

SUBJECT: Reimbursement of Medicaid providers for school-based telemedicine

COMMITTEE: Public Health — committee substitute recommended

VOTE: 9 ayes — Crossover, Naishtat, Blanco, Coleman, S. Davis, Guerra, Sheffield, Zedler, Zerwas

2 nays — Collier, R. Miller

WITNESSES: For — Ray Tsai, Children's Health Pediatric Group; Julie Hall-Barrow, Children's Health System of Texas; (*Registered, but did not testify:* Gabriela Saenz, CHRISTUS Health; Gyl Switzer, Mental Health America of Texas; Greg Hansch, National Alliance on Mental Illness Texas; Mariah Ramon, Teaching Hospitals of Texas; Amanda Martin, Texas Association of Business; Jaime Capelo, Texas Chapter American College of Cardiology; Nora Belcher, Texas e-Health Alliance; Jennifer Banda, Texas Hospital Association; Dan Finch, Texas Medical Association; Andrew Cates, Texas Nurses Association; Clayton Travis, Texas Pediatric Society; David White, Texas Psychological Association; John Davidson, Texas Public Policy Foundation; Stephanie Mace, United Way of Metropolitan Dallas)

Against — Lee Spiller, Citizens Commission on Human Rights

On — (*Registered, but did not testify:* Laurie VanHoose, HHSC)

BACKGROUND: Government Code, sec. 531.001 defines a "telemedicine medical service" to mean a health care service that is initiated by a physician or provided by a health professional acting under physician delegation and supervision that is provided for patient assessment by a health professional, diagnosis or consultation by a physician, or treatment, or for the transfer of medical data, that requires the use of advanced telecommunications technology, other than telephone or facsimile technology, including:

- compressed digital interactive video, audio, or data transmission;
- clinical data transmission using computer imaging by way of still-

- image capture and store and forward; and
- other technology that facilitates access to health care services or medical specialty expertise.

DIGEST:

CSHB 1878 would direct the Health and Human Services Commission (HHSC) to ensure that Medicaid reimbursement would be provided to a physician for a telemedicine medical service, even if the physician was not the patient's primary care physician or provider. A physician would be reimbursed if:

- the physician was an authorized health care provider under Medicaid;
- the patient was a child who received the service in a primary or secondary school-based setting; and
- a health professional was present with the patient during the treatment.

The bill would allow a patient's parent or legal guardian, if appropriate, to consent to notification of the patient's physician or provider that the telemedicine medical service had been provided. If a telemedicine medical service were provided to a child in a school-based setting, the notification would have to include a summary of the service, including exam findings, prescribed or administered medications, and patient instructions.

If before implementing any provision of the bill a state agency determined that a waiver or authorization from a federal agency was necessary for implementation of that provision, the bill would direct the agency affected by the provision to request the waiver or authorization. The agency could delay implementing that provision until the waiver or authorization was granted.

The bill would take effect September 1, 2015.

**SUPPORTERS
SAY:**

CSHB 1878 would extend access to health care to children who otherwise would not have that access by directing HHSC to ensure that Medicaid reimbursement would be provided to a physician for a telemedicine

medical service in a school-based setting. The bill would ensure proper medical care by requiring a health professional, such as a school nurse, to be present with a child while they received a telemedicine visit from a physician.

The school-based telemedicine treatment model described in the bill already has been implemented as a section 1115 Medicaid waiver program. CSHB 1878 would allow this program to continue, even if the waiver were discontinued at the end of the year. It also would allow the program to expand to other school districts that have shown interest.

The telemedicine model under the bill would not be ongoing doctor-patient care and would not circumvent a child's existing primary care physician. Current statute requires patients' primary care physicians to be notified that their patient received a telemedicine service for the purpose of sharing medical information.

By allowing low-acuity conditions, such as an earache, to be treated sooner rather than later, the bill would reduce health care costs for families who otherwise would have to seek treatment in a higher-cost setting because of the late time school gets out. A telemedicine visit under the bill would allow a school nurse to present the child to a physician through a telemedicine call, during which a physician could listen to heart sounds and could see in the child's ear and throat to make a diagnosis. A patient then could follow up with their primary care physician if they had one.

The bill also would preserve parental consent. Under Family Code, sec. 151.001, parents have the right to consent to their minor child's medical care. A parent would have to consent to telemedicine treatment before it would be provided. Existing statute protecting parental consent for a child's mental health treatment would apply to this bill.

**OPPONENTS
SAY:**

While CSHB 1878 aims to provide school-based treatment for primary care such as treatment for an earache, the bill would not specifically exclude mental health treatment or prescription of psychotropic drugs via

telemedicine, nor would the bill specifically require parental notification for treatment. Under the bill, if parents signed a form at the beginning of a school year consenting to medical treatment for their child, they could inadvertently consent to mental health treatment through telemedicine as well. This could cause a child to be prescribed a psychotropic drug or enter into counseling without a parent's knowledge.