

CONFERENCE COMMITTEE REPORT FORM

Austin, Texas


5/29/15
Date

Honorable Dan Patrick
President of the Senate

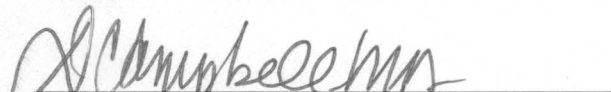
Honorable Joe Straus
Speaker of the House of Representatives

Sirs:

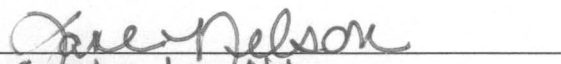
We, Your Conference Committee, appointed to adjust the differences between the Senate and the House of Representatives on House Bill 2641 have had the same under consideration, and beg to report it back with the recommendation that it do pass in the form and text hereto attached.



Senator Charles Schwertner, M.D.



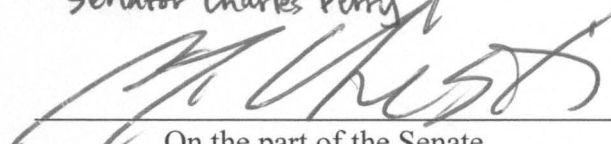
Senator Donna Campbell, M.D.




Senator Jane Nelson



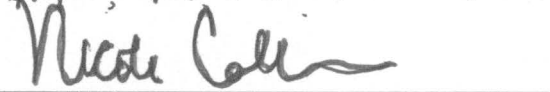
Senator Charles Perry



On the part of the Senate
Senator Carlos Uresti



Representative John Zerwas, M.D.



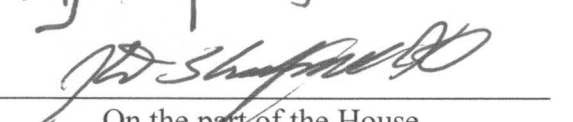
Representative Nicole Collier



Representative Sarah Davis



Representative Ryan Guillen



On the part of the House
Representative J.D. Sheffield, D.O.

Note to Conference Committee Clerk:

Please type the names of the members of the Conference Committee under the lines provided for signature. Those members desiring to sign the report should sign each of the six copies. Attach a copy of the Conference Committee Report and a Section by Section side by side comparison to each of the six reporting forms. The original and two copies are filed in house of origin of the bill, and three copies in the other house.

CONFERENCE COMMITTEE REPORT

3rd Printing

H.B. No. 2641

A BILL TO BE ENTITLED

AN ACT

relating to the exchange of health information in this state;
creating a criminal offense.

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

SECTION 1. Title 4, Civil Practice and Remedies Code, is
amended by adding Chapter 74A to read as follows:

CHAPTER 74A. LIMITATION OF LIABILITY RELATING TO HEALTH
INFORMATION EXCHANGES

Sec. 74A.001. DEFINITIONS. In this chapter:

(1) "Gross negligence" has the meaning assigned by
Section 41.001.

(2) "Health care provider" means any individual,
partnership, professional association, corporation, facility, or
institution duly licensed, certified, registered, or chartered by
this state to provide health care or medical care, including a
physician. The term includes:

(A) an officer, director, shareholder, member,
partner, manager, owner, or affiliate of a physician or other
health care provider; and

(B) an employee, independent contractor, or
agent of a physician or other health care provider acting in the
course and scope of the employment or contractual relationship.

(3) "Health information exchange" has the meaning
assigned by Section 182.151, Health and Safety Code. The term

1 includes:

2 (A) an officer, director, shareholder, member,
3 partner, manager, owner, or affiliate of the health information
4 exchange; and

5 (B) an employee, independent contractor, or
6 agent of the health information exchange acting in the course and
7 scope of the employment or contractual relationship.

8 (4) "Malice" has the meaning assigned by Section
9 41.001.

