

BILL ANALYSIS

C.S.H.B. 1699
By: Fairly
Public Health
Committee Report (Substituted)

BACKGROUND AND PURPOSE

The bill author has informed the committee that the federal 21st Century Cures Act, signed into law on December 13, 2016, altered the way physicians communicate serious or even life-altering test results to their patients by requiring results to be shared immediately with patients, most often via an online portal. When patients learn of serious conditions like cancer through impersonal electronic means rather than from their physician, it can lead to increased stress, anxiety, and confusion over what their diagnoses actually means. In some cases, misunderstandings or misinterpretations of test results could have been avoided if the physician had been the one to deliver the news. C.S.H.B. 1699 seeks to prevent sensitive test results from being shared with a patient or their representative through electronic means by any entity responsible for the patient's electronic health records until at least three days after the results are finalized. The bill does not stop sensitive results from being communicated earlier through other methods, such as phone calls or in-person meetings.

CRIMINAL JUSTICE IMPACT

It is the committee's opinion that this bill does not expressly create a criminal offense, increase the punishment for an existing criminal offense or category of offenses, or change the eligibility of a person for community supervision, parole, or mandatory supervision.

RULEMAKING AUTHORITY

It is the committee's opinion that this bill does not expressly grant any additional rulemaking authority to a state officer, department, agency, or institution.

ANALYSIS

C.S.H.B. 1699 amends the Occupations Code to prohibit the disclosure of a sensitive test result, defined by the bill as a pathology or radiology report that has a reasonable likelihood of showing a finding of malignancy or a test result that may reveal a genetic marker, to a patient or patient representative by electronic means before the third day after the date the result is finalized. A person who administers or controls the electronic health record of a patient is responsible for implementing that prohibition. These provisions apply only to the disclosure of test results on or after the bill's effective date.

C.S.H.B. 1699 requires a physician to comply with that prohibition, if applicable, when furnishing information on receipt of a written consent for release or a request by a subsequent or consulting physician of the patient. This requirement applies to a request for information made on or after the bill's effective date. A request made before the bill's effective date is governed by the law in effect on the date the request was made, and the former law is continued in effect for that purpose.

C.S.H.B. 1699 establishes that a person is not subject to civil, criminal, or administrative liability or professional disciplinary action for failure to comply with the bill's provisions.

C.S.H.B. 1699 defines the following terms:

- "electronic health record" by reference to the meaning of that term under Government Code provisions relating to the health information exchange system;
- "electronic means" as publishing information on a secure electronic network or website, including a secure online patient portal or health software application that is accessible by an electronic device, including a computer, mobile device, or tablet, and through which the patient or patient representative has consented to receive the patient's billing or medical records; and
- "patient representative" as a parent or legal guardian of the patient if the patient is a minor, a legal guardian of the patient if the patient has been adjudicated incapacitated to manage the patient's personal affairs, or an attorney ad litem appointed for the patient under certain state laws.

EFFECTIVE DATE

September 1, 2025.

COMPARISON OF INTRODUCED AND SUBSTITUTE

C.S.H.B. 1699 differs from the introduced only by including a Texas Legislative Council draft number in the footer.