

BILL ANALYSIS

Senate Research Center
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C.S.H.B. 2727
By: Price et al. (Perry)
Health & Human Services
5/19/2023
Committee Report (Substituted)

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

Current Texas statute allows remote patient monitoring services, or telemonitoring services, in Medicaid in certain circumstances. However, the cost and clinical benefits from these services are not being fully realized, and programs are not being increased for the Health and Human Services Commission (HHSC) to utilize these benefits to the fullest allowable extent. Maternal mortality and morbidity continue to be a topic of concern and discussion of the legislature, and telemonitoring services may be beneficial in certain high-risk pregnancy circumstances. H.B. 2727 seeks to provide for telemonitoring services under Medicaid for certain high-risk pregnancies and certain other diagnosed medical conditions.

H.B. 2727 amends the Government Code to change the determination that triggers the requirement for HHSC to establish a statewide program that permits Medicaid reimbursement for home telemonitoring services for persons with certain medical conditions from a determination that the program is cost-effective and feasible to a determination that the program is clinically effective. The bill revises the requirements for that program as follows:

Includes the following among the diagnosed medical conditions for which the program must provide that home telemonitoring services are available:

- end stage renal disease;
- a condition that requires renal dialysis treatment; or
- any other condition for which home telemonitoring services would be clinically effective, as determined by HHSC rule;

Changes the number of qualifying risk factors that a person with an applicable condition must exhibit to be eligible for program services from two or more to at least one;

Removes limited or absent informal support systems and living alone or being home alone for extended periods of time as qualifying risk factors;

Changes one of the qualifying risk factors from a documented history of falls in the prior six-month period to a documented risk of falls;

Requires the program to ensure that clinical information gathered by a federally qualified health center or rural health clinic while providing home telemonitoring services is shared with the patient's physician;

Requires the program to require a provider to establish a plan of care that includes outcome measures for each patient who receives services under the program and to share the plan and outcome measures with the patient's physician; and

Requires the program to provide patients experiencing a high-risk pregnancy with clinically appropriate home telemonitoring services equipment for temporary use in the patient's home, to the extent permitted by state and federal law and subject to rules adopted by the executive commissioner of HHSC under the bill's provisions.

The bill revises the definition of "home telemonitoring service" by including a federally qualified health center and a rural health clinic as entities to which an applicable patient's monitored health data is transmitted and establishing that the term is synonymous with "remote patient monitoring."

(Original Author's/Sponsor's Statement of Intent)

C.S.H.B. 2727 amends current law relating to the provision of home telemonitoring services under Medicaid.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 2 (Section 531.02164, Government Code) of this bill.

Rulemaking authority previously granted to the executive commissioner of the Health and Human Services Commission is modified in SECTION 2 (Section 531.02164, Government Code) of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Section 531.001(4-a), Government Code, to redefine "home telemonitoring service" and provide that the term is synonymous with "remote patient monitoring."

SECTION 2. Amends Section 531.02164, Government Code, by amending Subsections (a), (b), (c), (c-1), (d), and (f) and adding Subsections (c-2) and (c-3), as follows:

(a) Provides that in Section 531.02164 (Medicaid Services Provided Through Home Telemonitoring Services):

(1) Defines "federally qualified health center."

(1-a) Creates this subdivision from existing text.

(2) Makes no changes to this subdivision.

(3) Defines "rural health clinic."

(b) Requires the executive commissioner of the Health and Human Services Commission, (executive commissioner; HHSC) to adopt rules for the provision and reimbursement of home telemonitoring services under Medicaid as provided by this section. Deletes existing text requiring the executive commissioner by rule to establish the program as provided under this section if HHSC determines that establishing a statewide program that permits reimbursement under Medicaid for the telemonitoring services would be cost-effective and feasible.

(c) Requires HHSC, for the purposes of adopting rules under this section, to:

(1) identify and provide home telemonitoring services to the persons diagnosed with conditions for which HHSC determines the provision of home telemonitoring services would be cost-effective and clinically effective;

(2) consider providing home telemonitoring services under Subdivision (1) to Medicaid recipients who:

(A) are diagnosed with certain conditions, including end stage renal disease or a condition that requires renal dialysis treatment;

(B) exhibit at least one, rather than two or more, of certain risk factors, including a documented risk of falls, rather than a documented history of falls in the prior six-month period; and

(3) ensure that clinical information gathered by the following providers while providing home telemonitoring services is shared with the recipient's physician:

(A) makes a nonsubstantive change to this paragraph;

(B) a federally qualified health center;

(C) a rural health clinic; or

(D) a hospital;

(4) ensure that the home telemonitoring services provided under this section, rather than program, do not duplicate diseases management program services provided under Section 32.057 (Contracts for Disease Management Programs), Human Resource Code; and

(5) require a provider to:

(A) establish a plan of care that includes outcome measures for each recipient who receives home telemonitoring services under this section; and

(B) share the plan and outcome measures with the recipient's physician.

