

AN ACT

relating to the provision of home telemonitoring services under Medicaid.

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

SECTION 1. Section 531.001(4-a), Government Code, is amended to read as follows:

(4-a) "Home telemonitoring service" means a health service that requires scheduled remote monitoring of data related to a patient's health and transmission of the data to a licensed home and community support services agency, a federally qualified health center, a rural health clinic, or a hospital, as those terms are defined by Section 531.02164(a). The term is synonymous with "remote patient monitoring."

SECTION 2. Section 531.02164, Government Code, is amended by amending Subsections (a), (b), (c), (c-1), (d), and (f) and adding Subsections (c-2) and (c-3) to read as follows:

(a) In this section:

(1) "Federally qualified health center" has the meaning assigned by 42 U.S.C. Section 1396d(1)(2)(B).

(1-a) "Home and community support services agency" means a person licensed under Chapter 142, Health and Safety Code, to provide home health, hospice, or personal assistance services as defined by Section 142.001, Health and Safety Code.

(2) "Hospital" means a hospital licensed under Chapter

1 241, Health and Safety Code.

2 (3) "Rural health clinic" has the meaning assigned by
3 42 U.S.C. Section 1396d(1)(1).

4 (b) The [~~If the commission determines that establishing a~~
5 ~~statewide program that permits reimbursement under Medicaid for~~
6 ~~home telemonitoring services would be cost-effective and feasible,~~
7 ~~the~~] executive commissioner [~~by rule~~] shall adopt rules for the
8 provision and reimbursement of home telemonitoring services under
9 Medicaid [~~establish the program~~] as provided under this section.

10 (c) For purposes of adopting rules [~~The program required~~]
11 under this section, the commission shall [~~must~~]:

12 (1) identify and provide home telemonitoring services
13 to persons diagnosed with conditions for which the commission
14 determines the provision of home telemonitoring services would be
15 cost-effective and clinically effective;

16 (2) consider providing home telemonitoring services
17 under Subdivision (1) [~~provide that home telemonitoring services~~
18 ~~are available only~~] to Medicaid recipients [~~persons~~] who:

19 (A) are diagnosed with one or more of the
20 following conditions:

- 21 (i) pregnancy;
- 22 (ii) diabetes;
- 23 (iii) heart disease;
- 24 (iv) cancer;
- 25 (v) chronic obstructive pulmonary disease;
- 26 (vi) hypertension;
- 27 (vii) congestive heart failure;

- 1 (viii) mental illness or serious emotional
2 disturbance;
- 3 (ix) asthma;
- 4 (x) myocardial infarction; ~~or~~
- 5 (xi) stroke;
- 6 (xii) end stage renal disease; or
- 7 (xiii) a condition that requires renal
8 dialysis treatment; and

9 (B) exhibit at least one ~~[two or more]~~ of the
10 following risk factors:

- 11 (i) two or more hospitalizations in the
12 prior 12-month period;
- 13 (ii) frequent or recurrent emergency room
14 admissions;
- 15 (iii) a documented history of poor
16 adherence to ordered medication regimens;
- 17 (iv) a documented risk ~~[history]~~ of falls
18 ~~[in the prior six-month period]; and~~
- 19 ~~(v) [limited or absent informal support~~
20 ~~systems;~~
- 21 ~~[(vi) living alone or being home alone for~~
22 ~~extended periods of time; and~~
- 23 ~~[(vii)]~~ a documented history of care access
24 challenges;

25 (3) [(2)] ensure that clinical information gathered
26 by the following providers while providing home telemonitoring
27 services is shared with the recipient's physician:

1 (A) a home and community support services agency;
2 (B) a federally qualified health center;
3 (C) a rural health clinic; or
4 (D) a hospital ~~[while providing home~~
5 ~~telemonitoring services is shared with the patient's physician];~~
6 ~~[and]~~

7 (4) [(3)] ensure that the home telemonitoring
8 services provided under this section do ~~[program does]~~ not
9 duplicate disease management program services provided under
10 Section 32.057, Human Resources Code; and

11 (5) require a provider to:

12 (A) establish a plan of care that includes
13 outcome measures for each recipient who receives home
14 telemonitoring services under this section; and

15 (B) share the plan and outcome measures with the
16 recipient's physician.

17 (c-1) Notwithstanding any other provision of this section
18 [Subsection (c)(1)], the commission shall ensure ~~[the program~~
19 ~~required under this section must also provide]~~ that home
20 telemonitoring services are available to pediatric persons who:

21 (1) are diagnosed with end-stage solid organ disease;

22 (2) have received an organ transplant; or

23 (3) require mechanical ventilation.

