SUBJECT: Amending the provision of home telemonitoring services under Medicaid

COMMITTEE: Public Health — committee substitute recommended

VOTE: 11 ayes — Klick, Campos, Collier, Jetton, A. Johnson, J. Jones, V. Jones, Oliverson, Price, Smith, Tinderholt

0 nays

WITNESSES: For — Jennifer Mertz, Texas Association of Community Health Centers; Nora Belcher, Texas e-Health Alliance (*Registered, but did not testify*: Omodele Ojomo, Autism Society of Texas; Elizabeth Stoll, Baxter Healthcare; Michael Webb, Equality Federation; Katherine Strandberg, Every Body Texas; Jennifer Biundo, Healthy Futures of Texas; Lindsay Lanagan, Legacy Community Health; Christine Yanas, Methodist Healthcare Ministries; Elena Ferguson, Positive Women's Network-USA; Timothy Ottinger, St. Luke's Health; Maureen Milligan, Teaching Hospitals of Texas; Tom Banning, Texas Academy of Family Physicians; David Reynolds, Texas Chapter American College of Physicians Services; Steve Wohleb, Texas Hospital Association; Michelle Romero, Texas Medical Association; Jill Sutton, Texas Osteopathic Medical Association; Clayton Travis, Texas Pediatric Society; Kristen Lenau, Texas Women's Healthcare Coalition; Laura Atlas Kravitz, Texas Women's Foundation; Arthur Simon; Cynthia Van Maanen)

Against — None

On — (*Registered, but did not testify*: Emily Zalkovsky, Health & Human Services Commission; Venus Alemanji)

BACKGROUND: Government Code sec. 531.02164 establishes a program for Medicaid reimbursement for home telemonitoring services. Reimbursement for home telemonitoring services is only available for services provided to patients with certain conditions who exhibit two or more specified risk factors.

Some have raised concerns that limitations on Medicaid reimbursement for home telemonitoring services could prevent these services from being used to their fullest benefit, including to prevent maternal mortality and morbidity.

DIGEST:

CSHB 2727 would amend the definition of "home telemonitoring service" to include remote health data monitoring provided by rural health clinics and federally qualified health centers.

Home telemonitoring services would be eligible for Medicaid reimbursement if the service was determined to be clinically effective, rather than cost-effective and feasible. The bill would add end stage renal disease, conditions that require renal dialysis treatment, and any other condition the Health and Human Services Commission (HHSC) determined that home telemonitoring services would be clinically effective to the list of conditions for which home telemonitoring services could be reimbursed by Medicaid.

For services to be eligible for reimbursement, patients would be required to have at least one risk factor instead of two or more. In the list of risk factors a patient could exhibit, the bill would replace a risk factor of having a documented history of falls in the prior six-month period with a risk factor of having a documented risk of falls. Limited or absent informal support systems and living alone or being home alone for extended periods of time would be removed from the list of risk factors.

Clinical information gathered by federally qualified health centers and rural clinics while providing home telemonitoring services would have to be shared with the patient's physician. Providers would also be required to establish a plan of care that included outcome measures for each patient receiving home telemonitoring services and share the plan and outcome measures with the patient's physician.

To the extent permitted by state and federal law, providers would be required to provide patients experiencing a high-risk pregnancy with clinically appropriate home telemonitoring services equipment for

temporary use in the patient's home. By rule, HHSC's executive commissioner would establish criteria to identify patients experiencing a high-risk pregnancy who would benefit from access to home telemonitoring services equipment and, if feasible and clinically appropriate, ensure that the home telemonitoring services equipment included uterine and pregnancy-induced hypertension remote monitoring services equipment.

Providers would be required to obtain prior authorization from HHSC before providing equipment to a patient during the first month the equipment was provided to the patient and an extension of the authorization from HHSC based on the patient's ongoing medical need before providing the equipment in a subsequent month. A request for prior authorization for home telemonitoring services for a high-risk pregnancy would have to be based on an in-person assessment of the patient. Documentation of the patient's ongoing medical need for the equipment would need to be provided to HHSC before an extension was provided. HHSC also would prohibit payment or reimbursement for equipment during any period that the equipment was not in use because the patient was hospitalized or away from the patient's home, regardless of whether the equipment remained in the patient's home.

When providing home telemonitoring services for patients who had conditions and risk factors other than those expressly authorized, HHSC and managed care organizations would have to determine whether the services were cost-effective and clinically effective before reimbursing providers rather than consider whether the services were cost-effective and clinically effective.

If a state agency determined that a waiver or authorization from a federal agency was necessary to implement the bill, the agency would be required to request the waiver and could delay implementation until the waiver or authorization was 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, 2023.

NOTES:

According to the Legislative Budget Board, CSHB 2727 would have a negative impact of about $13.3 million on general revenue related funds for fiscal 2024-25.