



TEXAS
e-HEALTH
ALLIANCE

2019 Legislative Preview

Presentation to Austin HIMSS

Nora Belcher, Executive Director

Texas e-Health Alliance

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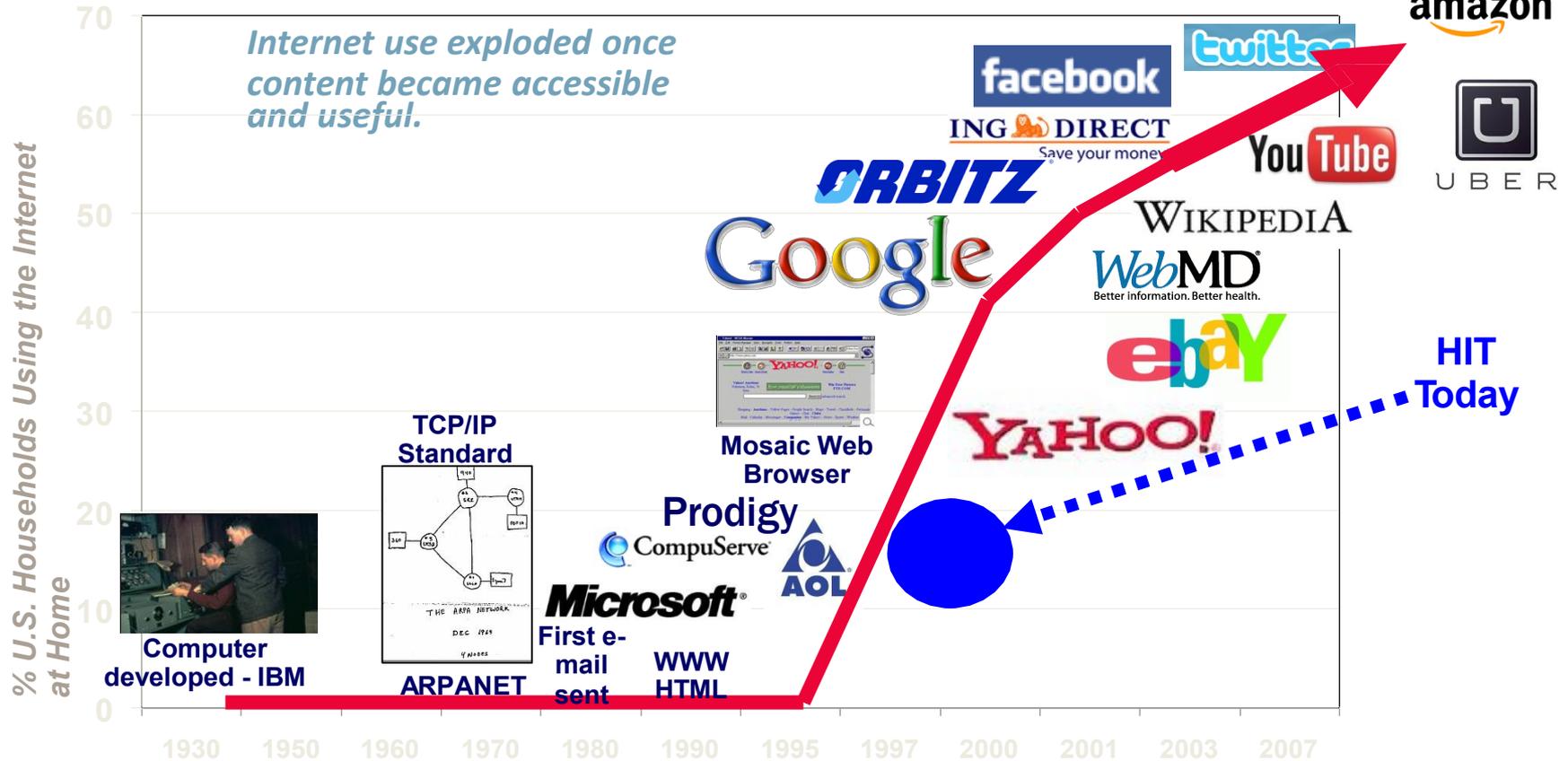
Background- Nora Belcher

- 20+ years in public policy with an emphasis on health care technology
- Senior leadership roles in Texas Medicaid and the Governor's Office
- Involved in starting the SXSW Health and MedTech Expo
- Won computer programming contest in the 1980s and still has the trophies

What is the Texas e-Health Alliance?

- State's leading advocate, from local communities to the national level, for the use of health information technology to improve the health system for patients
- 501(c)6 non-profit started in 2009
- Serves as a trade association for HIT companies
 - As such, cannot recommend or endorse specific products

Internet Revolution: Value to Us



Today, health care information technology (HIT) is at the “2000” of the Internet age

Presentation Outline

- Update on 2017 Session
 - Passed Bills
 - Bills that Didn't Pass
 - Special Session/Legislative Interim and Hearings

“Tele” Bills

Bill #	Author	Subject
SB 1107	Schwertner	Direct to consumer telemedicine, insurance coverage for telemedicine
HB 1697	Price	Pediatric access grant program for rural areas (teleNICU)
SB 922	Buckingham	Telemedicine in schools (incl. charter) for SHARS
SB 1633	Perry	Telepharmacy for rural areas

Delivery System Bills

Bill #	Author	Subject
HB 10	Price	Mental health treatment
HB 1296	Frullo	Prescription drug synchronization
HB 2425	Price	Designated caregiver- discharge instructions

