By: Cortez H.B. No. 1859

A BILL TO BE ENTITLED

AN ACT

relating to a study on the interoperability needs and technology readiness of behavioral health service providers in this state.

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

SECTION 1. (a) In this section:

(1) "Advisory committee" means the e-Health Advisory Committee established by the executive commissioner in accordance with Section 531.012, Government Code.

(2) "Commission" means the Health and Human Services Commission.

(3) "Executive commissioner" means the executive commissioner of the Health and Human Services Commission.

(b) The commission and the advisory committee jointly shall conduct a study to assess the interoperability needs and technology readiness of behavioral health service providers in this state, including the needs and readiness of each:

(1) state hospital, as defined by Section 552.0011, Health and Safety Code;

(2) local mental health authority, as defined by Section 531.002, Health and Safety Code;

(3) freestanding psychiatric hospital;

(4) high volume provider group under the STAR+PLUS, STAR Kids, or STAR Health Medicaid managed care programs;

(5) Medicaid payor;

(6) county jail, municipal jail, and other local law enforcement entity involved in providing behavioral health services; and

(7) trauma service area regional advisory council.

(c) In conducting the study under Subsection (b) of this section, the commission and advisory committee shall determine which of the providers described by that subsection use an electronic health record management system and evaluate:

(1) for each of those providers that use an electronic health record management system:

(A) when the provider implemented the electronic health record management system;

(B) whether the provider is also connected to a system outside of the provider's electronic health record management system and, if the provider is connected to an outside system:

(i) to what outside system the provider is connected and how the provider is connected;

(ii) what type of information the provider shares with the outside system, including information on admissions or discharges, dispensing of medication, and clinical notes; and

(iii) what type of information the provider receives from the outside system, including new patient information and the receipt of real time notifications of patient events; and

(C) what the provider finds valuable about using an electronic health record management system or being connected to an outside system, including:

1 (i) whether the provider uses a
2 prescription drug monitoring program as part of the electronic
3 health record management system or the outside system and the
4 provider's reason for using or not using a prescription drug
5 monitoring program, as applicable;
6 (ii) whether, in using the electronic
7 health record management system or being connected to an outside
8 system, the provider finds valuable the use of qualitative data for
9 improving patient care; and
10 (iii) the provider's opinion on the
11 efficiency and cost-effectiveness of using an electronic health
12 record management system or being connected to an outside system;
13 and
14 (2) for both the providers who use an electronic
15 health record management system or an outside system and the
16 providers who do not use either system, barriers to being connected
17 or to becoming connected, as applicable, including:
18 (A) whether they consider any of the following a
19 barrier:
20 (i) the cost of using either system;
21 (ii) security or privacy concerns with
22 using either system;
23 (iii) patient consent issues associated
24 with using either system; or
25 (iv) legal, regulatory, or licensing
26 factors associated with using either system; and
27 (B) for the providers who are not connected to

1 either system, whether and for what reasons they consider being
2 connected valuable or useful to treating patients.
3 (d) Based on the results of the study conducted under
4 Subsection (b) of this section and not later than August 31, 2022,
5 the advisory committee shall prepare and submit to the commission,
6 legislature, lieutenant governor, and governor a written report
7 that includes:
8 (1) a state plan, including a proposed timeline, for
9 aligning the interoperability and technological capabilities in
10 the provision of behavioral health services with applicable law,
11 including:
12 (A) the 21st Century Cures Act (Pub. L.
13 No. 114-255);
14 (B) federal or state law on health information
15 technology; and
16 (C) the delivery system reform incentive payment
17 program and uniform hospital rate increase program;
18 (2) information on gaps in education, and
19 recommendations for closing those gaps, regarding the appropriate
20 sharing of behavioral health data, including education on:
21 (A) the sharing of progress notes versus
22 psychotherapy notes;
23 (B) obtaining consent for electronic data
24 sharing; and
25 (C) common provider and patient
26 misunderstandings of applicable law;
27 (3) an evaluation of the differences and similarities

between federal and state law on the interoperability and technological requirements in the provision of behavioral health services; and

(4) recommendations for standardizing the use of social determinants of health.

(e) To the extent permitted by law and as the executive commissioner determines appropriate, the commission shall implement, within the commission's prescribed authority, a component of the plan or a regulatory recommendation included in the report required under Subsection (d) of this section.

SECTION 2. This Act expires September 1, 2023.

SECTION 3. This Act takes effect September 1, 2021.