

TEXAS HEALTH SERVICES AUTHORITY

I. Agency Contact Information

Texas Health Services Authority Exhibit 1: Agency Contacts

	Name	Address	Telephone	Email Address
Agency Head	Phil Beckett, CEO	901 S. MoPac Expressway, Building 1, Ste. 300, Austin, TX	(832) 496-4442	Phil.Beckett@thsa.org
Sunset Liaison	Annie Craig	78746	(256) 652-8130	Annie.Craig@thsa.org

II. Key Functions & Performance

II.A - Provide an overview of your agency's mission, objectives, and key functions.

The mission of the Texas Health Services Authority (THSA) is to promote and coordinate the development of a seamless electronic health information infrastructure to improve the quality, safety, and efficiency of the Texas health care sector, while protecting individual privacy.

The objective of THSA is detailed in [Chapter 182 of the Texas Health & Safety Code](#). The THSA is a public-private partnership, legally structured as a 501(c)(3) public-private partnership, to promote and coordinate the development of electronic health information exchange (HIE) and health information technology (HIT) throughout the state to ensure the right information is available to the right health care providers at the right time. A 12-member Board of Directors and two ex officio members are appointed by the Governor of Texas with the advice and consent of the Texas Senate governing the THSA.

Key Objectives:

- Promote, implement and facilitate the voluntary and secure electronic exchange of health information.
- Create incentives to promote implement and facilitate the voluntary and secure electronic exchange of health information.
- Support transition of care resulting with improved patient safety, care quality and efficiency, while decreasing cost.
- Drive efficiency and improve data usability through the adoption of standards.

Key functions in support of our mission and objectives:

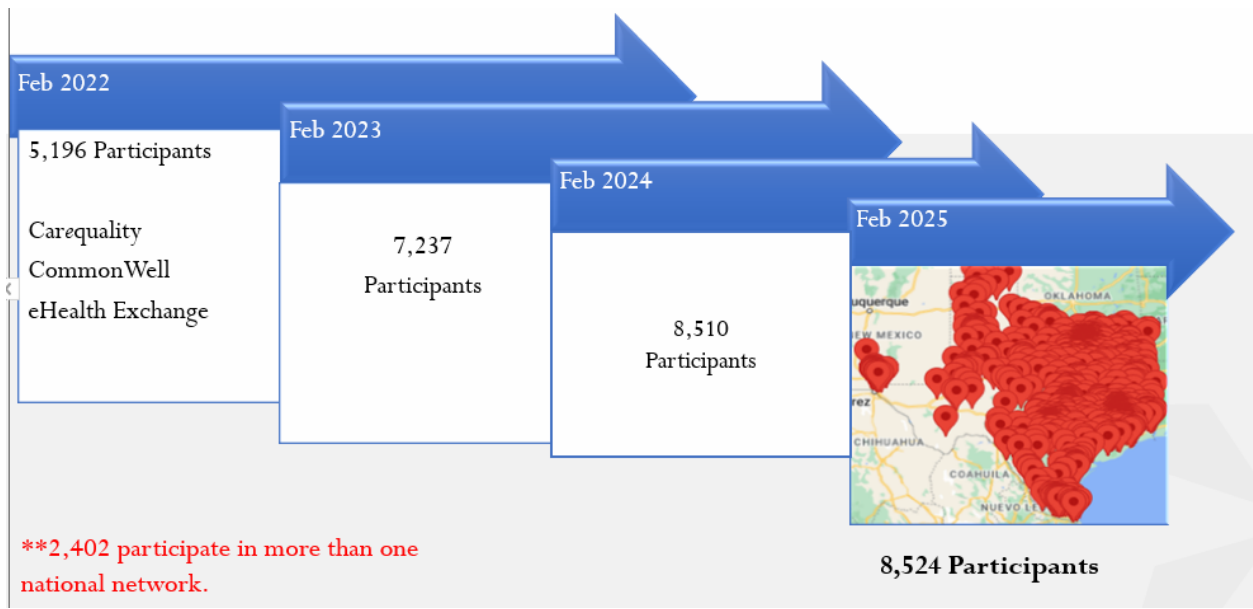
- Interoperability Collaborative: Multidisciplinary, vendor agnostic, stakeholder driven cooperative uniting the community in resolving barriers to safe, secure exchange of clinical information by leveraging and actively implementing standards.
- HIETexas Emergency Department Encounter Notifications ([EDEN](#)): Admission, discharge and transfer notifications to HIPAA covered entities to support care coordination. Supports care coordination with transitions of care.

- HIETexas Patient Unified Look-Up System for Emergencies ([PULSE](#)): Provides an electronic health record (HER) for clinicians caring for patients in alternative care sites during disasters.
- [SECURETexas](#): Offers health care entities privacy and security certification for compliance with state and federal medical privacy and security laws.
- Encourage collaboration with regional HIEs.