10 (5) "Physician" means:

11 (A) an individual licensed to practice medicine
12 in this state under Subtitle B, Title 3, Occupations Code;

13 (B) a professional association organized by an
14 individual physician or a group of physicians;

15 (C) a partnership or limited liability
16 partnership formed by a group of physicians;

17 (D) a limited liability company formed by a group
18 of physicians;

19 (E) a nonprofit health corporation certified by
20 the Texas Medical Board under Chapter 162, Occupations Code; or

21 (F) a single legal entity authorized to practice
22 medicine in this state owned by a group of physicians.

23 Sec. 74A.002. LIMITATION ON LIABILITY OF HEALTH CARE
24 PROVIDERS RELATING TO HEALTH INFORMATION EXCHANGES. (a) Unless the
25 health care provider acts with malice or gross negligence, a health
26 care provider who provides patient information to a health
27 information exchange is not liable for any damages, penalties, or

1 other relief related to the obtainment, use, or disclosure of that
2 information in violation of federal or state privacy laws by a
3 health information exchange, another health care provider, or any
4 other person.

5 (b) Nothing in this section may be construed to create a
6 cause of action or to create a standard of care, obligation, or duty
7 that forms the basis for a cause of action.

8 Sec. 74A.003. APPLICABILITY OF OTHER LAW. The protections,
9 immunities, and limitations of liability provided by this chapter
10 are in addition to any other protections, immunities, and
11 limitations of liability provided by other law.

12 SECTION 2. Section 531.0162, Government Code, is amended by
13 adding Subsections (e), (f), (g), and (h) to read as follows:

14 (e) The executive commissioner shall ensure that:

15 (1) all information systems available for use by the
16 commission or a health and human services agency in sending
17 protected health information to a health care provider or receiving
18 protected health information from a health care provider, and for
19 which planning or procurement begins on or after September 1, 2015,
20 are capable of sending or receiving that information in accordance
21 with the applicable data exchange standards developed by the
22 appropriate standards development organization accredited by the
23 American National Standards Institute;

24 (2) if national data exchange standards do not exist
25 for a system described by Subdivision (1), the commission makes
26 every effort to ensure the system is interoperable with the
27 national standards for electronic health record systems; and

1 (3) the commission and each health and human services
2 agency establish an interoperability standards plan for all
3 information systems that exchange protected health information
4 with health care providers.

5 (f) Not later than December 1 of each even-numbered year,
6 the executive commissioner shall report to the governor and the
7 Legislative Budget Board on the commission's and the health and
8 human services agencies' measurable progress in ensuring that the
9 information systems described in Subsection (e) are interoperable
10 with one another and meet the appropriate standards specified by
11 that subsection. The report must include an assessment of the
12 progress made in achieving commission goals related to the exchange
13 of health information, including facilitating care coordination
14 among the agencies, ensuring quality improvement, and realizing
15 cost savings.

16 (g) The executive commissioner by rule may develop and the
17 commission may implement a system to reimburse providers of health
18 care services under the state Medicaid program for review and
19 transmission of electronic health information if feasible and
20 cost-effective.

21 (h) In this section, "health care provider" and "provider of
22 health care services" include a physician.

23 SECTION 3. Section 531.02176, Government Code, as amended
24 by S.B. 219, Acts of the 84th Legislature, Regular Session, 2015, is
25 amended to read as follows:

26 Sec. 531.02176. EXPIRATION OF MEDICAID REIMBURSEMENT FOR
27 PROVISION OF HOME TELEMONITORING SERVICES. Notwithstanding any

1 other law, the commission may not reimburse providers under
2 Medicaid for the provision of home telemonitoring services on or
3 after September 1, 2019 [~~2015~~].

4 SECTION 4. Section 81.044(a), Health and Safety Code, as
5 amended by S.B. 219, Acts of the 84th Legislature, Regular Session,
6 2015, is amended to read as follows:

7 (a) The executive commissioner shall prescribe the form and
8 method of reporting under this chapter, which may be in writing, by
9 telephone, by electronic data transmission, through a health
10 information exchange as defined by Section 182.151 if requested and
11 authorized by the person required to report, or by other means.

