

Chapter 148

H.B. No. 1697

1 AN ACT

2 relating to the establishment of a pediatric health
3 tele-connectivity resource program for rural Texas.

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

5 SECTION 1. Subtitle I, Title 4, Government Code, is amended
6 by adding Chapter 541 to read as follows:

7 CHAPTER 541. PEDIATRIC TELE-CONNECTIVITY RESOURCE PROGRAM FOR
8 RURAL TEXAS

9 Sec. 541.001. DEFINITIONS. In this chapter:

10 (1) "Nonurban health care facility" means a hospital
11 licensed under Chapter 241, Health and Safety Code, or other
12 licensed health care facility in this state that is located in a
13 rural area as defined by Section 845.002, Insurance Code.

14 (2) "Pediatric specialist" means a physician who is
15 certified in general pediatrics by the American Board of Pediatrics
16 or American Osteopathic Board of Pediatrics.

17 (3) "Pediatric subspecialist" means a physician who is
18 certified in a pediatric subspecialty by a member board of the
19 American Board of Medical Specialties or American Osteopathic Board
20 of Pediatrics.

21 (4) "Pediatric tele-specialty provider" means a
22 pediatric health care facility in this state that offers continuous
23 access to telemedicine medical services provided by pediatric
24 subspecialists.

1 (5) "Physician" means a person licensed to practice
2 medicine in this state.

3 (6) "Program" means the pediatric tele-connectivity
4 resource program for rural Texas established under this chapter.

5 (7) "Telemedicine medical services" means health care
6 services delivered to a patient:

7 (A) by a physician acting within the scope of the
8 physician's license or a health professional acting under the
9 delegation and supervision of a physician and within the scope of
10 the health professional's license;

11 (B) from a physical location that is different
12 from the patient's location; and

13 (C) using telecommunications or information
14 technology.

15 Sec. 541.002. PEDIATRIC TELE-CONNECTIVITY RESOURCE PROGRAM
16 FOR RURAL TEXAS. The commission with any necessary assistance of
17 pediatric tele-specialty providers shall establish a pediatric
18 tele-connectivity resource program for rural Texas to award grants
19 to nonurban health care facilities to connect the facilities with
20 pediatric specialists and pediatric subspecialists who provide
21 telemedicine medical services.

22 Sec. 541.003. USE OF GRANT. A nonurban health care facility
23 awarded a grant under this chapter may use grant money to:

24 (1) purchase equipment necessary for implementing a
25 telemedicine medical service;

26 (2) modernize the facility's information technology
27 infrastructure and secure information technology support to ensure

1 an uninterrupted two-way video signal that is compliant with the
2 Health Insurance Portability and Accountability Act of 1996 (Pub.
3 L. No. 104-191);

4 (3) pay a service fee to a pediatric tele-specialty
5 provider under an annual contract with the provider; or

6 (4) pay for other activities, services, supplies,
7 facilities, resources, and equipment the commission determines
8 necessary for the facility to use a telemedicine medical service.

9 Sec. 541.004. SELECTION OF GRANT RECIPIENTS. (a) The
10 commission with any necessary assistance of pediatric
11 tele-specialty providers may select an eligible nonurban health
12 care facility to receive a grant under this chapter.

13 (b) To be eligible for a grant under this chapter, a
14 nonurban health care facility must have:

15 (1) a quality assurance program that measures the
16 compliance of the facility's health care providers with the
17 facility's medical protocols;

18 (2) on staff at least one full-time equivalent
19 physician who has training and experience in pediatrics and one
20 person who is responsible for ongoing nursery and neonatal support
21 and care;

22 (3) a designated neonatal intensive care unit or an
23 emergency department;

24 (4) a commitment to obtaining neonatal or pediatric
25 education from a tertiary facility to expand the facility's depth
26 and breadth of telemedicine medical service capabilities; and

27 (5) the capability of maintaining records and

1 producing reports that measure the effectiveness of a grant
2 received by the facility under this chapter.

3 Sec. 541.005. GIFTS, GRANTS, AND DONATIONS. (a) The
4 commission may solicit and accept gifts, grants, and donations from
5 any public or private source for the purposes of this chapter.

