By: Zerwas

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## A BILL TO BE ENTITLED 1 AN ACT 2 relating to the exchange of electronic health information in this 3 state. BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF TEXAS: 4 5 SECTION 1. Section 531.0162, Government Code, is amended by adding Subsections (e) and (f) to read as follows: 6 7 (e) The executive commissioner shall ensure that: (1) all information systems available for use by the 8 9 commission or a health and human services agency in sending protected health information to a health care provider or receiving 10 protected health information from a health care provider, and for 11 12 which planning or procurement begins on or after September 1, 2015, are capable of sending or receiving that information in accordance 13 14 with the applicable data exchange standards developed by the appropriate standards development organization accredited by the 15 16 American National Standards Institute; (2) if national data exchange standards do not exist 17 for a system described by Subdivision (1), the commission makes 18 every effort to ensure the system is interoperable with the 19 national standards for electronic health record systems; and 20 21 (3) the commission and each health and human services agency establish an interoperability standards plan for all 22 23 information systems that exchange protected health information with health care providers. 24

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1 (f) Not later than December 1 of each even-numbered year, 2 the executive commissioner shall report to the governor and the 3 Legislative Budget Board on the commission's and the health and 4 human services agencies' progress in ensuring that the information 5 systems described in Subsection (e) are interoperable with one 6 another and meet the appropriate standards specified by that 7 subsection

7 <u>subsection</u>.

8 SECTION 2. Section 81.044(a), Health and Safety Code, is 9 amended to read as follows:

10 (a) The board shall prescribe the form and method of 11 reporting under this chapter, which may be in writing, by 12 telephone, by electronic data transmission, <u>through a health</u> 13 <u>information exchange as defined by Section 182.151 if requested and</u> 14 authorized by the person required to report, or by other means.

15 SECTION 3. Section 82.008(a), Health and Safety Code, is 16 amended to read as follows:

To ensure an accurate and continuing source of data 17 (a) concerning cancer, each health care facility, clinical laboratory, 18 19 and health care practitioner shall furnish to the department [board or its representative], on request, data the board considers 20 necessary and appropriate that is derived from each medical record 21 pertaining to a case of cancer that is in the custody or under the 22 control of the health care facility, clinical laboratory, or health 23 24 care practitioner. The department may not request data that is more than three years old unless the department is investigating a 25 26 possible cancer cluster. At the request and with the authorization of the applicable health care facility, clinical laboratory, or 27

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1 <u>health care practitioner, data may be furnished to the department</u> 2 <u>through a health information exchange as defined by Section</u> 3 <u>182.151.</u>

4 SECTION 4. Section 161.007(d), Health and Safety Code, is 5 amended to read as follows:

(d) A health care provider who administers an immunization 6 to an individual younger than 18 years of age shall provide data 7 8 elements regarding an immunization to the department. A health care provider who administers an immunization to an individual 18 years 9 10 of age or older may submit data elements regarding an immunization to the department. At the request and with the authorization of the 11 12 health care provider, the data elements may be provided through a health information exchange as defined by Section 182.151. The data 13 14 elements shall be submitted in a format prescribed by the department. The department shall verify consent before including 15 the information in the immunization registry. The department may 16 17 not retain individually identifiable information about an individual for whom consent cannot be verified. 18

SECTION 5. Section 161.00705(a), Health and Safety Code, is amended to read as follows:

(a) The department shall maintain a registry of persons who receive an immunization, antiviral, and other medication administered to prepare for a potential disaster, public health emergency, terrorist attack, hostile military or paramilitary action, or extraordinary law enforcement emergency or in response to a declared disaster, public health emergency, terrorist attack, hostile military or paramilitary action, or extraordinary law

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1 enforcement emergency. A health care provider who administers an 2 immunization, antiviral, or other medication shall provide the data 3 elements to the department. <u>At the request and with the</u> 4 <u>authorization of the health care provider, the data elements may be</u> 5 <u>provided through a health information exchange as defined by</u> 6 Section 182.151.

7 SECTION 6. Section 161.00706(b), Health and Safety Code, is 8 amended to read as follows:

9 A health care provider, on receipt of a request under (b) 10 Subsection (a)(1), shall submit the data elements to the department in a format prescribed by the department. At the request and with 11 12 the authorization of the health care provider, the data elements may be submitted through a health information exchange as defined 13 by Section 182.151. The department shall verify the person's 14 request before including the information in the immunization 15 16 registry.

SECTION 7. Chapter 182, Health and Safety Code, is amendedby adding Subchapter D to read as follows:

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## SUBCHAPTER D. HEALTH INFORMATION EXCHANGES

20 <u>Sec. 182.151. DEFINITION.</u> In this subchapter, "health 21 <u>information exchange" means an organization that:</u>

(1) assists in the transmission or receipt of health-related information among organizations transmitting or receiving the information according to nationally recognized standards and under an express written agreement with the organizations;

27 (2) as a primary business function, compiles or

organizes health-related information designed to be securely 1 2 transmitted by the organization among physicians, other health care 3 providers, or entities within a region, state, community, or 4 hospital system; or 5 (3) assists in the transmission or receipt of electronic health-related information among physicians, other 6 7 health care providers, or entities within: 8 (A) a ho<u>spital system;</u> 9 (B) a physician organization; 10 (C) a health care collaborative, as defined by Section 848.001, Insurance Code; 11 12 (D) a Pioneer Model accountable care organization established under the initiative by the Centers for 13 Medicare and Medicaid Services Innovation Center; or 14 15 (E) an accountable care organization participating in the Medicare Shared Savings Program under 42 16 17 U.S.C. Section 1395jjj. Sec. 182.152. AUTHORITY OF HEALTH INFORMATION EXCHANGE. 18 (a) Notwithstanding Sections 81.046, 82.009, and 161.0073, a 19 health information exchange may access and transmit health-related 20 information under Sections 81.044(a), 82.008(a), 161.007(d), 21 22 161.00705(a), and 161.00706(b) if the access or transmittal is: (1) made for the purpose of assisting in the reporting 23 24 of health-related information to the appropriate agency; (2) requested and authorized by the appropriate health 25 26 care provider, practitioner, physician, facility, clinical 27 laboratory, or other person who is required to report

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1	health-related information; and
2	(3) made in accordance with the requirements of this
3	subchapter and all other state and federal law.
4	(b) A health information exchange may only use and disclose
5	the information that it accesses or transmits under Subsection (a)
6	in compliance with this subchapter and all applicable state and
7	federal law, and may not exchange, sell, trade, or otherwise make
8	any prohibited use or disclosure of the information.
9	Sec. 182.153. COMPLIANCE WITH LAW; SECURITY. A health
10	information exchange that collects, transmits, disseminates,
11	accesses, or reports health-related information under this
12	subchapter shall comply with all applicable state and federal law,
13	including secure electronic data submission requirements.
14	SECTION 8. This Act takes effect September 1, 2015.