12 SECTION 5. Section 82.008(a), Health and Safety Code, as
13 amended by S.B. 219, Acts of the 84th Legislature, Regular Session,
14 2015, is amended to read as follows:

15 (a) To ensure an accurate and continuing source of data
16 concerning cancer, each health care facility, clinical laboratory,
17 and health care practitioner shall furnish to the department, on
18 request, data the executive commissioner considers necessary and
19 appropriate that is derived from each medical record pertaining to
20 a case of cancer that is in the custody or under the control of the
21 health care facility, clinical laboratory, or health care
22 practitioner. The department may not request data that is more than
23 three years old unless the department is investigating a possible
24 cancer cluster. At the request and with the authorization of the
25 applicable health care facility, clinical laboratory, or health
26 care practitioner, data may be furnished to the department through
27 a health information exchange as defined by Section 182.151.

1 SECTION 6. Section 161.007(d), Health and Safety Code, is
2 amended to read as follows:

3 (d) A health care provider who administers an immunization
4 to an individual younger than 18 years of age shall provide data
5 elements regarding an immunization to the department. A health
6 care provider who administers an immunization to an individual 18
7 years of age or older may submit data elements regarding an
8 immunization to the department. At the request and with the
9 authorization of the health care provider, the data elements may be
10 submitted through a health information exchange as defined by
11 Section 182.151. The data elements shall be submitted in a format
12 prescribed by the department. The department shall verify consent
13 before including the information in the immunization registry. The
14 department may not retain individually identifiable information
15 about an individual for whom consent cannot be verified.

16 SECTION 7. Section 161.00705(a), Health and Safety Code, is
17 amended to read as follows:

18 (a) The department shall maintain a registry of persons who
19 receive an immunization, antiviral, and other medication
20 administered to prepare for a potential disaster, public health
21 emergency, terrorist attack, hostile military or paramilitary
22 action, or extraordinary law enforcement emergency or in response
23 to a declared disaster, public health emergency, terrorist attack,
24 hostile military or paramilitary action, or extraordinary law
25 enforcement emergency. A health care provider who administers an
26 immunization, antiviral, or other medication shall provide the data
27 elements to the department. At the request and with the

1 authorization of the health care provider, the data elements may be
2 provided through a health information exchange as defined by
3 Section 182.151.

4 SECTION 8. Section 161.00706(b), Health and Safety Code, is
5 amended to read as follows:

6 (b) A health care provider, on receipt of a request under
7 Subsection (a)(1), shall submit the data elements to the department
8 in a format prescribed by the department. At the request and with
9 the authorization of the health care provider, the data elements
10 may be submitted through a health information exchange as defined
11 by Section 182.151. The department shall verify the person's
12 request before including the information in the immunization
13 registry.

14 SECTION 9. Section 161.0073(c), Health and Safety Code, is
15 amended to read as follows:

16 (c) A person required to report information to the
17 department for registry purposes or authorized to receive
18 information from the registry may not disclose the individually
19 identifiable information of an individual to any other person
20 without the written or electronic consent of the individual or the
21 individual's legally authorized representative, except as provided
22 by Sections 161.007, 161.00705, 161.00706, and 161.008 of this
23 code, Chapter 159, Occupations Code, or Section 602.053, Insurance
24 Code.

25 SECTION 10. Section 161.008, Health and Safety Code, is
26 amended by adding Subsection (i) to read as follows:

27 (i) At the request and with the authorization of the

1 applicable health care provider, immunization history or data may
2 be submitted to or obtained by the department through a health
3 information exchange as defined by Section 182.151.

