

BILL ANALYSIS

Senate Research Center
76R12719 JRD-F

C.S.S.B. 1591
By: Zaffirini
Human Services
4/28/1999
Committee Report (Substituted)

DIGEST

The Texas Performance Review recommended that Texas implement national electronic interchange standards for health care claims and streamline health care data reporting and processing. Due to widespread frustration regarding health care claims payments, Congress in 1996 passed legislation that will require claims payers to support electronic claims processing using national electronic data interchange (EDI) standards. C.S.S.B. 1591 would require the implementation of national standards for the electronic processing of health care and health payment information.

PURPOSE

As proposed, C.S.S.B. 1591 requires the implementation of national standards for the electronic processing of health care and health payment information.

RULEMAKING AUTHORITY

Rulemaking authority is granted to the Health and Human Services Commission in SECTION 2 (Section 532.002(c), Government Code) of this bill

SECTION BY SECTION ANALYSIS

SECTION 1. Amends Chapter 531B, Government Code, by adding Sections 531.0315 and 531.0316, as follows:

Sec. 531.0315. IMPLEMENTING NATIONAL ELECTRONIC DATA INTERCHANGE STANDARDS FOR HEALTH CARE INFORMATION. Requires each health and human services agency and every other state agency that acts as a health care provider or a claims payer for the provision of health care to take certain actions. Provides that this section does not prohibit a state agency from seeking a federal waiver from compliance under applicable federal law.

Sec. 531.0316. HEALTH CLAIMS INFORMATION ON INTERNET. Requires the Health and Human Service Commission (commission) and the Texas Health Care Information Council (council) to develop a plan to make information about claims for the provision of health care that are paid with state money and information about other claims for the provision of health care that is collected by the state available through the Internet, to the extent that the information is not identifiable to any individual. Requires the commission and the council to submit the plan to the presiding officers of each house of the legislature not later than November 1, 2000. Provides that this section expires September 1, 2001.

SECTION 2. Amends Section 532.002, Government Code, by adding Subsection (c), to require the commission to require, by rule, that each contract to carry out the purpose of this chapter, whether entered into by the commission, by a health and human services agency acting under Section 532.004, or by an intergovernmental initiative, to require any contractor that will create, maintain, or process information related to the provision of or payment for health care to comply in a timely manner with the national data interchange standards adopted under Title IIF, Health Insurance Portability and Accountability Act.

SECTION 3. Amends Section 109.061, Health and Safety Code, by adding Subsection (j), to require the corporation to require eligible coverage to comply in a timely manner, in connection with the program, with the national data interchange standards adopted under Title IIF, Health Insurance Portability and Accountability Act.

SECTION 4. Sets forth the establishment of the National Data Interchange Standards Task Force (task force). Provides that the task force is composed of the administrative heads of certain state offices and agencies. Provides that the representative of the commission is the presiding officer of the task force. Requires the commission to direct the analyses required under this section. Authorizes the staff of each office and agency represented on the task force to assist the task force in performing its duties. Requires the task force to periodically report the results and conclusions of its analyses and recommend needed legislation to the legislature. Provides that the task force is abolished September 1, 2005.

SECTION 5. Emergency clause.

Effective date: upon passage.

SUMMARY OF COMMITTEE CHANGES

SECTION 1.

Amends Chapter 531B, rather than Chapter 2054C, Government Code, by amending Section 531.0315, Government Code, rather than Section 2054.0542, to require each health and human services agency and every other state agency that acts as a health care provider or a claims payer for the provision of health care to take certain actions. Provides that this section does not prohibit a state agency from seeking a federal waiver from compliance under applicable federal law.

Amends Section 531.0316, Government Code, rather than Section 2054.0543, to require the commission, rather than the Department of Information Resources (department), and council to develop a certain plan.

SECTION 4.

Amends SECTION 4 to provide that the task force is composed of the administrative heads of certain state offices and agencies, including the State Office of Risk Management. Provides that the representative of the commission, rather than the department, is the presiding officer of the task force. Requires the commission, rather than the department, to direct the analyses required under this section.