24 (c-2) In addition to determining whether to provide home
25 telemonitoring services to Medicaid recipients with the conditions
26 described under Subsection (c)(2), the commission shall determine
27 whether high-risk pregnancy is a condition for which the provision

1 of home telemonitoring services is cost-effective and clinically
2 effective. If the commission determines that high-risk pregnancy
3 is a condition for which the provision of home telemonitoring
4 services is cost-effective and clinically effective:

5 (1) the commission shall, to the extent permitted by
6 state and federal law, provide recipients experiencing a high-risk
7 pregnancy with clinically appropriate home telemonitoring services
8 equipment for temporary use in the recipient's home; and

9 (2) the executive commissioner by rule shall:

10 (A) establish criteria to identify recipients
11 experiencing a high-risk pregnancy who would benefit from access to
12 home telemonitoring services equipment;

13 (B) ensure that, if cost-effective, feasible,
14 and clinically appropriate, the home telemonitoring services
15 equipment provided includes uterine remote monitoring services
16 equipment and pregnancy-induced hypertension remote monitoring
17 services equipment;

18 (C) subject to Subsection (c-3), require that a
19 provider obtain:

20 (i) prior authorization from the commission
21 before providing home telemonitoring services equipment to a
22 recipient during the first month the equipment is provided to the
23 recipient; and

24 (ii) an extension of the authorization
25 under Subparagraph (i) from the commission before providing the
26 equipment in a subsequent month based on the ongoing medical need of
27 the recipient; and

1 (D) prohibit payment or reimbursement for home
2 telemonitoring services equipment during any period that the
3 equipment was not in use because the recipient was hospitalized or
4 away from the recipient's home regardless of whether the equipment
5 remained in the recipient's home while the recipient was
6 hospitalized or away.

7 (c-3) For purposes of Subsection (c-2), the commission
8 shall require that:

9 (1) a request for prior authorization under Subsection
10 (c-2)(2)(C)(i) be based on an in-person assessment of the
11 recipient; and

12 (2) documentation of the recipient's ongoing medical
13 need for the equipment is provided to the commission before the
14 commission grants an extension under Subsection (c-2)(2)(C)(ii).

15 (d) If, after implementation, the commission determines
16 that a condition for which the commission has authorized the
17 provision and reimbursement of home telemonitoring services under
18 Medicaid [~~the program established~~] under this section is not
19 cost-effective and clinically effective, the commission may
20 discontinue the availability of home telemonitoring services for
21 that condition [~~program~~] and stop providing reimbursement under
22 Medicaid for home telemonitoring services for that condition,
23 notwithstanding Section 531.0216 or any other law.

24 (f) To comply with state and federal requirements to provide
25 access to medically necessary services under Medicaid, including
26 the Medicaid managed care program, and if the commission determines
27 it is cost-effective and clinically effective, the commission or a

1 Medicaid managed care organization, as applicable, may reimburse
2 providers for home telemonitoring services provided to persons who
3 have conditions and exhibit risk factors other than those expressly
4 authorized by this section. [~~In determining whether the managed
5 care organization should provide reimbursement for services under
6 this subsection, the organization shall consider whether
7 reimbursement for the service is cost-effective and providing the
8 service is clinically effective.~~]

9 SECTION 3. If before implementing any provision of this Act
10 a state agency determines that a waiver or authorization from a
11 federal agency is necessary for implementation of that provision,
12 the agency affected by the provision shall request the waiver or
13 authorization and may delay implementing that provision until the
14 waiver or authorization is granted.

15 SECTION 4. This Act takes effect immediately if it receives
16 a vote of two-thirds of all the members elected to each house, as
17 provided by Section 39, Article III, Texas Constitution. If this
18 Act does not receive the vote necessary for immediate effect, this
19 Act takes effect September 1, 2023.

President of the Senate

Speaker of the House

I certify that H.B. No. 2727 was passed by the House on April 27, 2023, by the following vote: Yeas 138, Nays 11, 1 present, not voting; and that the House concurred in Senate amendments to H.B. No. 2727 on May 26, 2023, by the following vote: Yeas 120, Nays 21, 1 present, not voting.

Chief Clerk of the House

I certify that H.B. No. 2727 was passed by the Senate, with amendments, on May 24, 2023, by the following vote: Yeas 29, Nays 2.

Secretary of the Senate

APPROVED: _____

Date

Governor