

By: Laubenberg, Coleman, Guerra,  
Bonnen of Galveston

H.B. No. 2082

Substitute the following for H.B. No. 2082:

By: Crownover

C.S.H.B. No. 2082

A BILL TO BE ENTITLED

AN ACT

relating to developing a program to provide telemedicine medical services to certain children.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS:

SECTION 1. Subchapter B, Chapter 32, Human Resources Code, is amended by adding Section 32.076 to read as follows:

Sec. 32.076. TELEMEDICINE MEDICAL SERVICES FOR CHILDREN WITH CHRONIC OR COMPLEX MEDICAL NEEDS. (a) In this section, "telemedicine medical service" means a health care service that is provided by a physician for purposes of patient assessment, diagnosis, consultation, or treatment, or for the transfer of medical data, and that requires the use of advanced telecommunications technology, other than telephone or facsimile technology, including:

(1) compressed digital interactive video, audio, or data transmission;

(2) clinical data transmission using computer imaging by way of still-image capture and store and forward; and

(3) other technology that facilitates access to health care services or medical specialty expertise.

(b) The commission shall develop and implement a program to:

(1) enable an eligible child described under Subsection (c) to receive medical assistance benefits for health care services provided in the child's residence through

1 telemedicine medical services; and

2 (2) provide reimbursement for telemedicine medical  
3 services under Subdivision (1).

4 (c) A child is eligible for inclusion in the program under  
5 this section if the child:

6 (1) is a recipient of medical assistance; and

7 (2) has been diagnosed with:

8 (A) an end-stage solid organ disease; or

9 (B) a condition that, as determined by commission  
10 rule, requires:

11 (i) mechanical ventilation;

12 (ii) the child to be technology-dependent;

13 or

14 (iii) the child to be treated by three or  
15 more specialists.

16 (d) Not later than January 1, 2019, and at other times after  
17 that date as determined appropriate by the executive commissioner,  
18 the commission shall report to the legislature on results and  
19 outcomes of the program. A report must include:

20 (1) an evaluation of clinical outcomes of the program,  
21 including the program's success in reducing expected emergency  
22 department visits; and

23 (2) the program's impact on medical costs.

24 (e) The executive commissioner may adopt rules to implement  
25 this section.

26 SECTION 2. If before implementing any provision of this Act  
27 a state agency determines that a waiver or authorization from a

1 federal agency is necessary for implementation of that provision,  
2 the agency affected by the provision shall request the waiver or  
3 authorization and may delay implementing that provision until the  
4 waiver or authorization is granted.

5 SECTION 3. This Act takes effect September 1, 2015.