

House Bill 4
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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. PROVISION OF SERVICES THROUGH TELECOMMUNICATIONS AND INFORMATION TECHNOLOGY UNDER MEDICAID AND OTHER PUBLIC BENEFITS PROGRAMS. (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 it is cost-effective and clinically effective, as determined by the commission, the commission shall ensure that Medicaid recipients, child health plan program enrollees, and other

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SECTION 1. Same as House version.

SECTION 2. Subchapter B, Chapter 531, Government Code, is amended by adding Section 531.02161 to read as follows:
Sec. 531.02161. PROVISION OF SERVICES THROUGH TELECOMMUNICATIONS AND INFORMATION TECHNOLOGY UNDER MEDICAID AND OTHER PUBLIC BENEFITS PROGRAMS. (a) In this section:

(1) "Behavioral health services" has the meaning assigned by Section 533.00255.

(2) "Case management services" includes service coordination, service management, and care coordination.

(b) To the extent permitted by federal law and to the extent it is cost-effective and clinically effective, as determined by the commission, the commission shall ensure that Medicaid recipients, child health plan program enrollees, and other

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individuals receiving benefits under a public benefits program administered by the commission or a health and human services agency, 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) ~~preventative~~ health and wellness services;
- (2) case management services, including targeted case management services;
- (3) subject to Subsection (c), behavioral health services;
- (4) occupational, physical, and speech therapy services;
- (5) nutritional counseling services; and
- (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.

(c) The ~~commission~~ by rule shall develop and implement a system to ensure behavioral health services may be provided using audio-only technology to a Medicaid recipient, a child health plan program enrollee, or another individual receiving those services under another public benefits program administered by the commission or a health and human services agency.

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individuals receiving benefits under a public benefits program administered by the commission or a health and human services agency, 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) ~~preventive~~ health and wellness services;
- (2) case management services, including targeted case management services;
- (3) subject to Subsection (c), behavioral health services;
- (4) occupational, physical, and speech therapy services;
- (5) nutritional counseling services; and
- (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.

(c) To the extent permitted by state and federal law and to the extent it is cost-effective and clinically effective, as determined by the commission, the executive commissioner by rule shall develop and implement a system that ensures behavioral health services may be provided using an audio-only platform consistent with Section 111.008, Occupations Code, to a Medicaid recipient, a child health plan program enrollee, or another individual receiving those services under another public benefits program administered by the

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(d) If the executive commissioner determines that providing services other than behavioral health services is appropriate using audio-only technology under a public benefits program administered by the commission or a health and human services agency, in accordance with applicable federal and state law, the executive commissioner may by rule authorize the provision of those services under the applicable program using that technology. In determining whether the use of audio-only technology in a program is appropriate under this subsection, the executive commissioner shall consider whether using the technology would be cost-effective and clinically effective.

SECTION 3. Section 531.02164, Government Code, is amended by adding Subsection (f) to read as follows:

(f) To comply with state and federal requirements to provide access to medically necessary services under the Medicaid managed care program, a Medicaid managed care organization may reimburse providers for home telemonitoring services provided to persons and in circumstances other than those expressly authorized by this section. In determining whether the managed care organization should provide reimbursement for services under this subsection, the organization shall consider whether reimbursement for the service is cost-effective and providing the service is clinically effective.

SECTION 4. Section 533.0061(b), Government Code, is amended to read as follows:

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commission or a health and human services agency.

(d) If the executive commissioner determines that providing services other than behavioral health services is appropriate using an audio-only platform under a public benefits program administered by the commission or a health and human services agency, in accordance with applicable federal and state law, the executive commissioner may by rule authorize the provision of those services under the applicable program using the audio-only platform. In determining whether the use of an audio-only platform in a program is appropriate under this subsection, the executive commissioner shall consider whether using the platform would be cost-effective and clinically effective.