4 SECTION 11. Chapter 182, Health and Safety Code, is amended
5 by adding Subchapter D to read as follows:

6 SUBCHAPTER D. HEALTH INFORMATION EXCHANGES

7 Sec. 182.151. DEFINITION. In this subchapter, "health
8 information exchange" means an organization that:

9 (1) assists in the transmission or receipt of
10 health-related information among organizations transmitting or
11 receiving the information according to nationally recognized
12 standards and under an express written agreement with the
13 organizations;

14 (2) as a primary business function, compiles or
15 organizes health-related information designed to be securely
16 transmitted by the organization among physicians, other health care
17 providers, or entities within a region, state, community, or
18 hospital system; or

19 (3) assists in the transmission or receipt of
20 electronic health-related information among physicians, other
21 health care providers, or entities within:

22 (A) a hospital system;

23 (B) a physician organization;

24 (C) a health care collaborative, as defined by
25 Section 848.001, Insurance Code;

26 (D) an accountable care organization
27 participating in the Pioneer Model under the initiative by the

1 Innovation Center of the Centers for Medicare and Medicaid
2 Services; or

3 (E) an accountable care organization
4 participating in the Medicare Shared Savings Program under 42
5 U.S.C. Section 1395jjj.

6 Sec. 182.152. AUTHORITY OF HEALTH INFORMATION EXCHANGE.

7 (a) Notwithstanding Sections 81.046, 82.009, 161.0073, and
8 161.008, a health information exchange may access and transmit
9 health-related information under Sections 81.044(a), 82.008(a),
10 161.007(d), 161.00705(a), 161.00706(b), and 161.008(i) if the
11 access or transmittal is:

12 (1) made for the purpose of assisting in the reporting
13 of health-related information to the appropriate agency;

14 (2) requested and authorized by the appropriate health
15 care provider, practitioner, physician, facility, clinical
16 laboratory, or other person who is required to report
17 health-related information;

18 (3) made in accordance with the applicable consent
19 requirements for the immunization registry under Subchapter A,
20 Chapter 161, if the information being accessed or transmitted
21 relates to the immunization registry; and

22 (4) made in accordance with the requirements of this
23 subchapter and all other state and federal law.

24 (b) A health information exchange may only use and disclose
25 the information that it accesses or transmits under Subsection (a)
26 in compliance with this subchapter and all applicable state and
27 federal law, and may not exchange, sell, trade, or otherwise make

1 any prohibited use or disclosure of the information.

2 Sec. 182.153. COMPLIANCE WITH LAW; SECURITY. A health
3 information exchange that collects, transmits, disseminates,
4 accesses, or reports health-related information under this
5 subchapter shall comply with all applicable state and federal law,
6 including secure electronic data submission requirements.

7 Sec. 182.154. CRIMINAL PENALTY. (a) A person who collects,
8 transmits, disseminates, accesses, or reports information under
9 this subchapter on behalf of or as a health information exchange
10 commits an offense if the person, with the intent to violate this
11 subchapter, allows health-related information in the possession of
12 a health information exchange to be used or disclosed in a manner
13 that violates this subchapter.

14 (b) An offense under this section is a Class A misdemeanor.

15 Sec. 182.155. IMMUNITIES AND DEFENSES CONTINUED.
16 Collecting, transmitting, disseminating, accessing, or reporting
17 information through a health information exchange does not alone
18 deprive a physician or health care provider of an otherwise
19 applicable immunity or defense.

20 SECTION 12. Chapter 74A, Civil Practice and Remedies Code,
21 as added by this Act, applies only to a cause of action that accrues
22 on or after the effective date of this Act. A cause of action that
23 accrues before the effective date of this Act is governed by the law
24 in effect immediately before the effective date of this Act, and
25 that law is continued in effect for that purpose.

26 SECTION 13. This Act takes effect September 1, 2015.

House Bill 2641
Conference Committee Report
Section-by-Section Analysis

HOUSE VERSION

No equivalent provision.

No equivalent provision.

SENATE VERSION (IE)

SECTION 1. Title 4, Civil Practice and Remedies Code, is amended by adding Chapter 74A to read as follows:

CHAPTER 74A. LIMITATION OF LIABILITY
RELATING TO HEALTH INFORMATION EXCHANGES

Sec. 74A.001. DEFINITIONS. In this chapter:

(1) "Gross negligence" has the meaning assigned by Section 41.001.

