TO:

Senate
Lt. Governor Dan Patrick
The Honorable Jane Nelson, Chair
The Honorable Lois Kolkhorst

House
Speaker Dade Phelan
The Honorable Greg Bonnen, MD
The Honorable Giovanni Capriglione
The Honorable Stephanie Klick

FROM: **Texas Medical Association**
Texas Hospital Association
Texas Organization of Rural and Community Hospitals
Texas E-Health Alliance
Texas Pediatric Society
Texas Academy of Family Physicians
Texas Association of Community Health Centers

SUBJECT: **Organized Medicine's Recommendations on Senate Bill 1**

DATE: **Sept. 9, 2021**

On behalf of the above-named organizations representing more than 55,000 physician and medical student members as well as more than 600 hospitals, health centers, clinics, and e-health organizations we represent, thank you for your service. We understand the significant choices you face in evaluating the appropriation of more than $16 billion in new federal American Rescue Plan Act (ARPA) funds related to COVID-19 that have been apportioned to Texas.

We appreciate that you may seek ideas for use of "one-time" funds that have no expectations of ongoing future support. As organizations representing the bulk of the state's physicians, hospitals, health care centers, and major electronic health organizations, we urge you to consider the following goals to bolster the access to and utilization of health information technology to accelerate patient care benefits in the Texas health care system.

1. Provide for connection fees to statewide and regional health information exchanges (HIEs) for electronic health records (EHRs) for physicians, hospitals, clinics, and other health care facilities.

Benefits
The principal function of an HIE is to allow physicians, their patients, hospitals, and other health care providers to electronically receive and share health information securely and confidentially with other physicians and health care entities such as hospitals, labs, and public health agencies. The benefits of electronically sharing patient information include the ability to access and confidentially share a patient's medical history regardless of where and when patients are receiving care. This information improves quality, timeliness, and safety of patient care by reducing medication and medical errors; improves public health reporting and monitoring; and reduces health-related costs.[1]

Challenge
The dollars spent through the Health Information Technology for Economic and Clinical Health (HITECH) Act's Electronic Health Record Incentive Program of 2009 have successfully increased

[1] Office of the National Coordinator; HIE Benefits; accessed Aug. 25, 2021.

adoption of EHRs such that 89% of Texas physicians and virtually all Texas hospitals now use them.[2] The HITECH Act also invested financially in developing HIEs.

Regrettably, the HITECH Act excluded mental and behavioral health professionals and treatment facilities, leaving those practitioners at a significant disadvantage at a particularly crucial time for mental and behavioral health services. These health care professionals continue to face many of the same challenges as their acute care counterparts have during the past 18 months, all while treating complex patients with both COVID-19 and a behavioral health diagnosis. During the pandemic, the percentage of adults with symptoms of anxiety and depression increased dramatically, growing the demand for behavioral health services while resources remain strained and care coordination for physical and mental health continue to present significant challenges.

In 2019, the Texas Health and Human Services Commission (HHSC) released a Health Information Technology (Health IT) Strategic Plan to comply with the 1115 Medicaid waiver renewal in 2017. In their report, the state cites the increased benefits of HIE connectivity, particularly for behavioral health providers, and today, HIE connectivity remains a priority in the state's quality improvement metrics in the latest waiver negotiations.

While most hospitals have made the investment to connect to HIEs, unfortunately, the majority of Texas physician practices and many behavioral health facilities are still not connected. Many physician practices are constrained by the high initial and ongoing interface fees imposed by proprietary EHR vendors. These interfaces provide the data mapping necessary to bidirectionally transfer data needed to have the right information at the point of care. This is a key first step towards "interoperability".

Solution
Texas has adopted a community-based approach for developing HIEs. Currently five established local HIEs operate as nonprofit organizations in Texas. These HIEs serve hospitals, ambulatory care physicians, payers, laboratories, and other entities throughout the state.[3] Funding to connect physicians to these HIEs is vital to achieve interoperability across the state. These connections can be achieved by making grants available to physicians to pay the interface fees, which are estimated at $6,000 for a solo physician practice and go up from there for multiphysician practices or facilities. Alternatively, grants could be provided to HIEs and earmarked for use only for physician interface fees.

