



## HB 4 and SB 412 Provide Smart Telehealth Expansion

### Description

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Throughout the COVID-19 crisis, Texas health plans and Medicaid health plans have expanded access to care by encouraging and expanding telehealth services and waiving cost sharing, helping Texans receive the care they need from the safety of their homes. The crisis brought with it an explosion in the use of telehealth across Texas—regardless of patient age and type of health insurance. So far, telehealth appears to be fulfilling its promise as a significant part of the health care system.

The COVID-19 crisis has demonstrated the importance of telehealth in the Medicaid program. Even before the COVID-19 crisis, telemedicine was helping to close health care gaps, especially for rural Texans and those with barriers to care. The suspension of many regulations as part of the emergency response has further demonstrated the promise of telehealth.

The public health crisis also demonstrated that managed care organizations can successfully use telehealth to conduct service coordination activities and client assessments for Medicaid clients. We have learned that many clients prefer this option to having a service coordinator in their homes for long periods of time and that telehealth can help ensure more timely

assessments. While telehealth assessments may not work for every client in the Medicaid program, clients should continue to have the option.

Now, as we begin discussing how to carry the recent success of telehealth into the future, it is important to determine which policy changes help fulfill the promises of telehealth—improving efficient access to care, enhancing outcomes, and creating cost savings—to achieving those promises.

[Senate Bill 412](#) by Sen. Dawn Buckingham, heard yesterday in committee, and [House Bill 4](#) by Rep. Four Price are helping achieve those promises.

## **HB 4 and SB 412 Expand Telehealth Smartly**

Texas health plans are proud to be part of the telehealth solution, expanding the access and ease of care. Since 2005, telemedicine has grown at a robust rate of [52% a year](#). During the COVID-19 crisis, that number grew exponentially and [94% of Texans](#) who used telemedicine said they would use it again.

HB 4 and SB 412 expand telehealth in a way that is healthy for Texans by increasing and improving access to telemedicine and telehealth services in the Medicaid program. There have been many telemedicine bills filed this session, but SB 412 and HB 4 are the most comprehensive bills that eliminate regulatory barriers and improve access in the Medicaid program while not creating payment parity mandates.

SB 412 and HB 4 include several important provisions, including:

- Increase access in rural areas by allowing rural health centers (RHCs) to bill for telemedicine and telehealth services.
- Allow HHSC to implement audio-only benefits for behavioral health services
- Increase access to telemonitoring services, which can improve health outcomes and reduce emergency room visits.
- Create efficiencies by allowing MCOs to conduct assessments and

service coordination activities for clients through telecommunication.

- Incentivize MCO investment in telehealth by requiring HHSC to consider the availability of telemedicine and telehealth services within the MCO provider network measurements.
- Direct HHSC to adopt and publish guidance that allows MCOs to communicate with their clients via text message.

Importantly, HB 4 and SB 412 don't undermine the support of telehealth by mandating equal payments for in-person visits and telehealth visits. A major benefit of increasing the use of telemedicine is reducing health care costs, but that benefit goes away under a brick-and-mortar payment parity mandate. Independent experts across the political spectrum, including [Brookings](#), the [John Locke Foundation](#), [Americans for Prosperity](#), [TCCRI](#), the [Foundation for Government Accountability](#), and the Progressive Policy Institute, have all said that telemedicine payment parity mandates are harmful to the future of telehealth and do nothing to improve the value of health care or increase access to telehealth.

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For more information, see our [TAHP Telehealth One Pager](#) and check out these additional resources:

[Food for Thought: Removing Regulatory Barriers to Telehealth](#)

[Brookings: Removing Regulatory Barriers to Telehealth Before and After COVID-19](#)

[Brookings: How to Make Telehealth More Permanent After COVID-19](#)

[John Locke Foundation: Removing 21st Century Barriers to Telehealth](#)

[America's Health Insurance Plans: Beyond COVID-19: Policy](#)

[Recommendations to Strengthen and Improve Telehealth Services](#)

[Americans for Prosperity and Progressive Policy Institute: The Promise of Telehealth Beyond the Emergency](#)

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