

- SUBJECT:** Access to certain confidential patient information within DSHS
- COMMITTEE:** Public Health — favorable, without amendment
- VOTE:** 9 ayes — Kolkhorst, Naishtat, Coleman, J. Davis, Gonzales, Hopson, McReynolds, Truitt, Zerwas
- 0 nays
- 2 absent — S. King, Laubenberg
- SENATE VOTE:** On final passage, April 9 — 31-0, on Local and Uncontested Calendar
- WITNESSES:** For — Nancy Weiss, American Cancer Society; (*Registered, but did not testify*: Sheila Dean, 5-11 Campaign; Dan Finch, Texas Medical Association; Lauren Hutton, Lance Armstrong Foundation; Carrie Kroll, Texas Pediatric Society; Ramona Magid, Susan G. Komen for the Cure; Denise Rose, Texas Hospital Association; Morgan Sanders, March of Dimes)
- Against — None
- On — (*Registered, but did not testify*: Ramdas Menon, Department of State Health Services)
- BACKGROUND:** Under Health and Safety Code, ch. 108, the Texas Health Care Information Council is charged with developing a statewide health care data collection system to collect health care charges, utilization data, provider quality data, and outcome data. Sec. 108.113 provides that data received by the council is to be used for the benefit of the public, but is confidential except in certain circumstances. Sec. 108.135 requires the council to establish a scientific review panel to review and approve requests for information other than public use data.
- "Public use data" is defined as patient-level data relating to individual hospitalizations that has not been summarized or analyzed, that has had patient identifying information removed, that identifies physicians only by

use of uniform physician identifiers, and that is severity- and risk-adjusted, edited, and verified for accuracy and consistency. Public use data may exclude some data elements submitted to the council.

DIGEST:

SB 1083 would amend Health and Safety Code, sec. 108.013 to allow the Department of State Health Services (DSHS) to disclose data collected under ch. 108 that was not included in public use data to any program within DSHS if the disclosure was reviewed and approved by the Institutional Review Board. Confidential data collected under ch. 108 that was disclosed to a program within DSHS would remain subject to the confidentiality provisions of the chapter and other applicable law. DSHS would be required to identify the confidential data disclosed and the program would be required to maintain its confidentiality. The disclosure of physician-identifying data would not be authorized.

DSHS would be required to establish an institutional review board, rather than a scientific review panel, to review and approve requests for access to data not contained in public use data. The executive commissioner of the Health and Human Services Commission would adopt rules similar to the federal Centers for Medicare and Medicaid Services' guidelines on releasing data to assist the board.

Any approval to release information would have to require that the confidentiality provisions of ch. 108 be maintained for the release and any subsequent use of that information.

Health and Safety Code, ch. 108 would be amended to include a provision stating that the powers and duties of the Texas Health Care Information Council under ch. 108 were transferred to DSHS in accordance with HB 2292 (Acts of the 78th Legislature, Regular Session 2003, ch. 198), and that, in ch. 108, a reference to the council would mean DSHS.

DSHS would be required to accept data in the format developed by the American National Standards Institute or its successor, or other nationally accepted standardized forms that hospitals and providers used for similar purposes.

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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.