

1-1 By: Buckingham S.B. No. 670
1-2 (In the Senate - Filed February 6, 2019; March 1, 2019, read
1-3 first time and referred to Committee on Health & Human Services;
1-4 March 21, 2019, reported adversely, with favorable Committee
1-5 Substitute by the following vote: Yeas 9, Nays 0; March 21, 2019,
1-6 sent to printer.)

1-7	COMMITTEE VOTE				
1-8		Yea	Nay	Absent	PNV
1-9	Kolkhorst	X			
1-10	Perry	X			
1-11	Buckingham	X			
1-12	Campbell	X			
1-13	Flores	X			
1-14	Johnson	X			
1-15	Miles	X			
1-16	Powell	X			
1-17	Seliger	X			

1-18 COMMITTEE SUBSTITUTE FOR S.B. No. 670 By: Perry

1-19 A BILL TO BE ENTITLED
1-20 AN ACT

1-21 relating to Medicaid telemedicine and telehealth services.
1-22 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:
1-23 SECTION 1. Section [531.0216](#), Government Code, is amended by
1-24 amending Subsection (b) and adding Subsection (g) to read as
1-25 follows:
1-26 (b) In developing the system, the executive commissioner by
1-27 rule shall:
1-28 (1) review programs and pilot projects in other states
1-29 to determine the most effective method for reimbursement;
1-30 (2) establish billing codes and a fee schedule for
1-31 services;
1-32 (3) ~~[consult with the Department of State Health~~
1-33 ~~Services to establish procedures to:~~
1-34 ~~[(A) identify clinical evidence supporting~~
1-35 ~~delivery of health care services using a telecommunications system,~~
1-36 ~~and~~
1-37 ~~[(B) annually review health care services,~~
1-38 ~~considering new clinical findings, to determine whether~~
1-39 ~~reimbursement for particular services should be denied or~~
1-40 ~~authorized,~~
1-41 ~~[(4)]~~ establish a separate provider identifier for
1-42 telemedicine medical services providers, telehealth services
1-43 providers, and home telemonitoring services providers; and
1-44 (4) ~~[(5)]~~ establish a separate modifier for
1-45 telemedicine medical services, telehealth services, and home
1-46 telemonitoring services eligible for reimbursement.
1-47 (g) The commission shall ensure a managed care organization
1-48 that contracts with the commission under Chapter [533](#) to provide
1-49 health care services to Medicaid recipients does not deny
1-50 reimbursement for a covered health care service or procedure
1-51 delivered by a health care provider with whom the managed care
1-52 organization contracts to a recipient as a telemedicine medical
1-53 service or a telehealth service solely because the covered service
1-54 or procedure is not provided through an in-person consultation. In
1-55 complying with state and federal requirements to provide access to
1-56 medically necessary services under the Medicaid managed care
1-57 program, a managed care organization determining whether
1-58 reimbursement for a telemedicine medical service or telehealth
1-59 service is appropriate shall continue to consider other factors,
1-60 including whether reimbursement is cost-effective and whether the

provision of the service is clinically effective.

SECTION 2. Section 531.0217(c-4), Government Code, is amended to read as follows:

(c-4) The commission shall ensure that Medicaid reimbursement is provided to a physician for a telemedicine medical service provided by the physician, even if the physician is not the patient's primary care physician or provider, if:

(1) the physician is an authorized health care provider under Medicaid;

(2) the patient is a child who receives the service in a primary or secondary school-based setting; and

(3) the parent or legal guardian of the patient provides consent before the service is provided; and

~~[(4) a health professional is present with the patient during the treatment].~~

SECTION 3. The following provisions of the Government Code are repealed:

(1) Section 531.0216(e);

(2) Section 531.02161;

(3) Sections 531.0217(c-2) and (c-3); and

(4) Section 531.02173.

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, 2019.

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