

BILL ANALYSIS

Senate Research Center
84R12033 EES-D

S.B. 1471
By: Watson
Health & Human Services
4/20/2015
As Filed

AUTHOR'S / SPONSOR'S STATEMENT OF INTENT

In 2011, the 82nd Legislature passed S.B. 293. This legislation helped create a cost-effective alternative to more traditional ways of providing medical care by allowing Medicaid to cover home telemonitoring services. These services utilize various telecommunications technologies to transmit medical information from the patient's home to care providers. S.B. 293 specified eligibility criteria which targeted those groups most in need of telemonitoring services, and included variables such as frequent hospitalizations, poor adherence to medical regimens, limited informal support structure, and challenges accessing care. Additionally, the bill provided for a Sunset date of September 1, 2015, for Medicaid reimbursement for home telemonitoring services.

Since the passage of S.B. 293, projects have been undertaken and produced data which could show the cost-effectiveness of extending this service beyond the criteria currently listed in statute. Therefore, S.B. 1471 removes the specific eligibility criteria from Section 531.02164 (Medicaid Services Provided through Home Telemonitoring Services), Government Code, and enables the Health and Human Services Commission (HHSC) to provide this service for additional conditions for which cost-effectiveness and feasibility can be shown. This legislation also allows HHSC to conduct pilot projects in order to collect evidence regarding the cost-effectiveness of providing home telemonitoring services to additional populations. Finally, S.B. 1471 extends the Sunset date for Medicaid reimbursement for home telemonitoring services to September 1, 2021.

As proposed, S.B. 1471 amends current law relating to the use of home telemonitoring services under the Medicaid program.

RULEMAKING AUTHORITY

Rulemaking authority is expressly granted to the executive commissioner of the Health and Human Services Commission in SECTION 3 of this bill.

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Section 531.02164, Government Code, by amending Subsection (c) and adding Subsection (f), as follows:

(c) Requires that the home telemonitoring services program (program) required under this section:

(1) provide that home telemonitoring services are available only to a person who:

(A) is diagnosed with a condition for which the Health and Human Services Commission (HHSC) makes an evidence-based determination that monitoring through the use of home telemonitoring services is cost-effective and feasible; and

(B) Makes a nonsubstantive change.

Deletes existing text requiring that the program required under this section provide that home telemonitoring services are available only to persons who are diagnosed with one or more of the health conditions as set forth.

(2) and (3) Makes no change to these subdivisions.

(f) Authorizes HHSC to conduct pilot projects to collect evidence regarding the effectiveness of using home telemonitoring services to monitor certain conditions.

SECTION 2. Amends Section 531.02176, Government Code, as follows:

Sec. 531.02176. EXPIRATION OF MEDICAID REIMBURSEMENT FOR PROVISION OF HOME TELEMONITORING SERVICES. Prohibits HHSC, notwithstanding any other law, from reimbursing providers under the Medicaid program for the provision of home telemonitoring services on or after September 1, 2021, rather than on or after September 1, 2015.

SECTION 3. Requires the executive commissioner of HHSC, as soon as practicable after the effective date of this Act, to adopt necessary rules to implement the changes in law made by this Act.

SECTION 4. 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 5. Effective date: September 1, 2015.