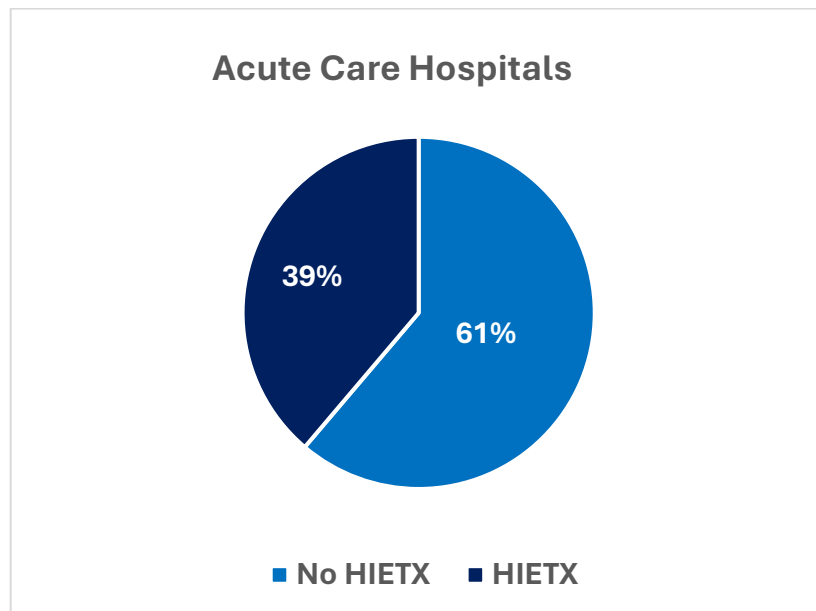
II.B - What clear and ongoing objective(s) do the agency's key functions serve? Explain why each key function is still needed.

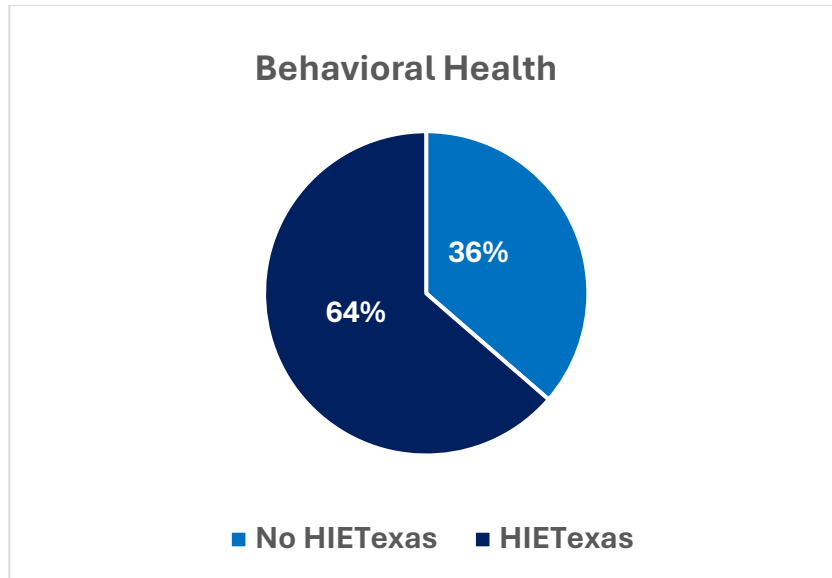
THSA's key functions in operating state-level services are integral to expansion of health information exchange across the state and nation.

- 1) **Interoperability Collaborative.** The Collaborative informs and guides all services. Data sharing without standards is expensive, inefficient and potentially harmful. Data usability is predicated on standards adoption. Busy clinicians, if they rely upon and trust external data, must consume information in a reliable, consistent and logical manner. EHRs are not designed to consume and collate data that is inconsistent or coded multiple ways. For example, a laboratory test result with a different naming convention amongst laboratories will not be presented on a graph or in a flowsheet as one laboratory test report. Leading the clinician to have to review each value and interpret the various naming conventions. While this further effort may only add one minute more per patient, clinicians see 30 patients a day, five days a week, and costs quickly rise. The Collaborative brings stakeholders across domains to resolve usability issues with data standards adoption and propose new standards. Measuring the adoption of data standards, and the impact on costs and outcomes is crucial to sustainability.
- 2) [HIETexas](#): Needs in the world of health information exchange have evolved since THSA was founded in 2007 prior to large national network roll-outs. National networks provide the backbone for query based clinical data exchange, covering over 85% of Texas healthcare facilities. HIETexas EDEN provides a free Admission, Discharge, and Transfer (ADT) patient encounter notification service that sends real-time alerts to care coordination teams, health plans, and primary care providers alerting covered entities where to query for clinical data. Coordinated patient care lowers risk for negative patient outcomes and costly duplicate testing.