A program currently underway at HHSC leverages federal funds in a similar manner for Medicaid practitioners to connect to HIEs. However, to be eligible for this program, a certain percentage of a physician's patients must be Medicaid patients, so funding is needed to assist practices that do not qualify. Any solution the legislature chooses to fund could be aligned with the existing program to ensure there's no duplication of resources or funding.[4]

2. Accelerate the implementation of a "gateway" – the Integration and Data Exchange Center of Excellence (iCoE) project – to completely modernize, standardize, and integrate existing state agency systems such as the Texas prescription monitoring program (PMP), the Vendor Drug program, and

[2] Texas Medical Association 2020 HIT Survey Report.
[3] Interoperability for Texas: Powering Health 2020. A report by the Texas Health and Human Services Commission; Dec. 2020; pg. 12.
[4] Texas Health and Human Services Commission; Statewide Health Information Exchange; accessed Aug. 25, 2021.

numerous registries and systems at the Department of State Health Services (DSHS) and HHSC with hospitals, physician practices, health care centers, and other relevant organizations.

DSHS has for many years envisioned a "gateway" that allows a one-to-many connection within the agency. As an example, an HIE, a physician, or a health care facility could have a single connection point to the gateway that would provide access to all of the registries and systems maintained by the state. Funding would accelerate this project now identified as the iCoE, intended to service a primary point for data exchange among HHSC agencies, physicians and health care providers, managed care organizations, and other entities. DSHS has expressed concern about funding needed to modify and modernize the system as some systems are complicated, requiring complex integrations.[5]

In 2015, the legislature passed House Bill 2641, which requires the HHSC system to move towards interoperability with external stakeholders to support data exchange and improve patient care. Although progress is being made toward a number of these strategies, now is the time to invest in a truly modern infrastructure that reduces administrative burdens on health care professionals who are fulfilling their requirements to share data with the state.

3. Provide continued support for physician and health care provider access to the Texas prescription monitoring program. The program, known as PMP Aware and hosted by the State Board of Pharmacy, was established to curb illicit activity, drug abuse, drug diversion, or doctor shopping. When Texas started requiring physicians and hospitals to check the state's PMP in 2020, the state appropriated funds to cover the licensing fee for the first two years. Effective Sept. 1, 2021, that fee is no longer covered by the state, and Appriss, the state's PMP vendor, has begun billing physicians for the annual per-physician licensing fee. Funding is needed to continue this integration, allowing physicians, hospitals, and other health care providers to check a patient's prescription history through their EHR. Otherwise, physicians and providers must interrupt their workflow and log into the separate PMP Aware site to check a patient's prescribing history when prescribing opioids, benzodiazepines, barbiturates, or carisoprodol.

The PMP funding will allow vital information to flow seamlessly to physicians, hospitals, and providers at the point of care so that patient needs can be met effectively, and if necessary, refer patients to programs that can assist with addictive behaviors related to opioids and other controlled substances.

4. Strengthen workforce assistance by providing integration channels for existing health information technology workforce development programs like those at The University of Texas at Austin McCombs School of Business[6] and Midland College[7] to connect graduates with the marketplace. This includes providing support to physicians and health care facilities that have encountered staff costs for additional required documentation during the COVID-19 public health emergency for such actions as manual input to ImmTrac2, the state's immunization registry, and other actions as part of the disaster response.

5. Support additional broadband access for health care professionals and patients. The passage of the historic House Bill 5 this legislative session, which led to the establishment of the Broadband

[5] Interoperability for Texas: Powering Health 2020. A report by the Texas Health and Human Services Commission; Dec. 2020; pg. 16.
[6] The University of Texas. HHIT Professional Certificate Program; accessed Aug. 25, 2021.
[7] Midland College. Health Information Management; accessed Aug. 25, 2021.

Development Office within the Office of the Comptroller, presents a number of opportunities for improving infrastructure and access to health care. For example:

a) Many small physician practices do not qualify for federal broadband grants, and as a result, may not have the needed connectivity to provide virtual health care, particularly in rural areas. The state should evaluate opportunities to support those practices by facilitating reliable broadband access.
b) Patient access to broadband remains a challenge in urban and rural areas, and funds could be specifically allocated to help not only with affordability but also with the issue of digital literacy. Connectivity must be complemented by the skills necessary to use the technology for education, health care, and other needs.

Thank you very much for your consideration of our health information technology recommendations. Our organizations continue to explore additional, innovative one-time uses of ARPA funds and will submit those under separate cover. We are available at any time to answer your questions and work with you to craft a cost-effective budget that addresses Texas' significant health care needs.