

SUBJECT: Medicaid reimbursement for certain home telemonitoring services

COMMITTEE: Public Health — committee substitute recommended

VOTE: 11 ayes — Crossover, Naishtat, Blanco, Coleman, Collier, S. Davis, Guerra, R. Miller, Sheffield, Zedler, Zerwas

0 nays

WITNESSES: For — Julie Hall-Barrow, Children's Health System of Texas; John Davidson, Texas Public Policy Foundation; (*Registered, but did not testify*: Ray Tsai, Children's Health Pediatric Group; Gabriela Saenz, CHRISTUS Health; Mariah Ramon, Teaching Hospitals of Texas; Marina Hench, Texas Association for Home Care and Hospice; Amanda Martin, Texas Association of Business; Jaime Capelo, Texas Chapter American College of Cardiology; Nora Belcher, Texas e-Health Alliance; Marcus Mitias, Texas Health Resources; Dan Finch, Texas Medical Association; Clayton Travis, Texas Pediatric Society; Rebecca Flores, Texas School Alliance; Francis Luna, Texas School Nurses Organization; Stephanie Mace, United Way of Metropolitan Dallas; Casey Smith, United Ways of Texas)

Against — None

On — (*Registered, but did not testify*: Laurie VanHoose, HHSC)

BACKGROUND: Government Code, sec. 531.02164 instituted a statewide program that permits Medicaid reimbursement for home telemonitoring of patients. The program provides home telemonitoring services to individuals with certain specified medical diagnoses, none of which currently focuses on pediatrics.

The program allows a home health agency or hospital physician to monitor blood pressure, blood oxygen levels, weight, and other vital signs for patients using specialized equipment over a secure connection. Physicians can monitor patients in real time, allowing intervention before

medical conditions escalate. Remote patient telemonitoring is important to patients, especially those who live far away from a major medical facility.

DIGEST:

CSHB 1623 would ensure that Medicaid home telemonitoring services were available to pediatric patients with chronic or complex medical needs who:

- were being treated concurrently by at least three medical specialists;
- were medically dependent on technology;
- were diagnosed with end-stage solid organ disease; or
- required mechanical ventilation.

The executive commissioner of HHSC would adopt rules necessary to implement the bill by Dec. 1, 2015.

The bill would direct a state agency needing a waiver or authorization from a federal agency to implement a provision of the bill to request that waiver or authorization. The affected state agency could delay implementation of affected provisions in the bill until the agency received the waiver or authority.

This bill would take effect September 1, 2015.