



**House Public Health Committee  
Testimony of Joseph Schneider, MD  
House Bill 4272 by Rep. Stephanie Klick  
April 21, 2021**

Thank you, Chair Klick and members of the committee, for allowing me to speak with you today. I am Dr. Joseph Schneider, and I am a pediatrician caring for newborn Texans mostly at Parkland Hospital in Dallas. Today I am speaking on behalf of the Texas Medical Association and its more than 55,000 physician and medical student members in **support** of House Bill 4272.

I am a medical informaticist, working for the past 20 years to improve the efficiency, effectiveness, safety, and value of electronic health records (EHRs) and other systems. In this capacity I've worked with large hospital systems, small practices, and state agencies through advisory boards such as chairing the Texas Health and Human Services Commission Electronic Health Information Exchange System Advisory Committee, now known as the E-Health Advisory Committee. I was also appointed by the lieutenant governor to serve on the Texas Privacy Council established last session by Rep. Giovanni Capriglione. Finally, I've authored and contributed to numerous national standards used by EHR companies and others.

It is very important for electronic health records and other systems to connect to ImmTrac2 "bidirectionally," meaning that ImmTrac2 can receive data from the EHR and send other data back to it so the systems are synchronized with each other. This is not a new concept, and it is done in standard ways across the country with virtually all states and all EHRs. Except Texas. While other states have simple "yes"/"no" choices for consent, which makes opting in and out easy, Texas has multiple additional steps, which, depending upon how one counts, create up to five or six possible combinations. Many of these are not supported by national electronic standards. This means EHR coding for the Texas immunization registry is very difficult, is an extra cost to the system, is done in a nonstandard fashion by each vendor, and is given a much lower priority. Recently I have participated in monthly calls with EHR vendors and the ImmTrac2 staff, who have bent over backwards trying to simplify this process. The current law has many EHR vendors baffled by how disconnected Texas is from other states. So Texans suffer as ImmTrac2 lags far behind others in terms of bidirectional linkages. HB 4272 provides needed changes so that ImmTrac2 can be successful.

Examples of how HB 4272 improves the registry include:

- It makes the consent option a simple "yes" or "no."
- It separates from the consent process the steps for a person to identify themselves as a first responder or the family member of a first responder. Instead, the Texas Department

of State Health Services (DSHS) will verify a patient's vaccine status to an employer if the first responder consents to disclosure and the employer affirms the patient is a current employee.

- It modernizes the consent process by creating a DSHS online patient portal enabling patients and parents to submit withdrawal requests to ImmTrac2 easily and efficiently versus the current fax or mail process.
- It changes the retention time of disaster immunization records to the standard seven-year retention for other medical records for adults. It also requires DSHS to send at least two notifications about the impending deletion of a patient's disaster immunization records, giving that person the opportunity to consent for the records to be retained. This mirrors the DSHS effort for aging-out adolescents who must re-consent for childhood records to be retained once they reach adulthood.

Though well-intended during its creation 20 years ago, the current policies that control ImmTrac2 processes are burdensome for everyone. We need to simplify the ImmTrac2 consent process to a simple "yes"/"no" and collect other information separately from the consent process. Passing HB 4272 would not only dramatically improve the functionality of the registry but also help streamline current efforts to vaccinate as many Texans as possible in response to the COVID-19 pandemic. It also supports Texans in maintaining vital disaster vaccination records instead of arbitrarily destroying these without the related patient being able to choose otherwise.

Thank you for your time today. I welcome the opportunity to answer your questions, and we ask for your support of this legislation.