

BILL ANALYSIS

C.S.H.B. 1063
By: Price
Human Services
Committee Report (Substituted)

BACKGROUND AND PURPOSE

It has been reported that, although the value of telemonitoring in a home health care setting has been demonstrated, the telemonitoring services eligible for Medicaid reimbursement may not be well suited to the health care needs of children. It has also been suggested that the provisional status of these services is no longer necessary. C.S.H.B. 1063 seeks to address these issues by expanding eligibility criteria to include certain pediatric patients and removing the expiration date from the applicable statutory provisions.

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 4 of this bill.

ANALYSIS

C.S.H.B. 1063 amends the Government Code to require the program permitting Medicaid reimbursement for home telemonitoring services provided to certain persons to provide that such services are available to pediatric persons who are diagnosed with end-stage solid organ disease, have received an organ transplant, or require mechanical ventilation. The bill requires the executive commissioner of the Health and Human Services Commission (HHSC) to adopt the rules necessary to implement that requirement not later than December 1, 2019. The bill includes the cost savings of telemedicine medical, telehealth, and home telemonitoring services to Medicaid among the contents of a certain biennial HHSC report on the effects of those services on Medicaid in Texas.

C.S.H.B. 1063 repeals Section 531.02176, Government Code, which prohibits HHSC from reimbursing providers under Medicaid for the provision of home telemonitoring services on or after September 1, 2019.

EFFECTIVE DATE

September 1, 2019.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 1063 may differ from the original in minor or nonsubstantive ways, the following summarizes the substantial differences between the introduced and committee substitute versions of the bill.

The substitute does not include pediatric persons who are being concurrently treated by at least three medical specialists among those eligible for Medicaid reimbursable home telemonitoring services.

The substitute includes a provision requiring the cost savings of telemedicine medical, telehealth, and home telemonitoring services to Medicaid to be included in a certain HHSC report.