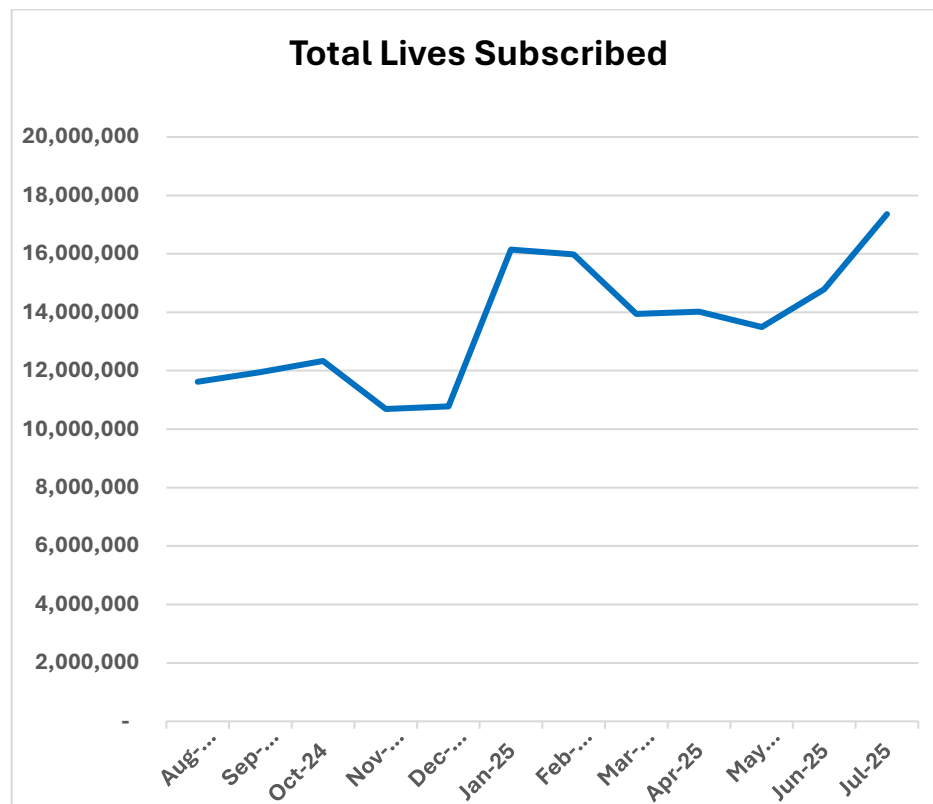


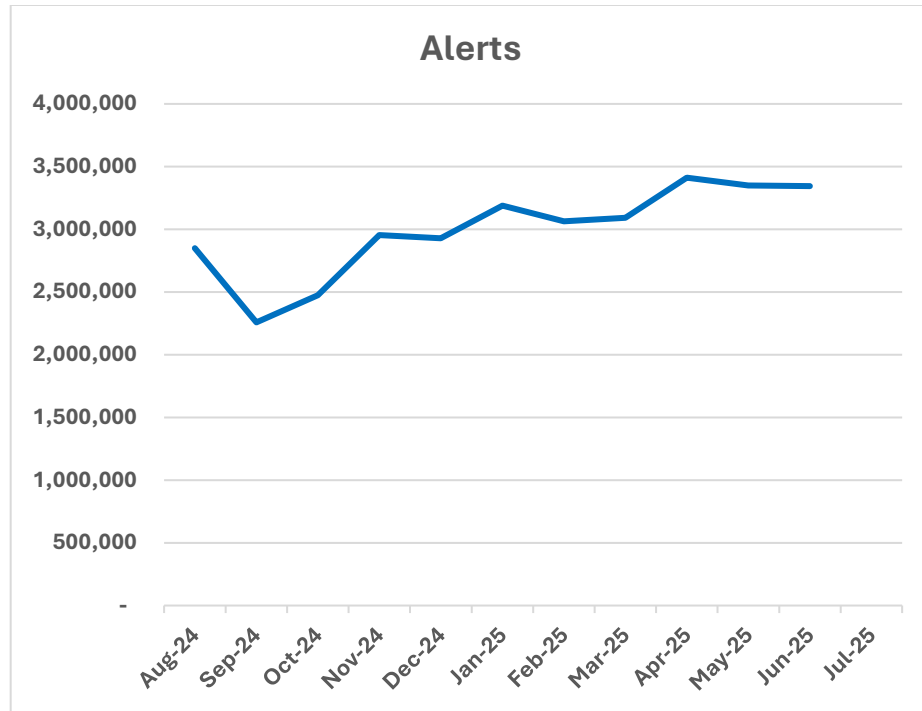
The Texas Health and Human Services Commission contracts with HIETexas to provide ADT feeds and Consolidated Clinical Care Document Architectures (CCDAs) for all Medicaid patients. HIETexas receives health information from direct connections with hospitals and through data sharing agreements with regional HIEs. HIETexas does not store or analyze health information for population analytics, or community trending. However, vendors and regional HIEs covered under HIPAA can leverage the data provided through HIETexas. To date (August 2025), 39% of acute and 64% of behavioral health hospitals share data using HIETexas with our goal to achieve over 90%.



