

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:

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

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

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

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

12 (4) support regional health information exchange
13 initiatives by:

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

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

20 (C) providing technical expertise where
21 appropriate;

22 (D) sharing intellectual property developed
23 under Section [182.105](#);

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

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

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

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

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

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

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

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

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

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

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

3 (B) objective standards;

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

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

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

16 SECTION 3. This Act takes effect immediately if it receives
17 a vote of two-thirds of all the members elected to each house, as
18 provided by Section 39, Article III, Texas Constitution. If this
19 Act does not receive the vote necessary for immediate effect, this
20 Act takes effect September 1, 2023.