87R4420 KFF-D

By:  Raney H.B. No. 2612

A BILL TO BE ENTITLED

AN ACT

relating to the provision of Medicaid and child health plan program services using telecommunications or information technology and to reimbursement for those services.

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

SECTION 1.  Section 531.0216(i), Government Code, is amended to read as follows:

(i)  The executive commissioner by rule shall ensure that a rural health clinic as defined by 42 U.S.C. Section 1396d(l)(1) and a federally qualified health center as defined by 42 U.S.C. Section 1396d(l)(2)(B) may be reimbursed for the originating site facility fee or the distant site practitioner fee or both, as appropriate, for a covered telemedicine medical service or telehealth service delivered by a health care provider to a Medicaid recipient. [~~The commission is required to implement this subsection 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 subsection using other money available to the commission for that purpose.~~]

SECTION 2.  Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.02161 to read as follows:

Sec. 531.02161.  OPTION TO RECEIVE SERVICES THROUGH TELECOMMUNICATIONS AND INFORMATION TECHNOLOGY UNDER MEDICAID AND CHILD HEALTH PLAN PROGRAM. (a) In this section, "case management services" includes service coordination, service management, and care coordination.

(b)  To the extent permitted by federal law and to the extent appropriate, the commission shall ensure that Medicaid recipients and child health plan program enrollees, regardless of whether receiving benefits through a managed care delivery model or another delivery model, have the option to receive services as telemedicine medical services, telehealth services, or otherwise using telecommunications or information technology, including the following services:

(1)  evaluation services;

(2)  case management services;

(3)  behavioral health services;

(4)  occupational, physical, and speech therapy services;

(5)  professional and specialized therapy services provided under the community living assistance and support services (CLASS) waiver program;

(6)  assessment services, including nursing assessments under the following Section 1915(c) waiver programs:

(A)  the community living assistance and support services (CLASS) waiver program;

(B)  the deaf-blind with multiple disabilities (DBMD) waiver program;

(C)  the home and community-based services (HCS) waiver program; and

(D)  the Texas home living (TxHmL) waiver program; and

(7)  hospice services.

SECTION 3.  Section 531.0217(d), Government Code, is redesignated as Section 531.02176, Government Code, and amended to read as follows:

Sec. 531.02176.  REIMBURSEMENT PARITY FOR TELEMEDICINE MEDICAL AND TELEHEALTH SERVICES. (a) [~~(d)~~] The commission shall require reimbursement for a telemedicine medical service or telehealth service at the same rate as Medicaid reimburses for the same in-person [~~medical~~] service. A request for reimbursement may not be denied solely because an in-person [~~medical~~] service between a health care provider [~~physician~~] and a patient did not occur.

(b)  The commission may not limit a provider's [~~physician's~~] choice of platform for providing a telemedicine medical service or telehealth service by requiring that the provider [~~physician~~] use a particular platform to receive reimbursement for the service.

SECTION 4.  Section 62.1571, Health and Safety Code, is amended to read as follows:

Sec. 62.1571.  TELEMEDICINE MEDICAL SERVICES AND TELEHEALTH SERVICES. (a) In providing covered benefits to a child, a health plan provider must permit benefits to be provided through telemedicine medical services and telehealth services in accordance with policies developed by the commission.

(b)  The policies must provide for:

(1)  the availability of covered benefits appropriately provided through telemedicine medical services or telehealth services that are comparable to the same types of covered benefits provided without the use of telemedicine medical services or telehealth services; and

(2)  the availability of covered benefits for different services performed by multiple health care providers during a single session of telemedicine medical services or telehealth services, if the executive commissioner determines that delivery of the covered benefits in that manner is cost-effective in comparison to the costs that would be involved in obtaining the services from providers without the use of telemedicine medical services or telehealth services, including the costs of transportation and lodging and other direct costs.

(c)  The commission shall require reimbursement for a telemedicine medical service or telehealth service at the same rate as the child health plan program reimburses for the same in-person service. A request for reimbursement may not be denied solely because an in-person service between a health care provider and a patient did not occur. The commission may not limit a provider's choice of platform for providing a telemedicine medical service or telehealth service by requiring that the provider use a particular platform to receive reimbursement for the service.

(d)  In this section, "telehealth service" and "telemedicine medical service" have [~~has~~] the meanings [~~meaning~~] assigned by Section 531.001, Government Code.

SECTION 5.  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 6.  This Act takes effect September 1, 2021.