6 (b) A political subdivision that participates in the
7 program may pay part of the costs of the program.

8 Sec. 541.006. WORK GROUP. (a) The commission may establish
9 a program work group to:

10 (1) assist the commission with developing,
11 implementing, or evaluating the program; and

12 (2) prepare a report on the results and outcomes of the
13 grants awarded under this chapter.

14 (b) A member of a program work group established under this
15 section is not entitled to compensation for serving on the program
16 work group and may not be reimbursed for travel or other expenses
17 incurred while conducting the business of the program work group.

18 (c) A program work group established under this section is
19 not subject to Chapter 2110.

20 Sec. 541.007. REPORT TO GOVERNOR AND LEGISLATURE. Not
21 later than December 1 of each even-numbered year, the commission
22 shall submit a report to the governor and members of the legislature
23 regarding the activities of the program and grant recipients,
24 including the results and outcomes of grants awarded under this
25 chapter.

26 Sec. 541.008. RULES. The executive commissioner may adopt
27 rules necessary to implement this chapter.


1 Sec. 541.009. SPECIFIC APPROPRIATION REQUIRED. The
2 commission may not spend state funds to accomplish the purposes of
3 this chapter and is not required to award a grant under this chapter
4 unless money is appropriated for the purposes of this chapter.

5 SECTION 2. Not later than December 1, 2017, the Health and
6 Human Services Commission shall establish and implement the
7 pediatric tele-connectivity resource program for rural Texas
8 authorized by Chapter 541, Government Code, as added by this Act.

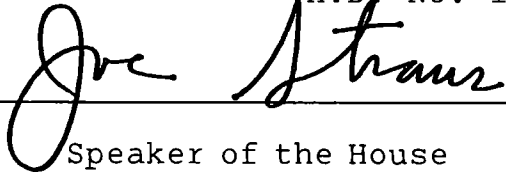
9 SECTION 3. Not later than December 1, 2018, the Health and
10 Human Services Commission shall provide the initial report to the
11 governor and the legislature as required by Section 541.007,
12 Government Code, as added by this Act.

13 SECTION 4. If before implementing any provision of this Act
14 a state agency determines that a waiver or authorization from a
15 federal agency is necessary for implementation of that provision,
16 the agency affected by the provision shall request the waiver or
17 authorization and may delay implementing that provision until the
18 waiver or authorization is granted.

19 SECTION 5. This Act takes effect September 1, 2017.

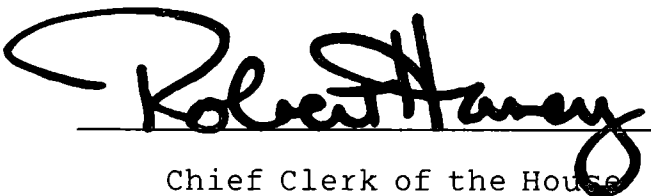


President of the Senate

H.B. No. 1697


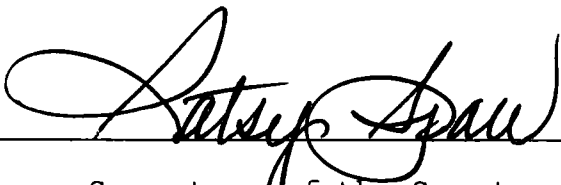
Speaker of the House

I certify that H.B. No. 1697 was passed by the House on April 6, 2017, by the following vote: Yeas 140, Nays 5, 1 present, not voting; and that the House concurred in Senate amendments to H.B. No. 1697 on May 19, 2017, by the following vote: Yeas 141, Nays 1, 1 present, not voting.



Chief Clerk of the House

I certify that H.B. No. 1697 was passed by the Senate, with amendments, on May 12, 2017, by the following vote: Yeas 31, Nays 0.

