

SUBJECT: Reimbursing certain Medicaid providers for school telehealth services

COMMITTEE: Public Health — favorable, without amendment

VOTE: 11 ayes — Price, Sheffield, Arévalo, Burkett, Coleman, Collier, Cortez,  
Guerra, Klick, Oliverson, Zedler

0 nays

SENATE VOTE: On final passage, May 1 — 29-2 (Hall, Uresti)

WITNESSES: For — Adrian Mamikonian; (*Registered, but did not testify*: Cynthia  
Humphrey, Association of Substance Abuse Programs; Christine Yanas,  
Methodist Healthcare Ministries of South Texas; Amanda Martin, Texas  
Association of Business; Grover Campbell, Texas Association of School  
Boards; Nora Belcher, Texas e-Health Alliance; Dan Finch, Texas  
Medical Association; Denise Rose, Texas Occupational Therapy  
Association)

Against — None

On — (*Registered, but did not testify*: Tamela Griffin, Health and Human  
Services Commission)

BACKGROUND: Government Code, sec. 531.02162 directs the Health and Human Services  
Commission (HHSC) executive commissioner by rule to establish policies  
that permit reimbursement under Medicaid and the Children's Health  
Insurance Program for telemedicine and telehealth services to children  
with special health care needs.

Sec. 531.0217 requires HHSC to ensure that Medicaid reimbursement is  
provided to a physician for a telemedicine medical service provided by the  
physician, even if the physician is not the patient's primary care physician  
or provider, if:

- the physician is an authorized health care provider under Medicaid;

- the patient is a child who receives the service in a primary or secondary school-based setting;
- the parent or legal guardian of the patient provides consent before the service is provided; and
- a health professional is present with the patient during the treatment.

**DIGEST:**

SB 922 would require the Health and Human Services Commission to ensure that Medicaid reimbursement was provided to a school district or open-enrollment charter school for telehealth services provided through the school district or charter school by a health professional as defined by the bill, even if the health professional was not the patient's primary care provider, if:

- the school district or charter school was an authorized health care provider under Medicaid; and
- the parent or legal guardian of the patient provided consent before the service was provided.

A "health professional" would mean an individual who was:

- licensed, registered, certified, or otherwise authorized by the state of Texas to practice as a social worker, occupational therapist, or speech-language pathologist;
- a licensed professional counselor; or
- a licensed specialist in school psychology.

If, before implementing a provision of SB 922, a state agency determined that a waiver or authorization from a federal agency was necessary to implement the provision, the agency would request the waiver or authorization and could delay implementation of the bill until it was granted.

The bill would take effect September 1, 2017.

**SUPPORTERS**

SB 922 would make it easier for schools, especially those in remote areas,

**SAY:** to provide students with required therapy and counseling services, and would result in savings to public funds. Many rural schools currently have to spend significant tax dollars to bring specialists to their school from elsewhere in the state. Allowing telehealth for these services under SB 922 would reduce this expense.

The bill would not increase the types of services provided or the services covered by Medicaid but would allow school districts to use telehealth as the delivery model to provide them. The bill also would protect parents' rights by requiring consent from a parent or guardian before a service was provided.

The bill would not require school districts to use telehealth but instead would allow it to be used in certain circumstances if needed.

**OPPONENTS SAY:** While the telehealth delivery model may be appropriate for some services, telehealth should not be allowed to be substituted for all of them if the in-person model is more effective.

**NOTES:** The companion bill, HB 2123 by Gonzales, was referred to the House Public Health Committee on March 20.