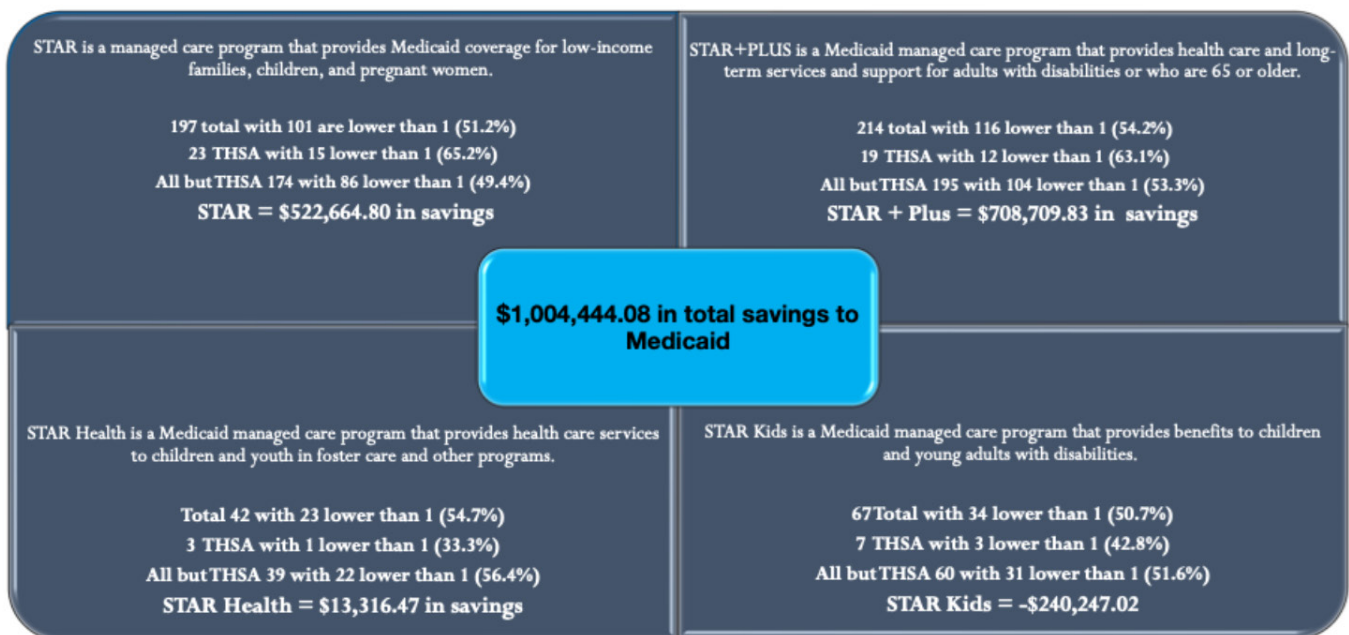


A key factor in reducing potentially preventable emergency room visits and hospital readmissions is the volume of messages sent and the number of subscribers receiving the messages. The total number of Subscribed Lives (covered entities contracting with THSA to receive alerts) has continued to grow along with the number of alerts sent to said subscribers. These alerts allow covered entities to initiate discharge planning real-time.





In 2023, those connected to the HIETexas EDEN system reduced potentially preventable emergency department and hospital readmission visits resulting in estimated Medicaid savings of \$5 million. We anticipate with the steady increase in volume that continued care coordination improvements with resulting financial savings will also increase.