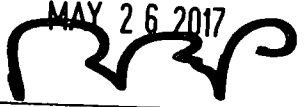


Secretary of the Senate

APPROVED: 5-26-2017
Date



Governor

FILED IN THE OFFICE OF THE
SECRETARY OF STATE
7 PM O'CLOCK
MAY 26 2017


Secretary of State

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

May 15, 2017

TO: Honorable Joe Straus, Speaker of the House, House of Representatives

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB1697 by Price (Relating to the establishment of a pediatric health tele-connectivity resource program for rural Texas.), **As Passed 2nd House**

<p>Due to the number of unknown variables such as the number of potential grant recipients and the value of the grants, there could be an indeterminate fiscal impact to the state.</p>
--

The bill would amend the Government Code to establish a pediatric tele-connectivity resource program for rural Texas grant program. The Health and Human Services Commission (HHSC) would establish and administer the grant program and the grants would support pediatric telemedicine services in nonurban health care facilities. HHSC would be able to solicit and accept gifts, grants, and donations to establish and administer the grant program, but would be prohibited from expending state funds to establish and administer the grant program and HHSC would not be required to award grants unless there is a specific appropriation for the grants.

HHSC indicated the duties and responsibilities associated with establishing a pediatric health electronic access in rural Texas grant program could be accomplished by utilizing existing resources.

However, according to HHSC, the following variables related to the bill provisions are unknown:

- 1) The number of grants that would be awarded to nonurban health care facilities each fiscal year;
- 2) The average grant award to nonurban health care facilities each fiscal year;
- 3) The amount of Federal Funds that would be available to support grants to nonurban health care facilities each fiscal year; and
- 4) The precise items, activities, or services that would be funded with grants to nonurban health care facilities each fiscal year.

There could be an indeterminate fiscal impact to the state depending upon the number of grants and the amount of funding that would be made available. The bill would take effect September 1, 2017.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: UP, TBo, KCA, EP, SD

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

May 4, 2017

TO: Honorable Charles Schwertner, Chair, Senate Committee on Health & Human Services

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB1697 by Price (Relating to the establishment of a pediatric health tele-connectivity resource program for rural Texas.), **Committee Report 2nd House, Substituted**

Due to the number of unknown variables such as the number of potential grant recipients and the value of the grants, there could be an indeterminate fiscal impact to the state.

The bill would amend the Government Code to establish a pediatric tele-connectivity resource program for rural Texas grant program. The Health and Human Services Commission (HHSC) would establish and administer the grant program and the grants would support pediatric telemedicine services in nonurban health care facilities. HHSC would be able to solicit and accept gifts, grants, and donations to establish and administer the grant program, but would be prohibited from expending state funds to establish and administer the grant program and HHSC would not be required to award grants unless there is a specific appropriation for the grants.

HHSC indicated the duties and responsibilities associated with establishing a pediatric health electronic access in rural Texas grant program could be accomplished by utilizing existing resources.

However, according to HHSC, the following variables related to the bill provisions are unknown:

- 1) The number of grants that would be awarded to nonurban health care facilities each fiscal year;
- 2) The average grant award to nonurban health care facilities each fiscal year;
- 3) The amount of Federal Funds that would be available to support grants to nonurban health care facilities each fiscal year; and
- 4) The precise items, activities, or services that would be funded with grants to nonurban health care facilities each fiscal year.

There could be an indeterminate fiscal impact to the state depending upon the number of grants and the amount of funding that would be made available. The bill would take effect September 1, 2017.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: UP, TBo, KCA, EP, SD

LEGISLATIVE BUDGET BOARD

Austin, Texas

FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

May 2, 2017

TO: Honorable Charles Schwertner, Chair, Senate Committee on Health & Human Services

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB1697 by Price (Relating to the establishment of a pediatric health tele-connectivity resource program for rural Texas.), **As Engrossed**

Due to the number of unknown variables such as the number of potential grant recipients and the value of the grants, there could be an indeterminate fiscal impact to the state.

The bill would amend the Government Code to establish a pediatric tele-connectivity resource program for rural Texas grant program. The Health and Human Services Commission (HHSC) would establish and administer the grant program and the grants would support pediatric telemedicine services in nonurban health care facilities. HHSC would be able to solicit and accept gifts, grants, and donations to establish and administer the grant program, but would be prohibited from expending state funds to establish and administer the grant program and HHSC would not be required to award grants unless there is a specific appropriation for the grants.

HHSC indicated the duties and responsibilities associated with establishing a pediatric health electronic access in rural Texas grant program could be accomplished by utilizing existing resources.

