

## **BILL ANALYSIS**

Senate Research Center  
87R15922 JG-D

C.S.S.B. 640  
By: Menéndez  
Health & Human Services  
4/14/2021  
Committee Report (Substituted)

### **AUTHOR'S / SPONSOR'S STATEMENT OF INTENT**

The Texas 1115 waiver and Health and Human Services Commission (HHSC) transition plan state that Texas needs to strengthen its sharing of electronic health information in order to accomplish these goals. Unfortunately, the technological readiness and interoperability of the behavioral health facilities in our state, a priority population identified in this plan, is lagging when compared to their physical health counterparts.

By not having the behavioral health technology up to par, we are hurting patients in our state who rely on this technology and communication to receive adequate care. While most state hospitals and local mental health authorities are on electronic health records, they are not fully sharing electronic data. This leaves primary and medical providers without the full picture of a patient, making it difficult to achieve fully integrated care. As the medical sector continues to expand its technologies to leverage clinical decision support, improve care quality, and empower patients, the disparity between behavioral health providers and patient engagement may continue to widen.

With growth in telehealth services, we must ensure that behavioral health technology is adequately providing critical care to Texas patients. Telehealth in behavioral health is challenging if digitized data, forms, and consents cannot be shared between providers and patients.

S.B. 640 will assist the state in understanding the behavioral health technology landscape by conducting a survey that will review technology readiness, interoperability, and gaps in state-supportive behavioral health organizations, managed care, and key Medicaid stakeholders. It will also review the rules or processes that create barriers between managed care and providers, and any costs or funding that may be needed to reach a readiness baseline for behavioral health to be included in future incentive plans and waiver requests. As telehealth will continue to be a part of care after COVID-19, behavioral health technology still lags behind other care in the state. This study will help us identify gaps, and put us on a path towards strengthening our behavioral health technology.

The substitute to S.B. 640 removes any mention of the e-Health Advisory Council (e-HAC) in the bill, clearly stating that HHSC will be conducting the study as e-HAC does not have the authority to take this action.

C.S.S.B. 640 amends current law relating to a study on the interoperability needs and technology readiness of behavioral health service providers in this state.

### **RULEMAKING AUTHORITY**

This bill does not expressly grant any additional rulemaking authority to a state officer, institution, or agency.

### **SECTION BY SECTION ANALYSIS**

SECTION 1. (a) Defines "commission" and "executive commissioner."

(b) Requires the Health and Human Services Commission (HHSC) to conduct a study to assess the interoperability needs and technology readiness of behavioral health service providers in this state, including the needs and readiness of certain entities.

(c) Requires HHSC, in conducting the study under Subsection (b) of this section, to determine which of the providers described by that subsection use an electronic health record management system and evaluate:

(1) for each of those providers that use an electronic health record management system:

(A) when the provider implemented the electronic health record management system;

(B) whether the provider is also connected to a system outside of the provider's electronic health record management system and, if connected, include certain information about the outside system; and

(C) what the provider finds valuable about using an electronic health record management system or being connected to an outside system, including what the provider finds useful about certain monitoring and management systems; and

(2) certain barriers to being connected or to becoming connected, as applicable, for both the providers who use an electronic health record management system or an outside system and the providers who do not use either system.

(d) Authorizes HHSC, in conducting the study under Subsection (b) of this section, to collaborate with any relevant advisory committees.

(e) Requires HHSC, based on the results of the study conducted under Subsection (b) of this section and not later than August 31, 2022, to prepare and submit to the legislature, lieutenant governor, and governor a written report that includes:

(1) a state plan, including a proposed timeline, for aligning the interoperability and technological capabilities in the provision of behavioral health services with certain applicable law;

(2) information on gaps in education, and recommendations for closing those gaps, regarding the appropriate sharing of behavioral health data, including education on certain topics;

(3) an evaluation of the differences and similarities between federal and state law on the interoperability and technological requirements in the provision of behavioral health services; and

(4) recommendations for standardizing the use of social determinants of health.

(f) Requires HHSC, to the extent permitted by law and as the executive commissioner of HHSC determines appropriate, to implement, within HHSC's prescribed authority, a component of the plan or a regulatory recommendation included in the report required under Subsection (e) of this section.

SECTION 2. Provides that this Act expires September 1, 2023.

SECTION 3. Effective date: September 1, 2021.