Deletes existing text requiring the program required under this section to provide that home telemonitoring services are available only to persons who are diagnosed with one or more of certain conditions and exhibit two or more of certain risk factors, including limited or absent informal support systems and living alone or being home alone for extended periods of time, and to ensure that clinical information gathered by a hospital while providing home telemonitoring services is shared with the patient's physician. Makes nonsubstantive changes.

(c-1) Requires HHSC, notwithstanding any other provision of this section, to ensure that home telemonitoring services are available to certain pediatric persons. Makes nonsubstantive and conforming changes.

(c-2) Requires HHSC to determine whether high-risk pregnancy is a condition for which the provision of home telemonitoring services is cost effective and clinically effective in addition to determining whether to provide home telemonitoring services to Medicaid recipients with the conditions described under Subsection (c)(2). Provides that if HHSC determines that high-risk pregnancy is a condition for which the provision of home telemonitoring services is cost-effective and clinically effective:

(1) HHSC is required, to the extent permitted by state and federal law, to provide recipients experiencing a high-risk pregnancy with clinically appropriate home telemonitoring services equipment for temporary use in the recipient's home; and

(2) the executive commissioner is required to, by rule:

(A) establish criteria to identify recipients experiencing a high-risk pregnancy who would benefit from access to home telemonitoring services equipment;

(B) ensure that, if cost-effective, feasible, and clinically appropriate, the home telemonitoring services equipment provided includes uterine remote

monitoring services equipment and pregnancy-induced hypertension remote monitoring services equipment;

(C) subject to Subsection (c-3), require that a provider obtain:

(i) prior authorization from HHSC before providing home telemonitoring services equipment to a recipient during the first month the equipment is provided to the recipient; and

(ii) an extension of the authorization under Subparagraph (i) from HHSC before providing the equipment in a subsequent month based on the ongoing medical needs of the recipient; and

(D) prohibit payment or reimbursement for home telemonitoring services equipment during any period that the equipment was not in use because the recipient was hospitalized or away from the recipient's home regardless of whether the equipment remained in the recipient's home while the recipient was hospitalized or away.

(c-3) Requires HHSC, for the purposes of Subsection (c-2), to require that:

(1) a request for prior authorization under Subsection (c-2)(2)(C)(i) be based on an in-person assessment of the recipient; and

(2) documentation of the recipient's ongoing medical need for the equipment is provided to HHSC before HHSC grants an extension under Subsection (c-2)(2)(C)(ii).

(d) Authorizes HHSC, if after implementation, HHSC determines that a condition for which HHSC has authorized the provision and reimbursement of home telemonitoring services under Medicaid under this section is not cost-effective and clinically effective, to discontinue the availability of home telemonitoring services for that condition and stop providing reimbursement under Medicaid for home telemonitoring services for that condition, notwithstanding Section 531.0216 (Participation and Reimbursement of Telemedicine Medical Service Providers, Teledentistry Dental Service Providers, and Telehealth Service Providers Under Medicaid) or any other law.

(f) Authorizes HHSC or a Medicaid managed care organization, as applicable, to comply with state and federal requirements to provide access to medically necessary services under Medicaid, including the Medicaid managed care program, and if HHSC determines it is cost-effective and clinically effective, to reimburse providers for home telemonitoring services provided to persons who have conditions and exhibit risk factors other than those expressly authorized by this section. Deletes existing text requiring a managed care organization, in determining whether the managed care organization should provide reimbursement for services under this subsection, to consider whether reimbursement for the services is cost-effective and providing the service is clinically effective.

SECTION 3. Requires a state agency, if necessary for implementation of a provision of this Act, to request a waiver or authorization from a federal agency, and authorizes a delay of implementation until such a waiver or authorization is granted.

SECTION 4. Effective date: upon passage or September 1, 2023.