

## **BILL ANALYSIS**

H.B. 4393  
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Public Health  
Committee Report (Unamended)

### **BACKGROUND AND PURPOSE**

Electronic prescribing, commonly known as e-prescribing, consists of a system of software that connects physicians, pharmacies, and insurance companies to a medication database, securely tracks patient prescription history, and provides drug interaction data and information on dosages. Improvements in health information technology, such as e-prescribing, can yield as much as a 50 percent reduction in errors.

In 2005, the U.S. Dept. of Health and Human Services estimated that fewer than 18 percent of physicians used the technology. In 2008, only an estimated 4 percent of Texas physicians have adopted e-prescribing. As a result, Texas ranks among the bottom half states in the implementation of electronic prescribing. This program to help rural physicians implement e-prescribing is one step that Texas may take to move it proactively toward establishing a 21st century health care system.

H.B. 4393 requires the Health and Human Services Commission to develop a pilot program for a limited number of rural physicians. The program includes a provision requiring high-speed internet connections, electronic equipment, if necessary, and training on the use of the software, internet tools and equipment.

### **RULEMAKING AUTHORITY**

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

### **ANALYSIS**

H.B. 4393 amends the Government Code to require by the Health and Human Services Commission to develop a pilot program to provide electronic prescribing tools at no cost to physicians in rural areas to increase clinical quality, reduce unnecessary costs, and streamline workflows. The bill limits the number of physicians receiving service from the program to not more than 50 physicians in rural areas practicing in not more than five Texas counties. The bill defines "physician" and "rural."

H.B. 4393 requires the pilot program to supply participating physicians with software that connects physicians to a medication database, tracks patient prescription histories, provides drug interaction data and information on dosages, and notifies the physician in real time of the formulary status of a drug. The bill also requires the program to supply physicians with a high-speed Internet connection, electronic equipment, if necessary, and training on the use of the software, Internet tools, and equipment in the pilot program.

H.B. 4393 authorizes the commission to contract with an outside company for the creation of software or for use of existing software. The bill requires the commission to select physicians for participation in the program based on a physician's current access to technology that assists in prescribing. The bill requires the commission to submit a report on the implementation of the

pilot program to the governor, lieutenant governor, speaker of the house of representatives, and legislature not later than January 1, 2010. The bill requires the report to include an assessment of any benefits of the pilot program and any recommendations for future legislation.

H.B. 4393 provides for the expiration of the pilot program on September 1, 2011. The bill requires a state agency that is affected by a provision of the bill to request a federal waiver or authorization if the agency determines that a waiver or authorization is necessary for the implementation of the provision, and it authorizes the agency to delay implementation until the federal waiver or authorization is obtained.

**EFFECTIVE DATE**

September 1, 2009.