

BILL ANALYSIS

C.S.H.B. 2939
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Technology
Committee Report (Substituted)

BACKGROUND AND PURPOSE

Interested parties report that Texas health care providers have invested millions of dollars implementing electronic health record systems in an effort to improve the quality of care delivered to patients and to help reduce the overall costs of health care. A fundamental capability of those systems is to exchange patient and test data using national standards for interoperability developed through the American National Standards Institute. However, it is reported that providers who send information to the state's health and human services agencies are at times unable to use their electronic systems to make timely, efficient, and accurate exchanges. Interested parties assert that as these agencies develop new reporting systems, every effort should be made to build those systems to be compatible with provider systems.

C.S.H.B. 2939 seeks to reduce the total costs of public programs, improve the timeliness and accuracy of agency data exchange, and reduce administrative burdens imposed on providers by ensuring the interoperability of certain systems of Texas health and human services agencies.

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

C.S.H.B. 2939 amends the Government Code to require the executive commissioner of the Health and Human Services Commission (HHSC) to ensure that all information systems for use by HHSC or a health and human services agency in sending protected health information to a health care provider or receiving protected health information from a health care provider, and for which planning or procurement begins on or after September 1, 2013, are capable of sending or receiving that information in accordance with the applicable data exchange standards developed by the appropriate standards development organization accredited by the American National Standards Institute; that, if no national data exchange standards exist for such a system, HHSC makes every effort to ensure that the system is interoperable with the national standards for electronic health records systems; and that HHSC and each health and human services agency establish an interoperability standards plan for all information systems that exchange protected health information with health care providers. The bill requires the executive commissioner, not later than December 1 of each even-numbered year, to report to the governor and the Legislative Budget Board on HHSC's and the health and human services agencies' progress in ensuring the information systems are interoperable with one another and meet the appropriate standards.

EFFECTIVE DATE

On passage, or, if the bill does not receive the necessary vote, September 1, 2013.

COMPARISON OF ORIGINAL AND SUBSTITUTE

While C.S.H.B. 2939 may differ from the original in minor or nonsubstantive ways, the following comparison is organized and highlighted in a manner that indicates the substantial differences between the introduced and committee substitute versions of the bill.

INTRODUCED

SECTION 1. Section 531.0162, Government Code, is amended by adding Subsection (e) to read as follows:

(e) The executive commissioner shall ensure that all communication and information systems, including components, databases, applications, and other information resources purchased on or after September 1, 2013, for use by the commission or a health and human services agency are interoperable with all other communication and information systems purchased on or after that date for use by the commission or a health and human services agency.

SECTION 2. This Act takes effect immediately if it receives a vote of two-thirds of all the members elected to each house, as provided by Section 39, Article III, Texas Constitution. If this Act does not

HOUSE COMMITTEE SUBSTITUTE

SECTION 1. Section 531.0162, Government Code, is amended by adding Subsections (e) and (f) to read as follows:

(e) The executive commissioner shall ensure that:

(1) all information systems for use by the commission or a health and human services agency in sending protected health information to a health care provider or receiving protected health information from a health care provider, and for which planning or procurement begins on or after September 1, 2013, are capable of sending or receiving that information in accordance with the applicable data exchange standards developed by the appropriate standards development organization accredited by the American National Standards Institute;

(2) if no national data exchange standards exist for a system described by this subsection, the commission makes every effort to ensure that the system is interoperable with the national standards for electronic health record systems; and

(3) the commission and each health and human services agency establish an interoperability standards plan for all information systems that exchange protected health information with health care providers.

(f) Not later than December 1 of each even-numbered year, the executive commissioner shall report to the governor and the Legislative Budget Board on the commission's and the health and human services agencies' progress in ensuring that the information systems described in Subsection (e) are interoperable with one another and meet the appropriate standards specified by that subsection.

SECTION 2. Same as introduced version.

receive the vote necessary for immediate effect, this Act takes effect September 1, 2013.