However, according to HHSC, the following variables related to the bill provisions are unknown:

- 1) The number of grants that would be awarded to nonurban health care facilities each fiscal year;
- 2) The average grant award to nonurban health care facilities each fiscal year;
- 3) The amount of Federal Funds that would be available to support grants to nonurban health care facilities each fiscal year; and
- 4) The precise items, activities, or services that would be funded with grants to nonurban health care facilities each fiscal year.

There could be an indeterminate fiscal impact to the state depending upon the number of grants and the amount of funding that would be made available. The bill would take effect September 1, 2017.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: UP, TBo, KCA, EP, SD

**LEGISLATIVE BUDGET BOARD
Austin, Texas**

FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

March 26, 2017

TO: Honorable Four Price, Chair, House Committee on Public Health

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB1697 by Price (Relating to the establishment of a pediatric health tele-connectivity resource program for rural Texas.), **Committee Report 1st House, Substituted**

<p>Due to the number of unknown variables such as the number of potential grant recipients and the value of the grants, there could be an indeterminate fiscal impact to the state.</p>
--

The bill would amend the Government Code to establish a pediatric tele-connectivity resource program for rural Texas grant program. The Health and Human Services Commission (HHSC) would establish and administer the grant program and the grants would support pediatric telemedicine services in nonurban health care facilities. HHSC would be able to solicit and accept gifts, grants, and donations to establish and administer the grant program, but would be prohibited from expending state funds to establish and administer the grant program and HHSC would not be required to award grants unless there is a specific appropriation for the grants.

HHSC indicated the duties and responsibilities associated with establishing a pediatric health electronic access in rural Texas grant program could be accomplished by utilizing existing resources.

However, according to HHSC, the following variables related to the bill provisions are unknown:

- 1) The number of grants that would be awarded to nonurban health care facilities each fiscal year;
- 2) The average grant award to nonurban health care facilities each fiscal year;
- 3) The amount of Federal Funds that would be available to support grants to nonurban health care facilities each fiscal year; and
- 4) The precise items, activities, or services that would be funded with grants to nonurban health care facilities each fiscal year.

There could be an indeterminate fiscal impact to the state depending upon the number of grants and the amount of funding that would be made available. The bill would take effect September 1, 2017.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: UP, KCA, EP, TBo, SD

**LEGISLATIVE BUDGET BOARD
Austin, Texas**

FISCAL NOTE, 85TH LEGISLATIVE REGULAR SESSION

March 13, 2017

TO: Honorable Four Price, Chair, House Committee on Public Health

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB1697 by Price (Relating to the establishment of a pediatric health electronic access in rural Texas grant program.), **As Introduced**

<p>Due to the number of unknown variables such as the number of potential grant recipients and the value of the grants, there could be an indeterminate fiscal impact to the state.</p>
--

The bill would amend the Government Code to establish a pediatric health electronic access in rural Texas grant program. The Health and Human Services Commission (HHSC) would establish and administer the grant program and the grants would support pediatric telemedicine services in nonurban health care facilities. HHSC would be able to solicit and accept gifts, grants, and donations to establish and administer the grant program, but would be prohibited from expending state funds to establish and administer the grant program and HHSC would not be required to award grants unless there is a specific appropriation for the grants.

HHSC indicated the duties and responsibilities associated with establishing a pediatric health electronic access in rural Texas grant program could be accomplished by utilizing existing resources.

However, according to HHSC, the following variables related to the bill provisions are unknown:

- 1) The number of grants that would be awarded to nonurban health care facilities each fiscal year;
- 2) The average grant award to nonurban health care facilities each fiscal year;
- 3) The amount of Federal Funds that would be available to support grants to nonurban health care facilities each fiscal year; and
- 4) The precise items, activities, or services that would be funded with grants to nonurban health care facilities each fiscal year.

There could be an indeterminate fiscal impact to the state depending upon the number of grants and the amount of funding that would be made available. The bill would take effect September 1, 2017.

Local Government Impact

No significant fiscal implication to units of local government is anticipated.

Source Agencies: 529 Health and Human Services Commission

LBB Staff: UP, EP, TBo, SD