- 3) [PULSE](#) (Patient Unified Lookup System) is activated and utilized in the event of a declared disaster. PULSE increases the speed of care delivery by providing first responders with access to critical medical history, such as medications, allergies and patient diagnoses. PULSE provides three functions for first responders, shelters and emergency personnel.
- Access to the medical record of a displaced individual in need of medical care.
 - Track patient activity in temporary shelters or HIETexas EDEN participating facilities.
 - Reunification of missing persons to prioritize critical rescue efforts.
- 4) [SECURETexas](#). Health care breaches occur almost daily, and hackers are becoming more sophisticated. DirectTrust estimates that with the onset of quantum computing and AI, cybersecurity attacks will increase exponentially in the next 3 to 5 years. Healthcare data is of high value on the dark web and individual and state sponsored hackers (foreign actors) are incentivized to especially target health care data. The average time to discover a breach is 210 days, giving bad actors plenty of time to do harm and monetize patient data. Certifications, such as HITRUST, are extremely useful, but expensive and require significant resources to implement and maintain. These certifications are often financially and operationally out of reach for small practices, health centers and rural hospitals. [HHS 405\(d\)](#) (Aligning Healthcare and Industry Approaches) is a federal program created not to replace certifications like NIST, HITRUST, etc., but to provide organizations nationwide with useful and impactful health care and public health centered resources, products, and tools to educate, raise awareness, and provide vetted cybersecurity best practices and strengthen the sector's cybersecurity posture against cyber threats. SECURETexas uses 405(d) as the structural standard for cybersecurity and maintain best practices.
- 5) Regional HIEs have received multiple offers for collaboration including [three options for bi-directional data sharing](#) in February of 2025. Regional HIEs are invited and participate in THSA's

Interoperability Collaborative and receive the weekly CEO newsletter. Meetings are underway with Regional HIE boards and CEOs to determine collaboration direction.

II.C - Does your agency's enabling law to continue to correctly reflect your mission, objectives, and approach to performing your functions? Does statute present any barriers or gaps in authority for your agency to carry out its mission? If so, please describe.

Currently, [Chapter 182.101-102 of the Texas Health & Safety Code](#) place several restrictions on the THSA. While well intentioned, these restrictions had intended to protect the stakeholders' sharing data through THSA; however, these prohibitions are open to broad interpretation and possibly anti-competitive, reducing THSA's ability to measure the impact of data interoperability, quality, usability and standards adoption.

THSA provides some real-time data analysis as data passes through for standards adherence and data normalization. When alerted to nonadherence, given our experience, organizations actively make the changes necessary to improve care delivery.

These prohibitions regarding collection and analysis of clinical data limit the goals of THSA's to measure the impact of ongoing activities and provide guidance for organizations on data integrity and continuous data normalization.

If permitted by statute, THSA would adhere to its mission and focus on standards adherence to improve patient outcomes with data collection and analysis.

II.D - Have you recommended changes to the Legislature to improve your agency's operations in recent years? If so, briefly explain the recommended changes, whether they were adopted, and if adopted, when.

During the 88th Texas legislative session, THSA requested the removal of its prohibition regarding the collection and analysis of clinical data. This amendment was not approved, primarily due to regional HIE competition concerns. THSA's prohibition hampers ability to be competitive with the market.

The Interoperability Collaborative recommended changes to state statute that prohibited Vital Statistics from sharing death certificate data with hospitals during the 89th legislative session. The request was made to decrease family pain and suffering when appointment reminders are sent postmortem, halt further medication refills, and allow hospitals to measure performance. [S.B. 1467](#) was signed on June 22, 2025, by the Governor and goes into effect on September 1, 2025. The bill does not directly affect THSA, however it does involve the exchange of electronic health information that streamlines administrative processes and decreases costs.

II.E - Do any of your agency's functions overlap with those of another local, state, or federal agency? If so, how do you coordinate to avoid duplication of efforts? Explain if, and why, each of your key functions is most appropriately placed within your agency.

No, THSA has an interagency contract with [HHSC's Office of the eHealth Coordinator \(OeHC\)](#) and is in communication with the Office of the Attorney General, [eHealth Advisory Committee](#) and other agencies involved in the HIE development and/or guidance to avoid duplication of effort. Work with these various agencies compliments THSA's but does not overlap.

THSA staff participate in the e-Health Advisory Committee (eHAC), which was established to advise HHSC and HHS on strategic planning, policy, rules and services related to the use of health information technology, health information exchange systems, telemedicine, telehealth and home telemonitoring services. THSA's CEO provides regular updates on health information exchange activities and opportunities identified by the Interoperability Collaborative. Participation in eHAC further serves to ensure collaboration and eliminate duplication of effort.

II.F - In general, how do other states carry out similar functions?

Many state health information exchanges leverage a single pipe methodology for efficiency, cost savings, and ease with data normalization. Examples of state supported health information exchange functions:

- Diagnostic Imaging sharing to decrease duplicate tests and costs
- Centralized consents for Substance Use Disorder Consent, advance directives or HIE participation enabling one source of truth for all care providers and ease for the community with management
- Syndromic surveillance for public health
- Electronic laboratory reporting
- Integration with community-based program (homeless shelters, food banks)
- Foster care program integration
- Cancer Registry
- Newborn Screening Reporting
- Quality reporting for HHSC and CMS
- Controlled substance reporting
- Immunization Registry
- Record locator service
- Referral hub for provider to provider and provider to Community Based Organizations
- Authorization pipeline for provider to payer
- Centralized hospital bed capacity for transfer to a different service level

II.G - Discuss any changes that could impact your agency's key functions in the near future (e.g., changes in federal law or outstanding court cases).

