

BILL ANALYSIS

C.S.H.B. 2727
By: Price
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Utilization of telemedicine and telehealth services grew exponentially during the COVID-19 pandemic. Varied health care services were provided effectively and efficiently through video and audio means which allowed patients to have continuity of care when certain physical buildings of health care facilities were closed and certain in-home care visits were not permitted. Current Texas statute allows remote patient monitoring services, or telemonitoring services, in Medicaid in certain circumstances. However, the cost and clinical benefits from these services are not being fully realized, and programs are not being increased for the Health and Human Services Commission to utilize these benefits to the fullest allowable extent. Maternal mortality and morbidity continue to be a topic of concern and discussion of the legislature, and telemonitoring services may be beneficial in certain high-risk pregnancy circumstances. C.S.H.B. 2727 seeks to provide for telemonitoring services under Medicaid for certain high-risk pregnancies and certain other diagnosed medical conditions.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 2 of this bill.

ANALYSIS

C.S.H.B. 2727 amends the Government Code to change the determination that triggers the requirement for the Health and Human Services Commission (HHSC) to establish a statewide program that permits Medicaid reimbursement for home telemonitoring services for persons with certain medical conditions from a determination that the program is cost-effective and feasible to a determination that the program is clinically effective. The bill revises the requirements for that program as follows:

- includes the following among the diagnosed medical conditions for which the program must provide that home telemonitoring services are available:
 - end stage renal disease;
 - a condition that requires renal dialysis treatment; or
 - any other condition for which home telemonitoring services would be clinically effective, as determined by HHSC rule;
- changes the number of qualifying risk factors that a person with an applicable condition must exhibit to be eligible for program services from two or more to at least one;
- removes limited or absent informal support systems and living alone or being home alone for extended periods of time as qualifying risk factors;

- changes one of the qualifying risk factors from a documented history of falls in the prior six-month period to a documented risk of falls;
- requires the program to ensure that clinical information gathered by a federally qualified health center or rural health clinic while providing home telemonitoring services is shared with the patient's physician;
- requires the program to require a provider to establish a plan of care that includes outcome measures for each patient who receives services under the program and to share the plan and outcome measures with the patient's physician; and
- requires the program to provide patients experiencing a high-risk pregnancy with clinically appropriate home telemonitoring services equipment for temporary use in the patient's home, to the extent permitted by state and federal law and subject to rules adopted by the executive commissioner of HHSC under the bill's provisions.

The bill revises the definition of "home telemonitoring service" by including a federally qualified health center and a rural health clinic as entities to which an applicable patient's monitored health data is transmitted and establishing that the term is synonymous with "remote patient monitoring."

C.S.H.B. 2727 requires the executive commissioner to adopt rules relating to the provision of home telemonitoring services equipment to patients experiencing a high-risk pregnancy that do the following:

- establish criteria to identify patients experiencing a high-risk pregnancy who would benefit from access to such equipment;
- ensure that, if feasible and clinically appropriate, the equipment available under the program include uterine remote monitoring services equipment and pregnancy-induced hypertension remote monitoring services equipment;
- require that a provider obtain the following:
 - prior authorization from HHSC before providing equipment to a patient during the first month the equipment is provided to the patient; and
 - an extension of that authorization from HHSC before providing the equipment in a subsequent month based on the ongoing medical need of the patient; and
- prohibit payment or reimbursement for the equipment during any period that the equipment was not in use because the patient was hospitalized or away from the patient's home regardless of whether the equipment remained in the patient's home while the patient was hospitalized or away.

HHSC must require that such a request for prior authorization be based on an in-person assessment of the patient and that documentation of the patient's ongoing medical need for the equipment is provided to HHSC before an extension is granted for a subsequent month.

C.S.H.B. 2727 removes the requirement for a Medicaid managed care organization (MCO), in determining whether it should reimburse providers for home telemonitoring services provided to persons who have conditions and exhibit risk factors other than those expressly authorized by the statute governing the statewide program, to consider whether reimbursement for the service is cost-effective and providing the service is clinically effective. The bill instead conditions the authorization for HHSC or an MCO, as applicable, to provide such reimbursement on HHSC determining it is cost-effective and clinically effective and specifies that this authorization is to comply with state and federal requirements to provide access to medically necessary services under Medicaid, including the Medicaid managed program.

C.S.H.B. 2727 provides for the delayed implementation of any provision for which an applicable state agency determines a federal waiver or authorization is necessary for implementation until the waiver or authorization is requested and granted.

EFFECTIVE DATE

On passage, or, if the bill does not receive the necessary vote, September 1, 2023.

COMPARISON OF INTRODUCED AND SUBSTITUTE

While C.S.H.B. 2727 may differ from the introduced in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

Whereas the introduced changed the determination that triggers the establishment of the program for Medicaid reimbursement for home telemonitoring services to a determination that the services would be clinically effective and feasible, the substitute changes that to a determination that the services would be clinically effective, removing the feasibility condition.

The substitute includes provisions absent from the introduced that do the following:

- include end stage renal disease, a condition that requires renal dialysis treatment, and any other condition for which home telemonitoring services would be clinically effective as determined by HHSC rule among the diagnosed medical conditions for which the program must provide that home telemonitoring services are available; and
- revise the definition of "home telemonitoring service."

The substitute revises the provision of the introduced conditioning an MCO's authorization to reimburse providers for such services on HHSC determining it is cost-effective and clinically effective by specifying that HHSC is also authorized to do so and that this authorization is to comply with requirements to provide access to those services under Medicaid, including the Medicaid managed care program.