SECTION 3. Section 531.02164, Government Code, is amended by adding Subsection (f) to read as follows:

(f) To comply with state and federal requirements to provide access to medically necessary services under the Medicaid managed care program, a Medicaid managed care organization may reimburse providers for home telemonitoring services provided to persons who have conditions and exhibit risk factors other than those expressly authorized by this section. In determining whether the managed care organization should provide reimbursement for services under this subsection, the organization shall consider whether reimbursement for the service is cost-effective and providing the service is clinically effective.

SECTION 4. Section 533.0061(b), Government Code, is amended to read as follows:

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(b) To the extent it is feasible, the provider access standards established under this section must:

(1) distinguish between access to providers in urban and rural settings; ~~and~~

(2) consider the number and geographic distribution of Medicaid-enrolled providers in a particular service delivery area; and

(3) consider and include the availability of telehealth services and telemedicine medical services within the provider network of a managed care organization.

SECTION 5. Section 533.008, Government Code, is amended by adding Subsection (c) to read as follows:

(c) The executive commissioner shall adopt and publish guidelines for Medicaid managed care organizations regarding how organizations may communicate by text message with recipients enrolled in the organization's managed care plan. The guidelines must include standardized consent language to be used by organizations in obtaining a recipient's consent to receive communications by text message.

SECTION 6. Subchapter A, Chapter 533, Government Code, is amended by adding Section 533.039 to read as follows:

Sec. 533.039. DELIVERY OF BENEFITS USING TELECOMMUNICATIONS AND INFORMATION TECHNOLOGY. (a) The commission shall establish policies

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(b) To the extent it is feasible, the provider access standards established under this section must:

(1) distinguish between access to providers in urban and rural settings; ~~and~~

(2) consider the number and geographic distribution of Medicaid-enrolled providers in a particular service delivery area; and

(3) subject to Section 531.0216(c) and consistent with Section 111.007, Occupations Code, consider and include the availability of telehealth services and telemedicine medical services within the provider network of a Medicaid managed care organization.

SECTION 5. Section 533.008, Government Code, is amended by adding Subsection (c) to read as follows:

(c) The executive commissioner shall adopt and publish guidelines for Medicaid managed care organizations regarding how organizations may communicate by text message or e-mail with recipients enrolled in the organization's managed care plan using the contact information provided in a recipient's application for Medicaid benefits under Section 32.025(g)(2), Human Resources Code, including updated information provided to the organization in accordance with Section 32.025(h), Human Resources Code. [FA1(1)]

SECTION 6. Subchapter A, Chapter 533, Government Code, is amended by adding Section 533.039 to read as follows:

Sec. 533.039. DELIVERY OF BENEFITS USING TELECOMMUNICATIONS AND INFORMATION TECHNOLOGY. (a) The commission shall establish policies

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and procedures to improve access to care under the Medicaid managed care program by encouraging the use of telehealth services, telemedicine medical services, home telemonitoring services, and other telecommunications or information technology under the program.

(b) To the extent permitted by federal law, the commission by rule shall establish policies and procedures that allow a Medicaid managed care organization to conduct assessments of and provide care coordination services to recipients receiving home and community-based services using another telecommunications or information technology if:

(1) the managed care organization determines using the telecommunications or information technology is appropriate;

(2) the recipient requests that the assessment or activity is provided using telecommunications or information technology;

(3) an in-person assessment or activity is not feasible because of the existence of an emergency or state of disaster, including a public health emergency or natural disaster; or

(4) the commission determines using the telecommunications or information technology is appropriate under the circumstances.

(c) If a managed care organization conducts an assessment of or provides care coordination services to a recipient using telecommunications or information technology, the managed

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and procedures to improve access to care under the Medicaid managed care program by encouraging the use of telehealth services, telemedicine medical services, home telemonitoring services, and other telecommunications or information technology under the program.