Medicaid cuts at the federal level present an opportunity to do more with less. Eighty-five percent of all hospitals and 8,500+ healthcare facilities are connected to a national network for sharing clinical information broadly. February 2026, payers will begin onboarding to TEFCA further reducing the program administrative burden including pre-authorization. TEFCA's evolution and CMS Aligned Networks will increase sharing amongst clinicians, payers, public health, and allow individuals access to a consolidated record. THSA was accepted as an early adopter of the CMS Aligned Network, August 2025.

One pipeline of trusted data exchange has the potential to cut costs while improving care delivery.

THSA has shown that organizations participating in THSA's HIETexas EDEN had fewer potentially preventable emergency department visits and readmits in 2023, saving Medicaid over \$5M.

II.H - Overall, how does the agency monitor and measure its effectiveness in carrying out its functions and objectives? In the following table, provide information regarding your agency's performance measures, including outcome, output, efficiency, and explanatory measures. See Exhibit 2 Example. Please provide both key and non-key performance measures set by the Legislative Budget Board and any other performance measures or indicators the agency tracks. For any measures the agency has not been able to meet, please explain or provide context as needed about why. (see attachment & chart/image column)

THSA provides a monthly report to HHSC's Office of eHealth Coordination that contains metrics since October 2021.

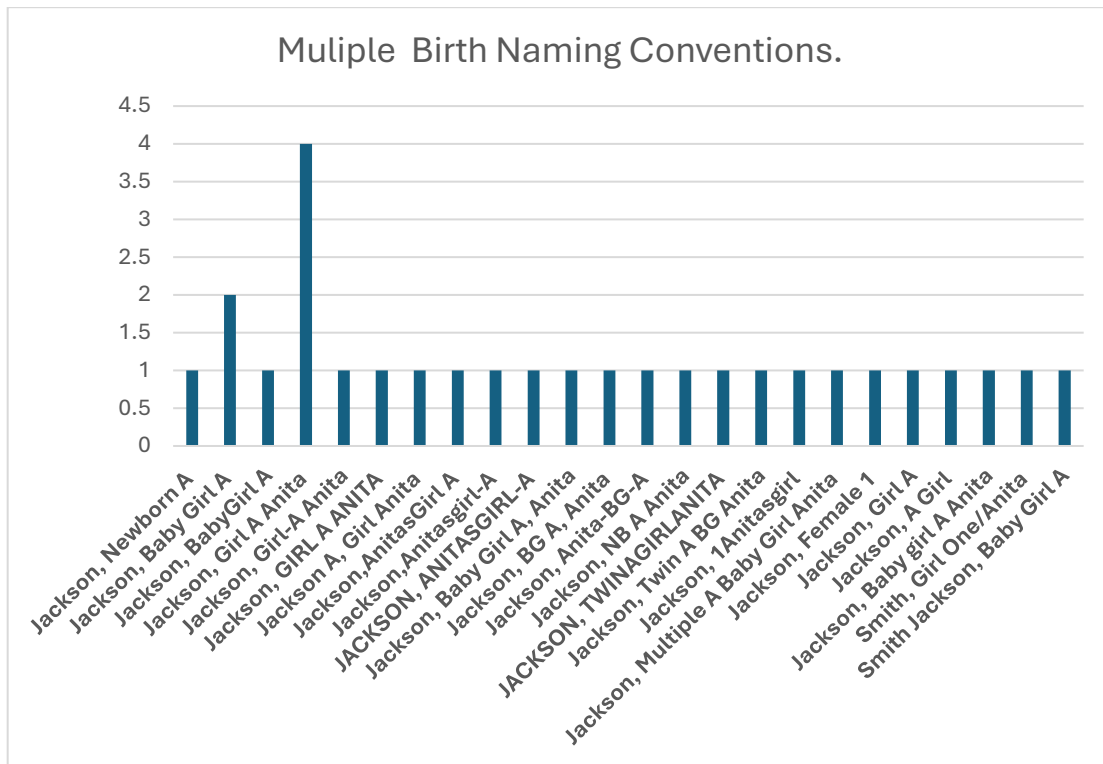
- [July 2025 Monthly Report](#)