Cybersecurity Bills

Bill #	Author	Subject
HB 8	Capriglione	Cybersecurity for state agencies
HB 9	Capriglione	Cybercrime
HB 1861	Elkins	Confidentiality of computer security incidents under open records laws
SB 564	Campbell	Allows non-open meetings discussions of IT security by government entities

Legislative Interim

- HHSC e-Health Advisory committee meets quarterly
 - Meetings are broadcast online
 - Covers HIE and telemedicine issues
- SB 1107 rulemaking is complete at the Texas Medical Board and has begun at Medicaid
- HIE language promoting CCD exchange in the terms and conditions for Medicaid waiver

Senate HHS Interim Charge- Harvey

- Review the state's response to Hurricane Harvey with a focus on public health efforts at the local and state level. The review should include an analysis of the state and local response related to vector control, immunization needs, utilization of health-related volunteers, adequacy of an emergency medical network, evacuation of vulnerable populations from state operated or regulated facilities, and coordination between all levels of government. Recommend any legislative changes necessary to improve public health response and coordination during and after a disaster.

House Appropriations Interim Charge- Harvey

- Examine the use of federal funds by state agencies responding to the effects of Harvey and identify opportunities to maximize the use of federal funds to reduce the impact of future natural disasters. Also identify the need for state resources to respond to Hurricane Harvey relief and recovery efforts, as well as opportunities for state investment in infrastructure projects that will reduce the impact of future natural disasters.

House Committee on Government Transparency and Operations Interim Charges

1. Examine the role of technology in disaster preparedness and the response to Hurricane Harvey and future natural disasters. Review and make recommendations to drive innovation and efficiency and evaluate whether there are any regulatory impediments to collaboration between the public and private sectors.
5. Study how state agencies can share knowledge and practices, reduce duplicative data gathering, and conduct business in a more efficient manner through interagency data sharing. Review best practices to provide the public with more transparency and access to government information.

Senate HHS Interim Charge- Substance Abuse/Opioids

- Review substance use prevention, intervention, and recovery programs operated or funded by the state and make recommendations to enhance services, outreach, and agency coordination. Examine the adequacy of substance use, services for pregnant and postpartum women enrolled in Medicaid or the Healthy Texas Women Program and recommend ways to improve substance use related health outcomes for these women and their newborns. Examine the impact of recent legislative efforts to curb overprescribing and doctor shopping via the prescription monitoring program and recommend ways to expand on current efforts.

House Select Committee on Opioids and Substance Abuse

3. Review policies and guidelines used by state agencies to monitor for and prevent abuse of prescription drugs in state-funded or state-administered programs. Include in this review policies implemented by the Texas Medicaid Program, the Division of Workers' Compensation of the Texas Department of Insurance, the Teacher Retirement System, and the Employee Retirement System. Make recommendations regarding best practices.
4. Monitor and evaluate the implementation of legislation passed by the 85th Legislature regarding the Prescription Monitoring Program. In addition, review the prescribing of addictive drugs by physicians and other health care providers within various geographic regions of this state. Determine the role of health care professionals in preventing overutilization and diversion of addictive prescriptions. Provide recommendations that will improve efforts to prevent overutilization and diversion of addictive prescriptions.

5. Review opportunities to improve population health and health care delivery in rural and urban medically underserved areas. Identify potential opportunities to improve access to care, including the role of telemedicine. In the review, identify the challenges facing rural hospitals and the impact of rural hospital closures.

Medicaid - 1115 Healthcare Transformation Waiver Update

- The 1115 waiver was renewed in December 2017 with some changes to the previous waiver
 - Medicaid Managed Care continues
 - Uncompensated Care Pool approved for 5 years – \$3.2 billion for the first 2 years and the pool size calculations will be changed for the remaining 3 years of the waiver
 - Delivery System Reform Incentive Payment Pool - approved for 4 years
 - Years 1 & 2 are funded at \$3.1 billion
 - Years 3 & 4 are funded at \$2.9 and \$2.49 billion respectively
 - Changes from a project-based focus to a health outcome focus
- DSRIP funding ends after year 4 - the State has been asked for a **Transition Plan** that identifies how the DSRIP program successes can be moved to Medicaid Managed Care
- Waiver requirements also include developing a **Health IT Strategic Plan** to identify how the State will use technology to support transfer of information between providers serving the same Medicaid client – specific reference is made to standards-based clinical documents



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Health and Human
Services

Meaning...???

d. Based on the assessment described above, the state will provide a Health IT Strategic Plan that details existing HIT capabilities. Texas will aim to submit the Plan to CMS by October 1, 2019. The Strategic Plan should also support the goals below -- and develop a mutually-agreed upon timeframe between CMS and the state for submitting the plan and any necessary enhancements.

i. When multiple Medicaid providers provide coordinated care to a beneficiary, the state shall require the legally appropriate electronic exchange of clinical health information, using the Consolidated Clinical Document Architecture (C-CDA), among appropriate members of the individual patient's interdisciplinary care team.

ii. The state shall ensure legally appropriate access to a comprehensive Medicaid enterprise master patient index that supports the programmatic objectives of the demonstration.

iii. The state shall ensure a comprehensive Medicaid service provider directory strategy that supports the programmatic objectives of the demonstration.

iv. The state will pursue legally appropriate means of improved coordination and improved integration between Medicaid Behavioral Health, Physical Health, Home and Community Based Providers and community-level collaborators for Improved Care Coordination (as applicable) through the adoption of provider-level Health IT infrastructure and software—to facilitate and improve integration and coordination to support the programmatic objectives of the demonstration.



Questions?

Nora Belcher

Executive Director

Texas e-Health Alliance

nora@txeha.org

(512) 536-1340