

## **BILL ANALYSIS**

C.S.H.B. 1623  
By: Laubenberg  
Public Health  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

Despite advances in medical science and technology, the delivery of health care continues to primarily occur in a face-to-face setting between a doctor and a patient. Recently, however, telecommunications and video interfacing have reached a point that a doctor and a patient can communicate remotely while still allowing for an accurate diagnosis, quality doctor-patient discussion, and the monitoring of complex medical needs. Proponents of this technology assert that such communication saves time and money for both the doctor and the patient, allows doctors to easily keep track of a patient's progress and condition, and provides patients and their families a cheaper alternative to expensive face-to-face visits. The proponents further assert that the technology is particularly helpful for children with complex medical conditions, as these fragile children are among the most frequent visitors to the emergency department, and many of their visits could be averted by robust monitoring of their status at home. C.S.H.B. 1623 seeks to use recent technological advances to increase access to care for eligible children.

### **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 this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

### **ANALYSIS**

C.S.H.B. 1623 amends the Government Code to require the program permitting Medicaid reimbursement for home telemonitoring services to provide that such services are available to pediatric patients with chronic or complex medical needs who are being concurrently treated by at least three medical specialists, who are medically dependent on technology, who are diagnosed with end-stage solid organ disease, or who require mechanical ventilation. The bill requires the executive commissioner of the Health and Human Services Commission (HHSC) to adopt rules to implement that requirement not later than December 1, 2015.

C.S.H.B. 1623 repeals Section 531.02176, Government Code, as amended by S.B. 219, Acts of the 84th Legislature, Regular Session, 2015, prohibiting HHSC from reimbursing providers under Medicaid for the provision of home telemonitoring services on or after September 1, 2015.

### **EFFECTIVE DATE**

September 1, 2015.

## COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 1623 may differ from the original in minor or nonsubstantive ways, the following comparison is organized and formatted in a manner that indicates the substantial differences between the introduced and committee substitute versions of the bill.

### INTRODUCED

SECTION 1. Section 531.02164, Government Code, is amended.

SECTION 2. Section 531.02176, Government Code, is amended to read as follows:

Sec. 531.02176. EXPIRATION OF MEDICAID REIMBURSEMENT FOR PROVISION OF HOME TELEMONITORING SERVICES.

Notwithstanding any other law, the commission may not reimburse providers under the Medicaid program for the provision of home telemonitoring services, other than telemonitoring services provided to pediatric patients under Section 531.02164(c-1), on or after September 1, 2015.

SECTION 3. The executive commissioner of the Health and Human Services Commission shall adopt the rules necessary to implement Section 531.02164(c-1), Government Code, as added by this Act, not later than December 1, 2015.

SECTION 4. If before implementing any provision of this Act a state agency determines that a waiver, an amendment to an existing waiver, or another authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver, amendment to the existing waiver, or other authorization and may delay implementing that provision until the waiver, amendment, or authorization is granted.

SECTION 5. This Act takes effect September 1, 2015.

### HOUSE COMMITTEE SUBSTITUTE

SECTION 1. Same as introduced version.

SECTION 2. Section 531.02176, Government Code, as amended by S.B. 219, Acts of the 84th Legislature, Regular Session, 2015, **is repealed.**

SECTION 3. Same as introduced version.

SECTION 4. Same as introduced version.

SECTION 5. Same as introduced version.