



THE TEXAS POLICY VOICE FOR HEALTHCARE AND BIOSCIENCE

**e-Health Advisory Committee Meeting
Monday, March 7, 2022**

The e-Health Advisory Committee meeting at HHSC met on March 7, 2022. For more background on the agenda, purpose, and membership of the committee click [here](#), presentations from the meeting can be found [here](#). For highlights from the e-Health Advisory Committee meeting see below.

1. e-HAC status and membership
 - a. There are currently 8 vacancies in 7 different categories on the e-Health Advisory Committee. Applications were due to the Committee on March 16, 2022.
2. 2022 e-HAC planning - areas of focus
 - a. The members of the Committee had a discussion relating to Committee goals and responsibilities. Goals discussed were to ensure an effective system for providing input and advice related to telehealth and telemedicine policies, serving as a resource of information for other advisory committees at HHSC, and encouraged active participation on the committee. Those goals aligned with the subcommittee topics listed below.
3. Subcommittee reports:
 - a. eHAC Interoperability:
 - i. A brief overview of emerging federal interoperability standards was discussed. No regulatory or procedural changes were recommended at this time.
 - b. eHAC Telemedicine, Telehealth, and Telemonitoring
 - i. The subcommittee met on February 9th and discussed House Bill 4 (87R), and how the use of telemedicine broadened during the pandemic and how much the use of telemedicine will grow post-pandemic.
 - ii. The subcommittee created an eHAC Telemedicine, Telehealth and Telemonitoring Subcommittee survey for health care providers in the state to gain feedback on the providers' use and perceptions of telemedicine, telehealth, and telemonitoring. An original survey was sent out to practitioners in September/October of 2020, the subcommittee recommends sending out a new survey to gain updated insights. An initial list of targets for the survey include: major healthcare organizations throughout the state, not just large organizations, and healthcare provider groups. This target list is not finalized.
 - c. eHAC Behavioral Health
 - i. The implementation of Senate Bill 640 (87R) was discussed, and an update was provided on the statutorily required survey. SB 640 looks at

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the interoperability needs and technology readiness of behavioral health service providers in this state by conducting a survey. The survey reviews program design, technology readiness, interoperability, and gaps in state supportive behavioral health organizations, managed care, and key Medicaid stakeholders in behavioral health.

- ii. The survey was sent out and 160 responses were collected from behavioral health service providers, and the subcommittee is working with the HHSC office of e-Health Coordination to review the feedback.

The e-Health Coordination office will provide a report of the feedback which be provided to the Governor and Lt. Governor in August.

- 4. Telemedicine update:
 - a. Background and an implementation update on House Bill 4 (87R) was provided. HB 4 allowed HHSC to use telemedicine, telehealth, and audio-only for many new Medicaid services during the COVID-19 public health emergency (PHE).
 - i. HB 4 requires HHSC to allow more services to be delivered using telemedicine, telehealth, and audio-only methods on a permanent basis after the PHE ends if clinically appropriate and cost-effective.
 - b. HHSC is implementing HB 4 in four phases and continues to seek stakeholder input.
 - i. Phase I: Analysis - Currently wrapping up Phase I and have released interim guidance about certain services that will be reimbursed.
 - ii. Phase II: HHSC will ask stakeholders for input about additional services and seek guidance on that input.
 - iii. Phase III: Draft rules relating the project will be posted for public comment in summer of 2022.
 - iv. Phase IV: HHSC expects to finalize formal policy changes after providing an opportunity for stakeholder input on posted rules and policies.
 - v. HHSC issued notices related to HB 4 to MCOs of existing services and fee-for-service providers.
 - c. HHSC is seeking feedback on draft recommendations. For behavioral health services, specifically Medication-Assisted Treatment, audio-only is not allowed, and audio-visual is restricted to oral medications excluding Methadone, and Buprenorphine only during a PHE, if approved by DEA.
- 5. Department of State Health Services interoperability and data activities update
 - a. An update was provided on the health IT activities at DSHS including data and interoperability standards and program area activities.
- 6. Current national interoperability standards development in 2022-2023 - eHAC input



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Opportunities

- a. A resource packet and summary was provided on the United States Core Data for Interoperability (USCDI). The USCDI is a national data system managed by the Office of the National Coordinator for Health IT (ONC), and it was developed under the authority of the 21st Century Cures Act. The focus and goal is to support the delivery and understanding of patient care, and a consistent baseline of harmonized data elements for use across use cases.
7. Disaster response in health information technology
 - a. Texas Health Services Authority was established in 2007 by the Texas Legislature as a public-private partnership to promote and coordinate electronic health information exchange in the State. Two major functions:
 - i. HIETexas - electronic health information exchange platform
 - ii. SECURETexas - a privacy and security certification program, established via HB 300 in 2011.
 - b. An update on HIETexas PULSE and an overview of use cases were provided.
 - c. HIETexas PULSE site is available to use during PHE/disasters and is fully operational.
8. An opportunity for public comment was provided.
9. Next meeting planning of the **e-Health Advisory Committee is set for June 6, 2022.**
10. Adjourn