

**SUBJECT:** Medicaid reimbursement for telemedicine

**COMMITTEE:** Public Health — committee substitute recommended

**VOTE:** 8 ayes — Gray, Capelo, Delisi, Glaze, Hilderbran, Maxey, McClendon, Uresti

0 nays

1 absent — Coleman

**WITNESSES:** None

**BACKGROUND:** The state/federal Medicaid program reimburses telemedical consultations provided by medical school or rural health-facility physicians to rural county health professionals, such as nurses, doctors, and mental health professionals.

The Government Code defines a rural health facility as a nonprofit hospital or a medical school-affiliated health clinic located in a rural county and at least 30 miles from any accredited medical school. The code defines a rural county as one with a population of less than 50,000.

**DIGEST:** CSHB 517 would expand the Medicaid telemedicine reimbursement to include consultations between one health professional and another who practices in an area designated as a medically underserved area or a health professionals shortage area.

The bill would amend the definition of a rural county to include counties that contain areas not designated as an urban area by the U.S. Bureau of the Census and that do not have a hospital with fewer than 100 beds.

The bill would redefine a rural health facility to refer to hospitals owned or operated by a city, county, hospital district, or hospital authority and that provide inpatient or outpatient services. It would expand the definition of a health clinic to include a clinic affiliated with a rural hospital or with a federally qualified health center.

Medicaid would have to provide reimbursement for telemedical consultations between health professionals and patients who resided in medically underserved areas or health professional shortage areas if:

- ! the medical examination of the patient was under the control of the consultant health professional;
- ! the consultation involved the participation of the health professional caring for the patient; and
- ! the consultation results were provided in a written report to the health professional who obtained the consultation.

The health commissioner would have to establish an advisory committee to help the Health and Human Services Commission develop policies for telemedical consultations.

This bill would take effect September 1, 1999.

NOTES:

The original bill would have removed the provisions that limit Medicaid reimbursement to telemedicine consultations for rural health professionals.