

## **BILL ANALYSIS**

C.S.H.B. 1878  
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Public Health  
Committee Report (Substituted)

### **BACKGROUND AND PURPOSE**

Despite advances in medical science and technology, the delivery of health care continues to primarily occur face-to-face between doctor and patient. Recent advancements in telecommunications and video interfacing, however, now allow doctor and patient to communicate remotely without compromising accurate diagnosis, quality doctor-to-patient discussion, and monitoring of complex medical conditions. Proponents of this technology assert that such communication saves time and money for both doctor and patient and improves health care access. The proponents further contend that school-based telemedicine, which utilizes technology to connect children, pediatricians, school nurses, and parents, allows a physician and school nurse to promptly diagnose children and ensure they receive appropriate follow-up treatment without requiring a parent to miss work, thus saving taxpayers money because of reduced costs of emergency room visits and improved health outcomes for children. C.S.H.B. 1878 seeks to take advantage of recent technological advances to improve access to health care for children in a school-based setting.

### **CRIMINAL JUSTICE IMPACT**

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

### **RULEMAKING AUTHORITY**

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

### **ANALYSIS**

C.S.H.B. 1878 amends the Government Code to require the Health and Human Services Commission (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, if the patient is a child who receives the service in a primary or secondary school-based setting, and if a health professional is present with the patient during the treatment.

C.S.H.B. 1878 includes the parent or legal guardian of a patient receiving a telemedicine medical service among those who may consent to the primary care physician or provider being notified of the service for the purpose of sharing medical information and requires notification of a telemedicine medical service provided to a child in a school-based setting to include a summary of the service, including exam findings, prescribed or administered medications, and patient instructions.

## EFFECTIVE DATE

September 1, 2015.

## COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 1878 may differ from the original in minor or nonsubstantive ways, the following comparison is organized and formatted in a manner that indicates the substantial differences between the introduced and committee substitute versions of the bill and does not indicate differences relating to changes made by S.B. 219, Acts of the 84th Legislature, Regular Session, 2015, which became effective April 2, 2015.

### INTRODUCED

SECTION 1. Section 531.0217, Government Code, is amended by adding Subsection (c-4) and amending Subsection (g) to read as follows:

(c-4) The commission shall 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:

(1) the physician is an authorized health care provider under the Medicaid program;

(2) the patient is a child who receives the service in a primary or secondary school-based setting; and

(3) a health professional is present with the patient during the treatment.

(g) If a patient receiving a telemedicine medical service has a primary care physician or provider and consents or, if appropriate, the patient's parent or legal guardian consents to the notification, the commission may ~~shall~~ require that the primary care physician or provider be notified of the telemedicine medical service for the purpose of sharing medical information. In the case of a service provided to a child in a school-based setting as described by Subsection (c-4), the notification, if any, must include a summary of the service, including exam findings, prescribed or administered medications, and patient instructions.

SECTION 2. If before implementing any provision of this Act a state agency determines that a waiver or authorization from a federal agency is necessary for implementation of that provision, the agency affected by the provision shall request the waiver or authorization and may delay

### HOUSE COMMITTEE SUBSTITUTE

SECTION 1. Section 531.0217, Government Code, is amended by adding Subsection (c-4) and amending Subsection (g) to read as follows:

(c-4) The commission shall 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:

(1) the physician is an authorized health care provider under Medicaid;

(2) the patient is a child who receives the service in a primary or secondary school-based setting; and

(3) a health professional is present with the patient during the treatment.

(g) If a patient receiving a telemedicine medical service has a primary care physician or provider and consents or, if appropriate, the patient's parent or legal guardian consents to the notification, the commission shall require that the primary care physician or provider be notified of the telemedicine medical service for the purpose of sharing medical information. In the case of a service provided to a child in a school-based setting as described by Subsection (c-4), the notification, if any, must include a summary of the service, including exam findings, prescribed or administered medications, and patient instructions.

SECTION 2. Same as introduced version.

implementing that provision until the waiver or authorization is granted.

SECTION 3. This Act takes effect September 1, 2015.

SECTION 3. Same as introduced version.