By: Menéndez S.B. No. 640

(In the Senate - Filed February 10, 2021; March 11, 2021, read first time and referred to Committee on Health & Human Services; April 19, 2021, reported adversely, with favorable Committee Substitute by the following vote: Yeas 8, Nays 1; April 19, 2021, sent to printer.)

COMMITTEE VOTE

	Yea	Nay	Absent	PNV
Kolkhorst	X			
Perry	X			
Blanco	X			
Buckingham	X			
Campbell	X			
Hall		X		
Miles	X			
Powell	X			
Seliger	X			

COMMITTEE SUBSTITUTE FOR S.B. No. 640 By: Perry

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

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

(b) The commission 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 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:

(i) whether the provider uses a prescription drug monitoring program as part of the electronic health record management system or the outside system and the provider's reason for using or not using a prescription drug monitoring program, as applicable;

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

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

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

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

(i) the cost of using either system;

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

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

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

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

(d) In conducting the study under Subsection (b) of this section, the commission may collaborate with any relevant advisory committees.

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

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

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

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

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

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

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

(B) obtaining consent for electronic data sharing; and

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

(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.

(f) 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 (e) of this section.

SECTION 2. This Act expires September 1, 2023.

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

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