

- SUBJECT:** Pilot project to exchange electronic health information with HHSC
- COMMITTEE:** Public Health — committee substitute recommended
- VOTE:** 8 ayes — Kolkhorst, Naishtat, Coleman, J. Davis, Gonzales, Laubenberg, McReynolds, Zerwas
- 0 nays
- 3 absent — Hopson, S. King, Truitt
- WITNESSES:** For — Ann Kitchen, Integrated Care Collaboration, Texas Health Information Exchange Coalition; (*Registered, but did not testify:* Harry Holmes, Harris County Healthcare Alliance; Denise Rose, Texas Hospital Association)
- Against — None
- On — (*Registered, but did not testify:* Kathleen Costello and Kay Ghahremani, Health and Human Services Commission)
- BACKGROUND:** Local and regional health information exchanges may capture certain patient data from providers in accordance with state and federal privacy laws. This information can be used to evaluate the delivery of health care services to patients.
- DIGEST:** CSHB 1218 would require HHSC to establish a pilot project in at least one urban area to determine the feasibility, costs, and benefits of exchanging secure electronic health information between HHSC and at least two local or regional health information exchanges.
- The health information exchanges selected for the pilot would be capable of exchanging electronic health information, including information about patients receiving benefits administered by HHSC, among a variety of providers that were not owned by a single entity.
- The pilot would involve exchange of a patient’s medication history and could involve the exchange of additional health care information. HHSC would establish guidelines to ensure information exchanged through the

pilot only was used for the patient's benefit and complied with state and federal privacy rules, including the Health Insurance Portability and Accountability Act of 1996. The commission would set criteria for which data could be used by health care providers and for what purposes.

By December 1, 2010, HHSC and the participating local and regional health information exchanges would assess the benefits of the pilot program and the return on investment based on the guidelines established for the program. HHSC would report its findings to the House and Senate standing committees presiding over health and human services issues.

HHSC could accept gifts, grants, and donations to operate the pilot.

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, 2009. HHSC would begin implementing the pilot within 60 days of the effective date.

NOTES:

The companion bill, SB 1768 by Watson, has been referred to the Senate Health and Human Services Committee.