

- SUBJECT:** Allowing reimbursement for telemedicine services to children
- COMMITTEE:** Public Health — committee substitute recommended
- VOTE:** 11 ayes — Crossover, Naishtat, Blanco, Coleman, Collier, S. Davis, Guerra, R. Miller, Sheffield, Zedler, Zerwas
- 0 nays
- WITNESSES:** For — Julie Hall-Barrow, Children’s Health System of Texas;  
(*Registered, but did not testify:* Ray Tsai, Children’s Health Pediatric Group; Gregg Knaupe, Seton Healthcare Family; 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; Dan Finch, Texas Medical Association; Clayton Travis, Texas Pediatric Society; John Davidson, Texas Public Policy Foundation; Stephanie Mace, United Way of Metropolitan Dallas; Casey Smith, United Ways of Texas)
- Against — None
- On — (*Registered, but did not testify:* Laurie VanHoose, Health and Human Services Commission)
- BACKGROUND:** Under Government Code, sec. 531.02162(b), the Health and Human Services Commission (HHSC) is required to establish policies permitting the reimbursement under Medicaid and Children’s Health Insurance Program for telemedicine medical services.
- 1 Texas Administrative Code, Part 15, Ch. 354, Subch. A, Div. 33, §354.1432 outlines the limitations on reimbursement for telemedicine established by HHSC, including that telemedicine services must be provided at an approved patient site. A patient’s home is not included in the list of approved sites for reimbursable telemedicine services.
- DIGEST:** CSHB 2082 would require HHSC to implement a program through which

an eligible child could receive home-based telemedicine services as a Medicaid benefit. The bill would define “telemedicine” as patient assessment, diagnosis, consultation, treatment, or transfer of medical data provided by a physician using advanced telecommunications technology.

Under CSHB 2082, a child would be eligible for inclusion in the program if the child received Medicaid services and had been diagnosed with an end-stage solid organ disease or a condition that required a mechanical ventilator, other dependence on technology, or treatment by three or more specialists.

By January 1, 2019, and at other subsequent times as determined by the executive commissioner, HHSC would be required to submit a report to the Legislature on the clinical outcomes of the program and its impact on medical costs.

The commissioner could adopt rules to implement the program. If a state agency determined that a federal waiver or authorization was required to implement a provision of the bill, the agency would be required to request the waiver or authorization and could delay implementation of that provision until the waiver or authorization was granted.

The bill would take effective September 1, 2015.