

- SUBJECT:** Telehealth and telemonitoring services for certain Medicaid recipients
- COMMITTEE:** Public Health — favorable, without amendment
- VOTE:** 9 ayes — Kolkhorst, Naishtat, J. Davis, Gonzales, Hopson, S. King, Laubenberg, Truitt, Zerwas
- 0 nays
- 2 absent — Coleman, McReynolds
- WITNESSES:** For — Brian Devore and Brian Dietrich, Intel; Bob Gentry, Accolade Home Care and Hospice; Rachel Hammon, Texas Association for Home Care; (*Registered, but did not testify:* Jeffrey Clarx, Technology Association of America; Michael Gutierrez; Richard Hernandez, ResCare Home Care; Katy Kappel, Texas Silver Haired Legislature; Cathy Lannan Hosek, Restorative Health Care; Dianne Moe; Michelle Romero, Texas Medical Association; Katherine Zackel, Texans Care for Children)
- Against — None
- On — Matthew Ferrara, Department of State Health Services; (*Registered, but did not testify:* Kay Ghahremani, Health and Human Services Commission)
- BACKGROUND:** Telemedicine medical services are health services provided through the use of advanced telecommunications technologies and performed or delegated by a physician for patient assessment, diagnosis, consultation, or treatment. Telehealth services also use telecommunications technologies, but are delivered by a licensed or certified health professional and do not require the supervision of a physician. Advanced telecommunications technologies include compressed digital interactive video, audio, or data transmission; clinical data transmission using computer imaging; and other technology that facilitates access to health care services. Several pilot programs have been established to provide telehealth and telemedicine medical services for Medicaid patients.
- DIGEST:** HB 3234 would revise the permissible uses of telehealth and telemedicine medical services. The bill would establish provisions governing

reimbursement for and permissible uses of home telemonitoring services.

Chronic obstructive pulmonary disease, hypertension, and congestive heart failure would be added to the list of conditions for which telehealth and telemedicine medical services could be rendered. These services could be used to monitor chronic conditions in addition to their existing permissible applications.

The bill would extend the expiration date of the pilot program for mental health telehealth or telemedicine consultations from September 1, 2009, to September 1, 2011. The Health and Human Services Commission (HHSC) would submit a report, including recommendations, regarding the use of telehealth and telemedicine to deliver mental health services to Medicaid patients.

HHSC would implement a system to reimburse providers of telehealth services for services performed for Medicaid patients. HHSC would encourage the use of telehealth services, including in Medicaid pilots.

HB 3234 would define a “home telemonitoring service” as a health service that required scheduled remote monitoring of data related to a patient’s health and transmission of that information to a licensed home health agency. HHSC would establish the conditions and associated risk factors that would have to be present for the Medicaid program to reimburse a home health agency for treatment using a home telemonitoring service.

HHSC also would establish Medicaid provider identifiers for telehealth and home telemonitoring services providers. The bill would require the adoption of technology standards and the application of annual reporting requirements for telehealth and home telemonitoring services similar to those required for telemedicine medical services.

HB 3234 would add to the Telemedicine Advisory Committee representatives of providers of telemedicine medical services, telehealth services, and home telemonitoring services.

The bill would take effect September 1, 2009.

NOTES:

The companion bill, SB 1769 by Watson, has been referred to the Senate Health and Human Services Committee.