

SUBJECT: Establishing pilot programs that demonstrate use of technology in Medicaid

COMMITTEE: Human Services — favorable, without amendment

VOTE: 7 ayes — Naishtat, Chavez, Ehrhardt, Noriega, Raymond, Villarreal, Wohlgemuth

0 nays

2 absent — J. Davis, Telford

SENATE VOTE: On final passage, May 3 — 30-0, on the Local and Uncontested Calendar

WITNESSES: (*On House companion bill, HB 2774:*)
For — Carlos Higgins, Texas Silver Haired Legislature; *Registered but did not testify*: Lynda Ender, Texas Senior Advocacy Coalition

Against — None

On — Carmen Varela, Texas Center for Disability Studies

DIGEST: SB 1536 would direct the Health and Human Services Commission (HHSC) to establish pilot programs that demonstrated the use of technology in Medicaid reimbursement. The services would be limited to those that provided rehabilitation services, services for the elderly or disabled, or long-term care, including community-based long-term care.

HHSC would have to seek any necessary federal waivers or authorizations needed to implement the provisions of the bill. Any affected agency could delay implementation until federal waivers or authorization were granted.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2001.

SUPPORTERS SAY: SB 1536 is needed to include nursing homes, rehabilitation centers, and other alternative health care settings in telemedicine projects. Of the many proposals for how the state should use telemedicine in the delivery of health care for Medicaid patients, all of them focus on hospitals, doctors' offices, and other traditional health care settings. This bill would authorize HHSC to develop pilot projects to use telemedicine in nursing homes.

SB 1536 is broad enough to accommodate whichever telemedicine standards the state adopts. If this bill were more prescriptive with regard to the scope or methods of telemedicine, it would be counter to standards the state recently has sought to adopt and would be rendered obsolete by other legislation. By making the bill broad, it would allow room to negotiate within the telemedicine standards the Legislature has approved for other medical settings.

OPPONENTS SAY: Rather than broadly including alternative health-care settings under telemedicine projects, it would be better to include the provisions of SB 1536 within other telemedicine bills to ensure that alternative settings are subject to appropriate standards and patient-protection procedures.

NOTES: The companion bill, HB 2774 by Chavez, was set on the House General State Calendar for May 10. SB 1536 was laid out in lieu of HB 2774 and was postponed.

Telemedicine bills in the House include SB 789 by Moncrief, which passed the House on May 11, and HB 2700 by Chavez, which passed the House on April 18 and was reported favorably, without amendment, by the Senate Health and Human Services Committee on May 11. Both of these bills would regulate telemedicine with regard to Medicaid services. Other bills before the Legislature this session would extend telemedicine to dentistry, pharmacy, and certain regions of the state.