88R1382 MCF-F

By:  Johnson S.B. No. 290

A BILL TO BE ENTITLED

AN ACT

relating to collection and analysis of certain health information by the Texas Health Services Authority.

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

SECTION 1.  Section 182.101(a), Health and Safety Code, is amended to read as follows:

(a)  The corporation may:

(1)  establish statewide health information exchange capabilities, including capabilities for electronic laboratory results, diagnostic studies, and medication history delivery, and, where applicable, promote definitions and standards for electronic interactions statewide;

(2)  seek funding to:

(A)  implement, promote, and facilitate the voluntary exchange of secure electronic health information between and among individuals and entities that are providing or paying for health care services or procedures; and

(B)  create incentives to implement, promote, and facilitate the voluntary exchange of secure electronic health information between and among individuals and entities that are providing or paying for health care services or procedures;

(3)  establish statewide health information exchange capabilities for streamlining health care administrative functions including:

(A)  communicating point of care services, including laboratory results, diagnostic imaging, and prescription histories;

(B)  communicating patient identification and emergency room required information in conformity with state and federal privacy laws;

(C)  real-time communication of enrollee status in relation to health plan coverage, including enrollee cost-sharing responsibilities; and

(D)  current census and status of health plan contracted providers;

(4)  support regional health information exchange initiatives by:

(A)  identifying data and messaging standards for health information exchange;

(B)  administering programs providing financial incentives, including grants and loans for the creation and support of regional health information networks, subject to available funds;

(C)  providing technical expertise where appropriate;

(D)  sharing intellectual property developed under Section 182.105;

(E)  waiving the corporation's fees associated with intellectual property, data, expertise, and other services or materials provided to regional health information exchanges operated on a nonprofit basis; and

(F)  applying operational and technical standards developed by the corporation to existing health information exchanges only on a voluntary basis, except for standards related to ensuring effective privacy and security of individually identifiable health information;

(5)  identify standards for streamlining health care administrative functions across payors and providers, including electronic patient registration, communication of enrollment in health plans, and information at the point of care regarding services covered by health plans; [~~and~~]

(6)  support the secure, electronic exchange of health information through other strategies identified by the board; and

(7)  collect and analyze clinical data related to health care operations, payment, and treatment, as those terms are defined by 45 C.F.R. Section 164.501.

SECTION 2.  Section 182.102(a), Health and Safety Code, is amended to read as follows:

(a)  The corporation has no authority and shall not engage in any of the following:

(1)  the collection and analysis of clinical data, except as authorized by Section 182.101(a)(7);

(2)  the comparison of physicians to other physicians, including comparisons to peer group physicians, physician groups, and physician teams, and to national specialty society adopted quality measurements;

(3)  the creation of a tool to measure physician performance compared to:

(A)  peer group physicians on state and specialty levels; or

(B)  objective standards;

(4)  the providing of access to aggregated, de-identified protected health information to local health information exchanges and other users of quality care studies, disease management and population health assessments;

(5)  providing to public health programs trended, aggregated, de-identified protected health information to help assess the health status of populations and the providing of regular reports of trends and important incidence of events to public health avenues for intervention, education, and prevention programs; or

(6)  the creation of evidence-based standards for the practice of medicine.

SECTION 3.  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 receive the vote necessary for immediate effect, this Act takes effect September 1, 2023.