

BILL ANALYSIS

Senate Research Center
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C.S.S.B. 1483
By: Duncan
Health & Human Services
4/10/2001
Committee Report (Substituted)

DIGEST AND PURPOSE

The rural Texas-Mexico border areas of Texas are typically medically underserved and tend to have lower Medicaid reimbursement rates. C.S.S.B. 1483 requires the Health and Human Services Commission to create and administer telemedicine and telehealth services pilot programs in border areas to enhance health care services and provide for reimbursement and regulation of telemedicine and telehealth services.

RULEMAKING AUTHORITY

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Chapter 531B, Government Code, by adding Sections 531.02171 and 531.02172, as follows:

Sec. 531.02171. **TELEMEDICINE MEDICAL SERVICES AND TELEHEALTH SERVICES PILOT PROGRAMS.** (a) Defines “health professional,” “physician,” “telehealth service,” and “telemedicine medical service.”

(b) Requires the Health and Human Services Commission (commission) to establish pilot programs in designated areas of this state under which the commission, in administering government-funded health programs, may reimburse a health care professional participating in the pilot program for telemedicine medical services or telehealth services authorized under the licensing law applicable to the health care professional. Requires each pilot program established before January 1, 2003, to provide services in areas of this state that are not more than 150 miles from the border between this state and the United Mexican States.

(c) Requires the commission, in developing and operating a pilot program under this section, to:

- (1) solicit and obtain support for the program from local officials and the medical community;
- (2) focus on enhancing health outcomes in the area served by the pilot program through increased access to medical or health care services, including certain services;
- (3) establish quantifiable measures and expected health outcomes for each authorized telemedicine medical service or telehealth service;
- (4) consider condition-specific applications of telemedicine medical services or telehealth services, including applications for certain health conditions; and
- (5) demonstrate that the provision of services authorized as telemedicine medical

services or telehealth services will not adversely affect the delivery of traditional medical services or other health care services within the area served by the pilot program.

Sec. 531.02172. **TELEMEDICINE ADVISORY COMMITTEE.** (a) Requires the commissioner of health and human services (commissioner) to establish an advisory committee to assist the commission in:

- (1) evaluating policies for telemedical consultations under Section 531.0217;
- (2) evaluating policies for telemedicine medical service or telehealth service pilot programs established under Section 531.02171;
- (3) ensuring the efficient and consistent development and use of telecommunication technology for telemedical consultations and telemedicine medical services or telehealth services reimbursed under government-funded health programs;
- (4) monitoring the type of programs receiving reimbursement under Section 531.0217 and 531.02171; and
- (5) coordinating the activities of state agencies concerned with the use of telemedical consultations and telemedicine medical services or telehealth services.

(b) Sets forth the required composition of the advisory committee.

(c) Provides that a member of the advisory committee serves at the will of the commissioner.

SECTION 2. Amends Section 57.042, Utilities Code, by amending Subdivision (11) and adding Subdivision (12) to define “telehealth service” and “telemedicine medical service,” rather than “telemedicine.”

SECTION 3. Amends Sections 57.047(a) and (b), Utilities Code, to authorize the telecommunications infrastructure fund board (board) to award a grant to a project or proposal that provides equipment and infrastructure necessary for telemedicine medical services or telehealth services. Authorizes the board to award a loan to a project or proposal to acquire equipment needed for telemedicine medical services projects.

SECTION 4. Amends Chapter 57C, Utilities Code, by adding Section 57.0471, as follows:

Sec. 57.0471. **GRANTS TO CERTAIN HEALTH CARE FACILITIES.** Provides that a physician, health care professional, or health care facility providing telemedicine medical services or telehealth services and participating in a pilot program under Section 531.02171, Government Code, is eligible to receive a grant under Section 57.047.

SECTION 5. Repealer: Section 531.0217(h) (regarding an advisory committee), Government Code.

SECTION 6. (a) Requires the commissioner of health and human services to establish the telemedical consultation advisory committee as required by Section 531.02172, Government Code, as added by this Act, not later than December 31, 2001.

(b) Requires the advisory committee established under Section 531.02172, Government Code, as added by this Act, not later than September 1, 2003, to prepare a report relating to the implementation of the pilot programs established under Section 531.02171, Government Code, as added by this Act, and to provide the report to the governor, lieutenant governor, speaker of the house of representatives, and appropriate standing committees of the senate and house of representatives.

SECTION 7. Provides that the advisory committee established under Section 531.0217(h), Government Code, is abolished on the effective date of this Act.

SECTION 8. Effective date: upon passage or September 1, 2001.

SUMMARY OF COMMITTEE CHANGES

Differs from the original as follows:

- Amends the previously proposed heading of proposed Section 531.02171, Government Code, adds definitions, and changes the proposed definition of “telemedicine medical service.”
- Throughout the bill, refers to “telehealth services” along with “telemedicine medical services” and “health care services” along with “medical services.”
- In Section 531.02171(b), refers to the provision, rather than operation, of services, and in Subsection (c), refers to the delivery, rather than provision, of services.
- Adds the provisions proposed in SECTIONS 2 and 3 of the bill and redesignates subsequent SECTIONS 2-6 as SECTIONS 4-8.
- Adds a physician and a health care facility to the list of entities eligible to receive a grant in SECTION 4.
- In SECTION 5, clarifies that the repealer is in the Government Code.
- In SECTION 6(b), clarifies that the referenced section is from the Government Code.