(b) To the extent permitted by federal law, the executive commissioner by rule shall establish policies and procedures that allow a Medicaid managed care organization to conduct assessments and provide care coordination services using telecommunications or information technology. In establishing the policies and procedures, the executive commissioner shall consider:

(1) the extent to which a managed care organization determines using the telecommunications or information technology is appropriate;

(2) whether the recipient requests that the assessment or service be provided using telecommunications or information technology;

(3) whether the recipient consents to receiving the assessment or service using telecommunications or information technology;

(4) whether conducting the assessment, including an assessment for an initial waiver eligibility determination, or providing the service in person is not feasible because of the existence of an emergency or state of disaster, including a public health emergency or natural disaster; and

(5) whether the commission determines using the telecommunications or information technology is appropriate under the circumstances.

(c) If a Medicaid managed care organization conducts an assessment of or provides care coordination services to a recipient using telecommunications or information

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care organization shall:

(1) monitor the health care services provided to the recipient for evidence of fraud, waste, and abuse; and

(2) determine whether additional social services or supports are needed.

(d) To the extent permitted by federal law, the commission shall allow a recipient who is assessed or provided with care coordination services by a Medicaid managed care organization using telecommunications or information technology to provide consent or other authorizations to receive services verbally instead of in writing.

(e) The commission shall determine categories of recipients of home and community-based services who must receive in-person visits. Except during circumstances described by Subsection (b)(3), a Medicaid managed care organization shall, for a recipient of home and community-based services for which the commission requires in-person visits, conduct:

(1) at least one in-person visit with the recipient; and

(2) additional in-person visits with the recipient if necessary, as determined by the managed care organization.

SECTION 7. Section 62.1571, Health and Safety Code, is amended to read as follows:
Sec. 62.1571. TELEMEDICINE MEDICAL SERVICES

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technology, the managed care organization shall:

(1) monitor the health care services provided to the recipient for evidence of fraud, waste, and abuse; and

(2) determine whether additional social services or supports are needed.

(d) To the extent permitted by federal law, the commission shall allow a recipient who is assessed or provided with care coordination services by a Medicaid managed care organization using telecommunications or information technology to provide consent or other authorizations to receive services verbally instead of in writing.

(e) The commission shall determine categories of recipients of home and community-based services who must receive in-person visits. Except during circumstances described by Subsection (b)(4), a Medicaid managed care organization shall, for a recipient of home and community-based services for which the commission requires in-person visits, conduct:

(1) at least one in-person visit with the recipient to make an initial waiver eligibility determination; and

(2) additional in-person visits with the recipient if necessary, as determined by the managed care organization.

(f) Notwithstanding the provisions of this section, the commission may, on a case-by-case basis, require a Medicaid managed care organization to discontinue the use of telecommunications or information technology for assessment or service coordination services if the commission determines that the discontinuation is in the best interest of the recipient.

SECTION 7. Same as House version.

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<p><u>AND TELEHEALTH SERVICES.</u> (a) In providing covered benefits to a child, a health plan provider must permit benefits to be provided through telemedicine medical services <u>and telehealth services</u> in accordance with policies developed by the commission.</p> <p>(b) The policies must provide for:</p> <p>(1) the availability of covered benefits appropriately provided through telemedicine medical services <u>or telehealth services</u> that are comparable to the same types of covered benefits provided without the use of telemedicine medical services <u>or telehealth services</u>; and</p> <p>(2) the availability of covered benefits for different services performed by multiple health care providers during a single session of telemedicine medical services <u>or telehealth services</u>, 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 <u>or telehealth services</u>, including the costs of transportation and lodging and other direct costs.</p> <p>(d) In this section, "<u>telehealth service</u>" and "telemedicine medical service" <u>have</u> [has] the <u>meanings</u> [meaning] assigned by Section 531.001, Government Code.</p>		
No equivalent provision.	<p>SECTION 8. Subchapter A, Chapter 462, Health and Safety Code, is amended by adding Section 462.015 to read as follows:</p> <p><u>Sec. 462.015. OUTPATIENT TREATMENT SERVICES PROVIDED USING TELECOMMUNICATIONS OR INFORMATION TECHNOLOGY. (a) An outpatient chemical dependency treatment program provided by a</u></p>	

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treatment facility licensed under Chapter 464 may provide services under the program to adult and adolescent clients, consistent with commission rule, using telecommunications or information technology.

