

SUBJECT: Creating an advisory committee on health care information technology

COMMITTEE: Human Services — committee substitute recommended

VOTE: 7 ayes — Hupp, Eissler, A. Allen, J. Davis, Gonzalez Toureilles, Naishtat, Reyna

0 nays

2 absent — Goodman, Paxton

SENATE VOTE: On final passage, April 14 — 31-0, on Local and Uncontested Calendar

WITNESSES: For — (*Registered, but did not testify:* Tom Banning, Texas Academy of Family Physicians; Hilary Dennis, Texas Medical Association)

Against — None

On — (*Registered, but did not testify:* Connie R. Turney, Statewide Health Coordinating Council)

DIGEST: CSSB 45 would create a health care technology advisory committee organized under the statewide health coordinating council. The committee would have to develop a long-range plan for health care information technology, including the use of electronic medical records and other methods of incorporating information technology to improve patient outcomes and cost effectiveness.

The committee would include members of interested groups, including health plans, pharmacies, and doctors' associations. At least one member would be required to have 10 years of experience in the health care information technology industry. Members of the committee would serve without compensation but could seek reimbursement of travel expenses.

Government Code, ch. 2110, which establishes guidelines for advisory committees, including the maximum number of members and a requirement that the committee membership represent a balance between

industry and consumers, would not apply to the committee.

The bill also would amend Health and Safety Code, sec. 104.022 to include provisions in the development of the state health plan relating to information technology.

The bill would take effect September 1, 2005.

**SUPPORTERS
SAY:**

CSSB 45 could save millions of dollars by fostering the implementation of health care information technology across the state. Texas does not yet have a long-term plan for implementing such technology. CSSB 45 would create an advisory committee to develop such a plan, looking into such broad areas as computerizing clinical support systems and doctor order entry.

Any concerns related to converting medical records into electronic form would be far outweighed by the benefits that would be gained from such a conversion. Increased accuracy and accessibility are just two of the many benefits that would result from the increased implementation of technology in the realm of health care information. Furthermore, the committee would not make any binding decisions. It simply would develop recommendations on health information technology that the state would not be required to implement.

**OPPONENTS
SAY:**

Converting medical records into electronic form and allowing health care providers across the country to access a person's medical records easily could lead to invasions of privacy and misuse of information. In addition, paper medical records are reliable in a way that electronic records would not be. For example, paper records are unlikely to be destroyed by accident and are accessible even during a power outage.

Because Government Code ch. 2110 would not apply to the committee, there is no guarantee that the committee membership would reflect a balance between the interests of the health care industry and the interests of patients. Because of the serious privacy concerns related to converting medical records into electronic form, at least one member of the committee should represent the privacy interests of patients.

NOTES:

The Senate-passed version would not have required that one of the members of the committee have experience in health care information technology.

The House companion bill, HB 794 by Delisi, passed the House on the Local, Consent, and Resolutions Calendar on March 23 and was referred to the Senate Health and Human Services Committee.