

- SUBJECT:** Expanding certain home telemonitoring services
- COMMITTEE:** Public Health — committee substitute recommended
- VOTE:** 9 ayes — Price, Sheffield, Burkett, Coleman, Cortez, Guerra, Klick, Oliverson, Zedler
- 0 nays
- 2 absent — Arévalo, Collier
- WITNESSES:** For — Edward Stonebraker, Coordination Centric; (*Registered, but did not testify*: Gregg Knaupe, Seton Healthcare Family; Amanda Martin, Texas Association of Business; Tim Schauer, Texas Association of Community Health Plans; Nora Belcher, Texas e-Health Alliance; Marilyn Doyle, Texas Medical Association; David White, Texas Psychological Association; Thomas Parkinson)
- Against — None
- On — Tamela Griffin, Health and Human Services Commission
- BACKGROUND:** Government Code, sec. 531.02164 requires the executive commissioner of the Health and Human Services Commission to establish a statewide program to allow reimbursement under Medicaid for home telemonitoring services if the commission determines that those services would be cost-effective and feasible. Home telemonitoring services are available only to a person diagnosed with certain conditions, including diabetes and hypertension.
- DIGEST:** CSHB 727 would require a home telemonitoring services program under Medicaid to provide reimbursement for services in the event of an unsuccessful data transmission if the provider attempted to communicate with the patient by telephone or in person to establish a successful data transmission. A provider thusly reimbursed could not also be reimbursed for communicating with the patient by telephone or in person while

attempting to establish a successful data transmission.

The bill also would authorize the home telemonitoring program to provide services to pediatric patients with chronic or complex medical needs who:

- were being treated concurrently by at least three medical specialists;
- were diagnosed with end-stage solid organ disease;
- had received an organ transplant; or
- were diagnosed with severe asthma.

The Health and Human Services Commission would be required to adopt necessary rules to implement the provisions of this bill as soon as practicable.

The bill would take effect September 1, 2017.

**SUPPORTERS  
SAY:**

CSHB 727 would allow certain pediatric patients to be eligible for the home telemonitoring program under Medicaid, expanding an important cost-saving program to more vulnerable populations. Currently, only certain conditions qualify, including diabetes and hypertension, which are less common in children. The bill would require the Health and Human Services Commission to adopt rules as soon as practicable, ensuring that the program moved along more quickly than it has in the past.

The bill would encourage providers to join the home telemonitoring program by allowing them to be reimbursed for an attempted communication that was unable to connect to a program member. Because of the steep regulations and costs of the program, providers currently are discouraged from joining. CSHB 727 would ensure that providers could reach out to members without incurring significant costs.

It is not likely that the program would be susceptible to fraud under this bill because only a low cost is incurred when a provider attempts to reach a member. The program is easy to audit because information is gathered electronically. The bill also would prohibit a provider from double

dipping by seeking reimbursement twice for a missed connection.

OPPONENTS  
SAY:

CSHB 727 could leave the Health and Human Services Commission open to fraud by reimbursing providers for attempted connections. A provider could claim to have reached out to a member of the home telemonitoring program and benefit from the reimbursement without incurring any costs.