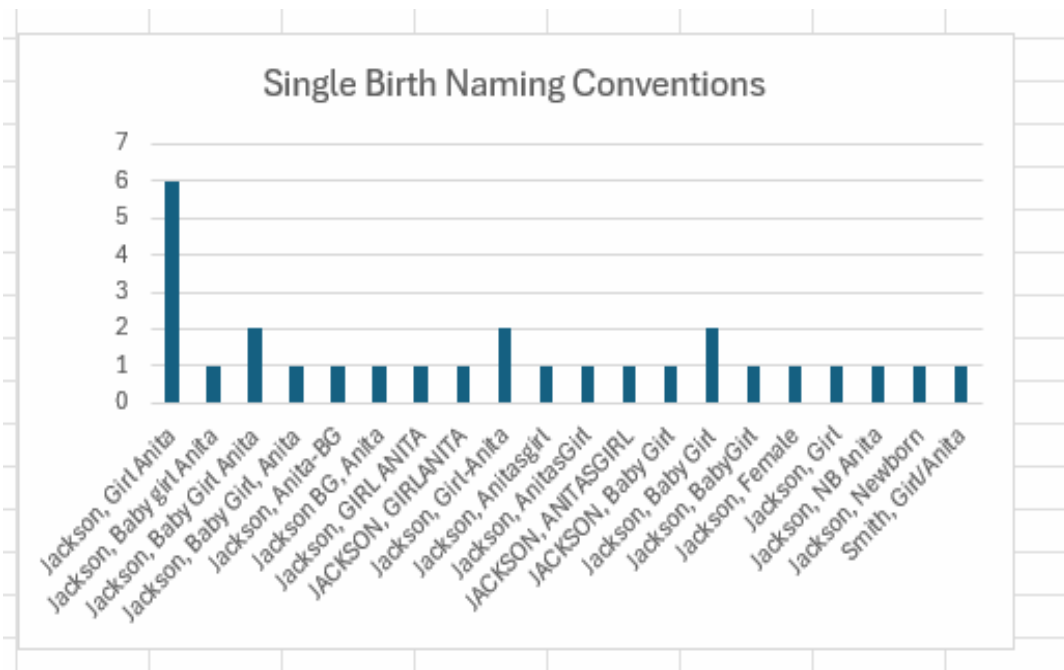
Newborn Informatics Workgroup identified delays in patient care and the potential for poor outcomes with lack of access to the complete medical record due to inconsistent temporary naming conventions. Resulting in efforts to standardize newborn naming conventions across the State and Nationally, May 2025. The workgroup aligned with the American Health Information Management Association guidelines:

GIRL Katherine Miller – Single births

GIRL2 Katherine Miller - Multiple births

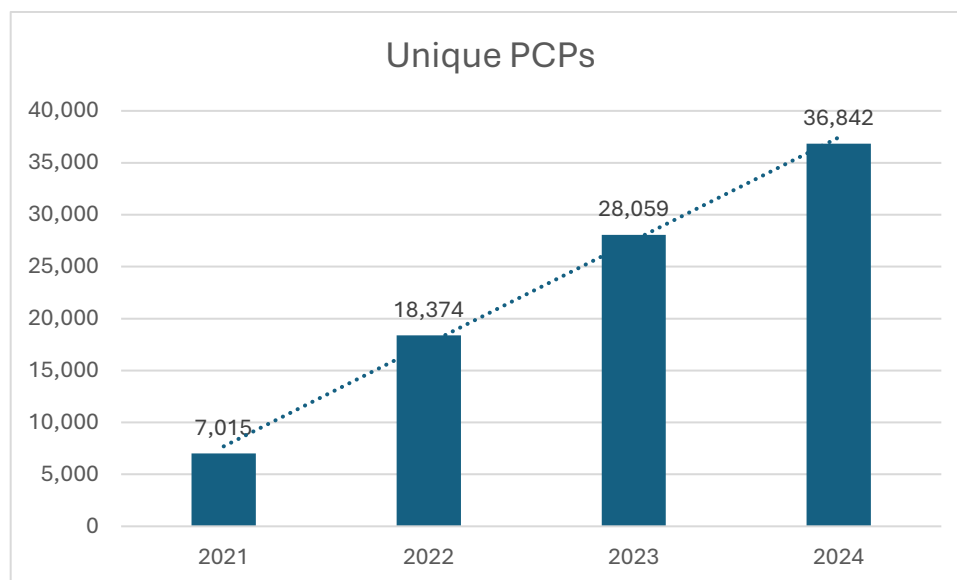
The [survey](#) below shows the disparity with name collection for single and multiple births. Measurement of adherence with the recommendation will occur in 4th quarter 2025.

