOR AND LEGISLATURE. Not
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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 5. This Act takes effect September 1, 2017.

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

May 15, 2017

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

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB1697 by Price (Relating to the establishment of a pediatric health tele-connectivity resource program for rural Texas.), **As Passed 2nd House**

Due to the number of unknown variables such as the number of potential grant recipients and the value of the grants, there could be an indeterminate fiscal impact to the state.

The bill would amend the Government Code to establish a pediatric tele-connectivity resource program for rural Texas grant program. The Health and Human Services Commission (HHSC) would establish and administer the grant program and the grants would support pediatric telemedicine services in nonurban health care facilities. HHSC would be able to solicit and accept gifts, grants, and donations to establish and administer the grant program, but would be prohibited from expending state funds to establish and administer the grant program and HHSC would not be required to award grants unless there is a specific appropriation for the grants.

HHSC indicated the duties and responsibilities associated with establishing a pediatric health electronic access in rural Texas grant program could be accomplished by utilizing existing resources.

However, according to HHSC, the following variables related to the bill provisions are unknown:

- 1) The number of grants that would be awarded to nonurban health care facilities each fiscal year;
- 2) The average grant award to nonurban health care facilities each fiscal year;
- 3) The amount of Federal Funds that would be available to support grants to nonurban health care facilities each fiscal year; and
- 4) The precise items, activities, or services that would be funded with grants to nonurban health care facilities each fiscal year.

There could be an indeterminate fiscal impact to the state depending upon the number of grants and the amount of funding that would be made available. The bill would take effect September 1, 2017.

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, TBo, KCA, EP, SD

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

May 4, 2017

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

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB1697 by Price (Relating to the establishment of a pediatric health tele-connectivity resource program for rural Texas.), **Committee Report 2nd House, Substituted**

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LBB Staff: UP, TBo, KCA, EP, SD

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

May 2, 2017

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

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB1697 by Price (Relating to the establishment of a pediatric health tele-connectivity resource program for rural Texas.), **As Engrossed**

Due to the number of unknown variables such as the number of potential grant recipients and the value of the grants, there could be an indeterminate fiscal impact to the state.

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Source Agencies: 529 Health and Human Services Commission

LBB Staff: UP, TBo, KCA, EP, SD

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

March 26, 2017

TO: Honorable Four Price, Chair, House Committee on Public Health

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB1697 by Price (Relating to the establishment of a pediatric health tele-connectivity resource program for rural Texas.), **Committee Report 1st House, Substituted**

Due to the number of unknown variables such as the number of potential grant recipients and the value of the grants, there could be an indeterminate fiscal impact to the state.

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Source Agencies: 529 Health and Human Services Commission

LBB Staff: UP, KCA, EP, TBo, SD

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

March 13, 2017

TO: Honorable Four Price, Chair, House Committee on Public Health

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB1697 by Price (Relating to the establishment of a pediatric health electronic access in rural Texas grant program.), **As Introduced**

Due to the number of unknown variables such as the number of potential grant recipients and the value of the grants, there could be an indeterminate fiscal impact to the state.

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