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S.B. No. 640

A BILL TO BE ENTITLED

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

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

5 SECTION 1. (a) In this section:

6 (1) "Commission" means the Health and Human Services  
7 Commission.

8 (2) "Executive commissioner" means the executive  
9 commissioner of the Health and Human Services Commission.

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

14 (1) state hospital, as defined by Section [552.0011](#),  
15 Health and Safety Code;

16 (2) local mental health authority, as defined by  
17 Section [531.002](#), Health and Safety Code;

18 (3) freestanding psychiatric hospital;

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

21 (5) Medicaid payor;

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

1           (7) trauma service area regional advisory council.

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

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

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

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

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

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

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

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

25           (i) whether the provider uses a  
26 prescription drug monitoring program as part of the electronic  
27 health record management system or the outside system and the

1 provider's reason for using or not using a prescription drug  
2 monitoring program, as applicable;

3 (ii) whether, in using the electronic  
4 health record management system or being connected to an outside  
5 system, the provider finds valuable the use of qualitative data for  
6 improving patient care; and

7 (iii) the provider's opinion on the  
8 efficiency and cost-effectiveness of using an electronic health  
9 record management system or being connected to an outside system;  
10 and

11 (2) for both the providers who use an electronic  
12 health record management system or an outside system and the  
13 providers who do not use either system, barriers to being connected  
14 or to becoming connected, as applicable, including:

15 (A) whether they consider any of the following a  
16 barrier:

17 (i) the cost of using either system;

18 (ii) security or privacy concerns with  
19 using either system;

20 (iii) patient consent issues associated  
21 with using either system; or

22 (iv) legal, regulatory, or licensing  
23 factors associated with using either system; and

24 (B) for the providers who are not connected to  
25 either system, whether and for what reasons they consider being  
26 connected valuable or useful to treating patients.

27 (d) In conducting the study under Subsection (b) of this

1 section, the commission may collaborate with any relevant advisory  
2 committees.

3 (e) Based on the results of the study conducted under  
4 Subsection (b) of this section and not later than August 31, 2022,  
5 the commission shall prepare and submit to the legislature,  
6 lieutenant governor, and governor a written report that includes:

7 (1) a state plan, including a proposed timeline, for  
8 aligning the interoperability and technological capabilities in  
9 the provision of behavioral health services with applicable law,  
10 including:

11 (A) the 21st Century Cures Act (Pub. L.  
12 No. 114-255);

13 (B) federal or state law on health information  
14 technology; and

15 (C) the delivery system reform incentive payment  
16 program and uniform hospital rate increase program;

17 (2) information on gaps in education, and  
18 recommendations for closing those gaps, regarding the appropriate  
19 sharing of behavioral health data, including education on:

20 (A) the sharing of progress notes versus  
21 psychotherapy notes;

22 (B) obtaining consent for electronic data  
23 sharing; and

24 (C) common provider and patient  
25 misunderstandings of applicable law;

26 (3) an evaluation of the differences and similarities  
27 between federal and state law on the interoperability and

1 technological requirements in the provision of behavioral health  
2 services; and

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

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

10 SECTION 2. This Act expires September 1, 2023.

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