By:  Cortez, Guillen, Fierro H.B. No. 1782

A BILL TO BE ENTITLED

AN ACT

relating to a plan to increase the use of telemedicine medical services, telehealth services, and interprofessional Internet consultations in this state.

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

SECTION 1.  Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.021611 to read as follows:

Sec. 531.021611.  ACTION PLAN TO EXPAND TELEMEDICINE MEDICAL SERVICES AND TELEHEALTH SERVICES. (a) The commission shall develop and implement an action plan to:

(1)  expand the use of and increase access to telemedicine medical services, telehealth services, and related mobile applications for those services by health care providers for the residents of this state; and

(2)  increase the availability of critical medical care and health care services to residents in this state in areas determined by the commission to be medically underserved.

(b)  In developing and implementing the action plan under Subsection (a), the commission shall:

(1)  evaluate, in collaboration with the Maternal Mortality and Morbidity Task Force established under Chapter 34, Health and Safety Code, and other interested persons, the use of telemedicine medical services for women during pregnancy and the postpartum period;

(2)  seek the assistance of the Texas Hospital Association, the Texas Medical Association, the Texas Nurses Association, The University of Texas System Virtual Health Network, teaching hospitals, and the statewide health coordinating council; and

(3)  consult with health care providers, advocacy groups, relevant federal agencies, and any other interested persons the commission considers necessary to develop the action plan required by this section.

(c)  The action plan developed under Subsection (a) must include:

(1)   short-term and long-term plan recommendations, including policy initiatives and reforms necessary to implement the plan;

(2)  statutory and administrative reforms necessary to implement the plan; and

(3)  options for the funding necessary to implement the plan.

(d)  The commission shall:

(1)  not later than September 1, 2021:

(A)  submit to the governor and the legislature the recommendations, the statutory and administrative reforms, and the funding options described in Subsection (c) and short-term and long-term plans to implement those recommendations, reforms, and options; and

(B)  begin implementing the short-term plan;

(2)  not later than September 1, 2023, fully implement the short-term plan;

(3)  not later than September 1, 2029, fully implement the long-term plan; and

(4)  include the short-term and long-term plans in the update of the strategic plan for health and human services under Section 531.022.

(e)  This section expires September 1, 2030.

SECTION 2.  Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.02166 to read as follows:

Sec. 531.02166.  INTERPROFESSIONAL INTERNET CONSULTATIONS PILOT PROGRAM. (a) Not later than September 1, 2021, and subject to Subsection (e), the commission shall develop and implement a pilot program through which the commission provides or contracts with a third party to provide technical assistance to train Medicaid providers regarding the use of interprofessional Internet consultations for Medicaid recipients in rural and medically underserved areas. The program must be designed to determine whether the use of technology improves access to specialty care, including pediatric, prenatal, postnatal, and behavioral health services, for Medicaid recipients.

(b)  The commission shall:

(1)  implement the pilot program in:

(A)  at least one:

(i)  federally qualified health center;

(ii)  municipal public health system;

(iii)  clinic that is a member of a nonprofit membership association that supports charitable clinics in this state; and

(iv)  rural community center; and

(B)  a maximum of 20 health clinics; and

(2)  ensure that a third party contracted to provide technical assistance described under Subsection (a):

(A)  has significant experience integrating telehealth services, telemedicine medical services, and online consultations with electronic health records; and

(B)  has a current contract with the United States Department of Health and Human Services Health Resources and Services Administration as a regional telehealth resource center.

(c)  The commission shall examine cost avoidance that results from providing telemedicine medical services to Medicaid recipients in rural and medically underserved communities through the pilot program, including cost avoidance that results from:

(1)  reducing recipient wait times for specialty care providers;

(2)  improving access to specialty care;

(3)  reducing the number of recipient referrals; and

(4)  reducing the number of miles traveled by recipients for specialty care consultations.

(d)  Not later than December 31, 2022, the commission shall report to the legislature regarding the status and results of the pilot program and make recommendations regarding whether to continue, expand, or terminate the program.

(e)  The commission is required to implement this section only if the legislature appropriates money specifically for that purpose. If the legislature does not appropriate money specifically for that purpose, the commission may, but is not required to, implement this section using other appropriations available for that purpose.

(f)  This section expires September 1, 2023.

SECTION 3.  This Act takes effect September 1, 2019.