(2) "Health care provider" means any individual, partnership, professional association, corporation, facility, or institution duly licensed, certified, registered, or chartered by this state to provide health care or medical care, including a physician. The term includes:

(A) an officer, director, shareholder, member, partner, manager, owner, or affiliate of a physician or other health care provider; and

(B) an employee, independent contractor, or agent of a physician or other health care provider acting in the course and scope of the employment or contractual relationship.

(3) "Health information exchange" has the meaning assigned by Section 182.151, Health and Safety Code. The term includes:

(A) an officer, director, shareholder, member, partner, manager, owner, or affiliate of the health information exchange; and

(B) an employee, independent contractor, or agent of the health information exchange acting in the course and scope of the employment or contractual relationship.

() "Malice" has the meaning assigned by Section 41.001. [FA1(1)]

(4) "Physician" means:

(A) an individual licensed to practice medicine in this state

CONFERENCE

SECTION 1. Same as Senate version except as follows:

Sec. 74A.001. Substantially the same as Senate version.

House Bill 2641
Conference Committee Report
Section-by-Section Analysis

HOUSE VERSION

SENATE VERSION (IE)

CONFERENCE

under Subtitle B, Title 3, Occupations Code:
(B) a professional association organized by an individual physician or a group of physicians;
(C) a partnership or limited liability partnership formed by a group of physicians;
(D) a limited liability company formed by a group of physicians;
(E) a nonprofit health corporation certified by the Texas Medical Board under Chapter 162, Occupations Code; or
(F) a single legal entity authorized to practice medicine in this state owned by a group of physicians.

No equivalent provision.

Sec. 74A.002. LIMITATION ON LIABILITY OF HEALTH CARE PROVIDERS RELATING TO HEALTH INFORMATION EXCHANGES.

(a) In this section, "health care liability claim" has the meaning assigned by Section 74.001.

(b) Notwithstanding any other law, the use of, failure to use, or existence of a health information exchange does not establish a standard of care, duty, or obligation that forms the basis for a cause of action applicable to a health care provider for obtaining, using, or disclosing patient information.

(c) Notwithstanding any other law, information or evidence regarding the existence of a health information exchange or a health care provider's use of or failure to use the exchange is not admissible in a civil, judicial, or administrative proceeding for the purpose of creating or establishing a standard of care, duty, or obligation that forms the basis for a cause of action or proceeding applicable to a health care provider, including in a suit involving or based on a health care liability claim. [FA1(2)]

Sec. 74A.002. LIMITATION ON LIABILITY OF HEALTH CARE PROVIDERS RELATING TO HEALTH INFORMATION EXCHANGES.

House Bill 2641
Conference Committee Report
Section-by-Section Analysis

HOUSE VERSION

SENATE VERSION (IE)

CONFERENCE

(d) Unless a health care provider acts with malice or gross negligence, the health care provider is not liable for any damages, penalties, or other relief related to: [FA1(3)]

(1) the health care provider's or another health care provider's obtainment of or failure to obtain patient information from a health information exchange;

(2) the health care provider's or another health care provider's disclosure of or failure to disclose patient information to a health information exchange;

(3) the health care provider's or another health care provider's reliance on inaccurate patient information obtained from or disclosed by a health information exchange; or

(4) the obtainment, use, or disclosure by a health information exchange, another health care provider, or any other person, in violation of federal or state law, of any patient information that the health care provider provided to a health information exchange *or to another health care provider in compliance with the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. Section 1320d et seq.) and other applicable federal and state law.*

(e) Nothing in this section may be construed to create a cause of action or to create a standard of care, obligation, or duty that forms the basis for a cause of action.

Sec. 74A.003. LIMITATION ON LIABILITY OF HEALTH INFORMATION EXCHANGES. (a) Unless a health information exchange acts with malice or gross negligence, the health information exchange is not liable for any damages, penalties, or other relief related to: [FA1(4)]
(1) a health care provider's obtainment of or failure to obtain patient information from the health information exchange;

(a) Unless the health care provider acts with malice or gross negligence, a health care provider who provides patient information to a health information exchange is not liable for any damages, penalties, or other relief related to the obtainment, use, or disclosure of that information in violation of federal or state *privacy* laws by a health information exchange, another health care provider, or any other person.