(b) The executive commissioner shall adopt rules to implement this section.

No equivalent provision.

SECTION 9. Section 462.025, Health and Safety Code, is amended by adding Subsection (d-1) to read as follows:

(d-1) The rules governing the intake, screening, and assessment procedures shall establish minimum standards for providing intake, screening, and assessment using telecommunications or information technology.

No equivalent provision.

SECTION 10. Section 32.025, Human Resources Code, is amended by amending Subsection (g) and adding Subsection (h) to read as follows:

(g) The application form, including a renewal form, adopted under this section must include:

(1) for an applicant who is pregnant, a question regarding whether the pregnancy is the woman's first gestational pregnancy; [and]

(2) for all applicants, a question regarding the applicant's preferences for being contacted by a managed care organization or health plan provider that provides the applicant with the option to be contacted[, as follows:

["If you are determined eligible for benefits, your managed care organization or health plan provider may contact you] by telephone, text message, or e-mail about health care matters, including reminders for appointments and information about

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immunizations or well check visits; and
(3) language that:
(A) notifies the applicant that, if determined eligible for
benefits, all preferred contact methods listed on the
application and renewal forms will be shared with the
applicant's managed care organization or health plan provider;
(B) allows the applicant to consent to being contacted through
the preferred contact methods by the applicant's managed care
organization or health plan provider; and
(C) explains the security risks of electronic communication.
~~[All preferred methods of contact listed on this application~~
~~will be shared with your managed care organization or health~~
~~plan provider. Please indicate below your preferred methods~~
~~of contact in order of preference, with the number 1 being the~~
~~most preferable method:~~
~~[(1) By telephone (if contacted by cellular telephone, the call~~
~~may be autodialed or prerecorded, and your carrier's usage~~
~~rates may apply)? Yes No~~
~~[Telephone number: _____~~
~~[Order of preference: 1 2 3 (circle a number)~~
~~[(2) By text message (a free autodialed service, but your~~
~~carrier may charge message and data rates)? Yes No~~
~~[Cellular telephone number: _____~~
~~[Order of preference: 1 2 3 (circle a number)~~
~~[(3) By e-mail? Yes No~~
~~[E-mail address: _____~~
~~[Order of preference: 1 2 3 (circle a number)"]~~
(h) For purposes of Subsections (g)(2) and (3), the
commission shall implement a process to:
(1) transmit the applicant's preferred contact methods and
consent to the managed care organization or health plan
provider;

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	<u>(2) allow an applicant to change the applicant's preferences in the future, including providing for an option to opt out of electronic communication; and</u> <u>(3) communicate updated information to the managed care organization or health plan provider.</u> [FA1(2)]	
SECTION 8. Not later than January 1, 2022, the Health and Human Services Commission shall:	SECTION 11. Not later than January 1, 2022, the Health and Human Services Commission shall: () adopt a revised application form for medical assistance benefits that conforms to the requirements of Section 32.025(g), Human Resources Code, as amended by this Act; [FA1(3)]	
(1) implement Section 531.02161, Government Code, as added by this Act; and (2) publish the guidelines required by Section 533.008(c), Government Code, as added by this Act.	(1) implement Section 531.02161, Government Code, as added by this Act; and (2) publish the guidelines required by Section 533.008(c), Government Code, as added by this Act.	
SECTION 9. 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 12. Same as House version.	
SECTION 10. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not receive the vote necessary for immediate effect, this Act takes effect September 1, 2021.	SECTION 13. Same as House version.	

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