

SUBJECT: Standardizing collection of health service client data among state agencies

COMMITTEE: Government Reform — committee substitute recommended

VOTE: 7 ayes — Callegari, Pitts, Berman, Leibowitz, Miles, Rodriguez,
W. Smith

0 nays

WITNESSES: For — None

Against — (*Registered, but did not testify*: Lee Spiller, Citizens
Commission on Human Rights of Texas)

On — Dustin Lanier, Department of Information Resources; Mike
Maples, Department of State Health Services

BACKGROUND: The 79th Legislature in 2005 enacted HB 916 by Woolley, which created the Texas Health Care Policy Council to study the state's health care system and recommend changes. The council, made up of the administrative heads of nine agencies, is required to study health care issues and submit its findings to the governor and the legislative leadership by December 31 of each even-numbered year.

On June 11, 2001, Texas Commission on Alcohol and Drug Abuse (now part of the Department of State Health Services) developed the Behavioral Health Integrated Provider System (BHIPS) as an Internet-based computer system that allows sharing of client data among case managers, health providers, and others who do utilization review, quality assurance, and other evaluation of behavioral health services. Care providers using BHIPS can meet state and federal requirements for collecting and reporting client and billing information. The system also provides for coordination of care, including scheduling of client appointments among several providers.

DIGEST: CSHB 921 would authorize a pilot program by the Texas Health Care Policy Council, in conjunction with the Department of Information Resources (DIR), to develop standards so that participating health care agencies could share information about common clients. Participation in

the pilot project would be open to any state agency that provides social services, mental health services, substance abuse services, or health services. The chair of the Texas Health Care Policy Council would be authorized to appoint working groups from the council or participating agencies, or from any other state agency with relevant expertise, to help develop the standards.

The bill also would amend Government Code, sec. 2054.096(a) to require state agencies' strategic plans to provide for implementation of the proposed Texas Health Care Policy Council data-sharing standards.

Any standards developed by the council would have to:

- require that a participating agency comply with any federal or state law protecting the confidentiality of the information maintained or received by the agency;
- ensure the protection of personally identifiable information from inappropriate release; and
- include strategies for sharing information and procedures for transferring information.

CSHB 921 would require DIR to publish the standards on its website before September 1, 2008, and to notify the lieutenant governor and the House speaker when the standards were published.

The council would be required to analyze and compare how agencies managed the data-exchange program and recommend improvements to existing data-sharing standards or development of new standards. This section would expire on September 1, 2013.

The bill would take immediate effect if finally passed by a two-thirds record vote of the membership of each house. Otherwise, it would take effect September 1, 2007.

**SUPPORTERS
SAY:**

CSHB 921 would help break down the "Towers of Babel" across state agencies that collect client data. Currently, health or social service agencies treat clients as separate entries and file their information in distinct silos. Texans seeking assistance frequently must provide the same personal information several times and sometimes juggle conflicting appointments scheduled by different agencies. Standardized data-sharing would alleviate the frustration of both clients and agency employees in

managing health and social services and ultimately would save taxpayer money.

The bill specifically would provide for protecting confidentiality and preventing unauthorized release of personal information. The standards would have to be written to comply with existing state and federal laws on confidentiality, and inappropriate release or unauthorized use of the information would be prohibited. Release or misuse of such information already is subject to severe penalties, and CSHB 921 would not change existing protections.

The bill would end the problem of the “many clipboards” – the requirement that clients fill out the same information on different forms when applying for assistance. One current barrier to sharing this personal information is that computer data-entry fields for names or addresses, for example, vary among the information technology systems used by different state agencies. Standardization would help the transfer of this common information.

State agencies treating alcohol and drug abuse already use client management tools through BHIPS. That system shares information in a secure manner and helps to eliminate duplicate information collection and conflicting appointments for the same client by different state agencies. Development of the standards would not start from scratch, and the council could benefit from experience with the BHIPS program. The second iteration of BHIPS already is being developed, and CSHB 921 would encourage other agencies to participate in the development process.

CSHB 921 would be limited to health and social services because they have the most need to share client information. The bill would not require changes in computer hardware and could be implemented relatively cheaply. Publication of the standards could encourage other state agencies to adopt their own standards for sharing data.

CSHB 921 would provide flexibility to allow health and social services agencies to choose whether to participate and how to develop the standards. Involving too many agencies could impair the effectiveness of the standardization process. The program also would provide for collection of aggregate data on health care services that would benefit analysis of health and social service agencies by budget writers and policy makers.

OPPONENTS
SAY:

Collecting sensitive personal data, particularly about mental health, could pose a risk to the privacy of clients. Sharing this data also would increase the danger of unauthorized release or misuse of the information. Current state and federal laws have not ensured that these data are not compromised already.

CShB 921 should specify which agencies would be required to participate, as was provided in the original version of the bill. Also, it is uncertain why a separate program is needed when the BHIPS program already is being used.

NOTES:

The original version of the bill would have amended the Government Code to require development of standards for sharing information among state agencies. It would have created a Client Information Interchange Standards Committee consisting of the governor and the comptroller, or their designees, as well as the administrative heads of DIR, Health and Human Services Commission, Texas Department of Criminal Justice, Department of Public Safety, Texas Workforce Commission, Texas Education Agency, and any other agency the committee determined necessary. The substitute would limit membership to health and social service agencies and make participation discretionary for those agencies.

The companion bill, SB 383 by Ellis, was referred to the Senate Government Organization Committee on February 21. On March 12, the House Government Reform Committee held a public hearing and left pending HB 665 by Dukes, a similar bill that would create an Interagency Coordinating Council for Data Sharing.