(b) Nothing in this section may be construed to create a cause of action or to create a standard of care, obligation, or duty that forms the basis for a cause of action.

Same as House version.

No equivalent provision.

House Bill 2641
Conference Committee Report
Section-by-Section Analysis

HOUSE VERSION

SENATE VERSION (IE)

CONFERENCE

(2) a health care provider's disclosure of or failure to disclose patient information to the health information exchange;
(3) a health care provider's reliance on inaccurate patient information obtained from or disclosed by the health information exchange; or
(4) the obtainment, use, or disclosure by a health care provider or any other person, in violation of federal or state law, of any patient information that was provided to the person by the health information exchange in compliance with:
(A) the Health Insurance Portability and Accountability Act of 1996 (42 U.S.C. Section 1320d et seq.) and other applicable federal and state law; and
(B) the health information exchange's policies.
(b) Nothing in this section may be construed to create a cause of action or to create a standard of care, obligation, or duty that forms the basis for a cause of action.

No equivalent provision.

SECTION 1. Section 531.0162, Government Code, is amended.

No equivalent provision.

Sec. 74A.004. APPLICABILITY OF OTHER LAW. The protections, immunities, and limitations of liability provided by this chapter are in addition to any other protections, immunities, and limitations of liability provided by other law.

SECTION 2. Substantially the same as House version.

SECTION 3. Section 531.02176, Government Code, as amended by S.B. 219, Acts of the 84th Legislature, Regular Session, 2015, is amended to read as follows:
Sec. 531.02176. EXPIRATION OF MEDICAID REIMBURSEMENT FOR PROVISION OF HOME TELEMONITORING SERVICES. Notwithstanding any

Sec. 74A.003. Same as Senate version.

SECTION 2. Same as Senate version.

SECTION 3. Same as Senate version.

House Bill 2641
Conference Committee Report
Section-by-Section Analysis

HOUSE VERSION

SENATE VERSION (IE)

CONFERENCE

other law, the commission may not reimburse providers under Medicaid for the provision of home telemonitoring services on or after September 1, 2019 [~~2015~~].

SECTIONS 2-6.

SECTIONS 4-8. Same as House version.

SECTIONS 4-8. Same as House version.

SECTION 7. Section 161.0073(c), Health and Safety Code, is amended.

SECTION 9. Substantially the same as House version.

SECTION 9. Same as Senate version.

SECTION 8. Section 161.008, Health and Safety Code, is amended.

SECTION 10. Same as House version.

SECTION 10. Same as House version.

SECTION 9. Chapter 182, Health and Safety Code, is amended.

SECTION 11. Substantially the same as House version.

SECTION 11. Same as Senate version.

SECTION 10. Section 531.02176, Government Code, is repealed.

No equivalent provision.

Same as Senate version.

No equivalent provision.

SECTION 12. Chapter 74A, Civil Practice and Remedies Code, as added by this Act, applies only to a cause of action that accrues on or after the effective date of this Act. A cause of action that accrues before the effective date of this Act is governed by the law in effect immediately before the effective date of this Act, and that law is continued in effect for that purpose.

SECTION 12. Same as Senate version.

SECTION 11. This Act takes effect September 1, 2015.

SECTION 13. Same as House version.

SECTION 13. Same as House version.

LEGISLATIVE BUDGET BOARD
Austin, Texas

FISCAL NOTE, 84TH LEGISLATIVE REGULAR SESSION

May 30, 2015

TO: Honorable Dan Patrick, Lieutenant Governor, Senate
Honorable Joe Straus, Speaker of the House, House of Representatives

FROM: Ursula Parks, Director, Legislative Budget Board

IN RE: HB2641 by Zerwas (Relating to the exchange of health information in this state; creating a criminal offense.), **Conference Committee Report**

<p>No significant fiscal implication to the State is anticipated.</p>
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The bill would amend Chapter 531 of the Government Code to require the Health and Human Services Commission (HHSC) to ensure that all information systems available for use by health and human services agencies are compliant with the applicable data exchange standards developed by an organization accredited by the American National Standards Institute. The bill gives HHSC the authority to develop rules and implement a system to reimburse providers of health care services under the state Medicaid program for review and transmission of electronic health information if feasible and cost-effective. The bill amends the Health and Safety Code to add reporting of certain provided immunizations and related health related conditions by health care providers, allow the Department of State Health Services (DSHS) to submit or obtain immunization history, and creates a certain offense. The bill extends Medicaid reimbursement for home telemonitoring services to September 1, 2019. The bill also amends the Civil Practice and Remedies Code to create certain limitations on liability relating to Health Information Exchanges, which would take effect on or after the effective date of the act.

HHSC has indicated that the Enterprise Health Information Exchange Policy would need to be updated to ensure compliance with the requirements of the bill. The costs to update the policy are immaterial and would be absorbed within existing resources.

HHSC has indicated that, while implementation of the bill could result in a fiscal impact to HHSC a specific estimate is not available. The number of exchanges out of compliance with national standards is unknown and HHSC does not have the information necessary to make appropriate assumptions to determine the fiscal impact.

HHSC would implement a reimbursement system by rule to reimburse providers of health care services under the state Medicaid program for review and transmission of electronic health information. Costs related are immaterial and would be absorbed within existing resources. The fiscal impact of reimbursing providers of health care services can not be determined due to the unknown number of providers seeking reimbursement. HHSC has indicated that there may be some fiscal impact for receiving data through health information exchanges. This analysis assumes that these costs will be absorbed within existing resources.

HHSC has authority to stop reimbursing for home telemonitoring services if the agency

determines that it is no longer cost effective, therefore it is assumed the services will only continue if cost effective and therefore no significant fiscal impact to the state is anticipated.

HHSC must amend contracts to change the expiration date of the home telemonitoring benefit from September 1, 2015 to September 1, 2019. HHSC has indicated that any associated cost could be absorbed within the agency's existing resources.

DSHS has indicated that there is no fiscal impact for receiving data through health information exchanges and that any cost to implement systems that meet the standards of the bill will be factored into future information technology projects.

It is anticipated that there would be no significant fiscal impact to the Texas Medical Board, the Department of Family and Protective Services, the Department of Assistive and Rehabilitative Services, and the Department of Aging and Disability Services as a result of this bill.

The bill would go into effect on September 1, 2015.

Local Government Impact

There may be a cost to local governments depending on the systems used to exchange or report data. Fiscal impact will vary depending on the local health department's available resources.

Source Agencies: 503 Texas Medical Board, 529 Health and Human Services Commission, 530 Family and Protective Services, Department of, 537 State Health Services, Department of, 538 Assistive and Rehabilitative Services, Department of, 539 Aging and Disability Services, Department of

LBB Staff: UP, NB, ACI, MH, CG, KVe

**Certification of Compliance with
Rule 13, Section 6(b), House Rules of Procedure**

Rule 13, Section 6(b), House Rules of Procedure, requires a copy of a conference committee report signed by a majority of each committee of the conference to be furnished to each member of the committee in person or, if unable to deliver in person, by placing a copy in the member's newspaper mailbox at least one hour before the report is furnished to each member of the house under Rule 13, Section 10(a). The paper copies of the report submitted to the chief clerk under Rule 13, Section 10(b), must contain a certificate that the requirement of Rule 13, Section 6(b), has been satisfied, and that certificate must be attached to the copy of the report furnished to each member under Rule 13, Section 10(d). Failure to comply with this requirement is not a sustainable point of order under Rule 13.

I certify that a copy of the conference committee report on HB 2641 was furnished to each member of the conference committee in compliance with Rule 13, Section 6(b), House Rules of Procedure, before submission of the paper copies of the report to the chief clerk under Rule 13, Section 10(b), House Rules of Procedure.

John Ferware
(name)

May 29, 2015
(date)