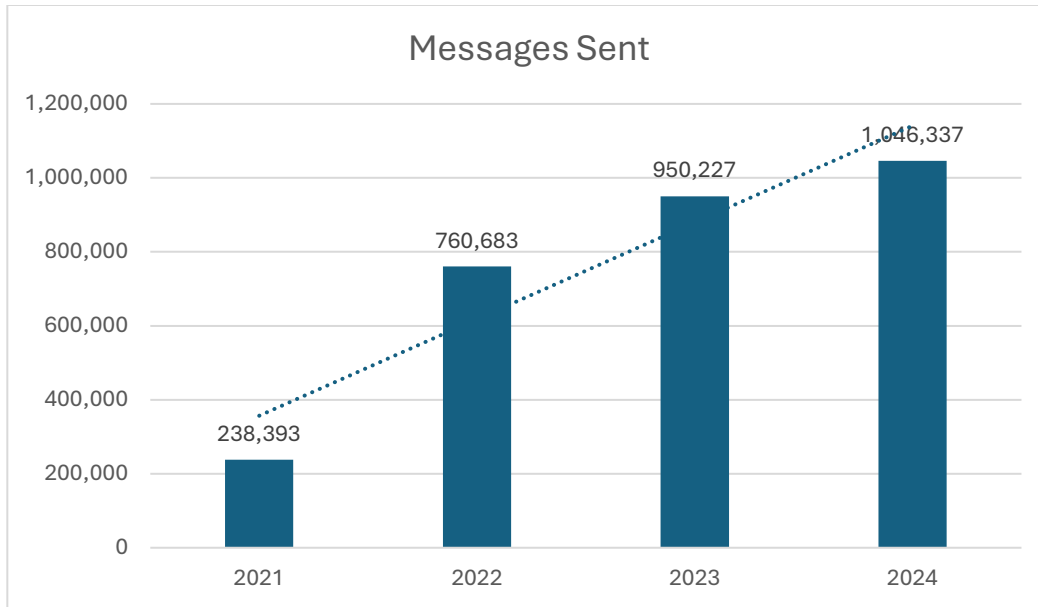




THSA will launch data integrity efforts to identify adoption of [Newborn Naming Conventions](#) in September 2025.

[Collaborative's Direct Messaging Workgroup's](#) goal is to increase the use of standards for real-time secure communication. This workgroup developed a tool kit that focuses on directory maintenance, education, and sample policies. The efforts show a steady increase in primary care providers (PCPs) receiving Direct Messages including the number of messages sent.





II.I - Please list all “mission critical” data resources (e.g., spreadsheets, databases, IT systems, and cloud-hosted applications) your agency maintains to collect, track, or display agency program data. By “mission critical,” we mean the main systems necessary for the day-to-day functioning of core and/or client-facing agency functions and services. Please do not include any statutorily required data collection upon which agency funding is contingent but which does not impact daily program functionality. As a companion to the list below, please provide additional information on each data resource using the template provided for Attachment 21 in that section of the instructions.

**Texas Health Services Authority
Exhibit 3: Mission Critical Data Resources**

Data Resource Name	Associated Program(s) or Division(s)	Data Owner
HIETexas Interface Engine	EDEN	THSA
eHealth Exchange	PULSE	THSA
Smartsheet	General Administration, Project Planning, CRM, and Document Retention	THSA

Table 3 Exhibit 3 Mission Critical Data Resources

II.J - Does the agency use any analytics software or platforms to collect, store, transform, or analyze agency data?

Microsoft Office, Tableau and Texas Healthcare Learning Collaborative

III. Provide a timeline of your agency's history and key events, including: • The date your agency was established • The original purpose and responsibilities of your agency • Major changes in responsibilities or statutory authority Also consider including the following information if beneficial to understanding your agency: • Changes to your policymaking body's name or composition • Significant changes in state/federal legislation, mandates, or funding • Significant state/federal litigation that specifically affects your agency's operations • Key changes in your agency's organization (e.g., the major reorganization of the Health and Human Services Commission and the Department of State Health Services' divisions and program areas or the Legislature moving the Prescription Monitoring Program from the Department of Public Safety to the Texas State Board of Pharmacy).

- 2007
 - [H.B. 1066](#) (80R, 2007), which became effective June 15, 2007, created the Texas Health Services Authority as a public-private collaborative for the development of a seamless electronic health information infrastructure to support the Texas healthcare system and to improve patient safety and quality of care. The bill was codified as Chapter 182, Texas Health & Safety Code.
- 2008
 - Articles of Incorporation were filed with the Texas Office of the Secretary of State in April 2008. Gubernatorial appointments were made in July 2008. The THSA board held its kick-off/organizational meeting in September 2008.
- 2009
 - The HITECH Act was passed as part of the ARRA of 2009. The HITECH Act provided funding to states from the ONC through the State HIE Cooperative Agreement Program. The purpose of this program is to fund state planning and implementation of electronic health information networks to support higher quality, safer, and more efficient health care.
- 2010
 - The HHSC received an award from ONC from funding through the State HIE Cooperative Agreement Program. The HHSC is serving as the fiscal agent for this funding and the THSA, under contract with HHSC, is responsible for developing and implementing the HIE strategic and operational plans for the state of Texas. Texas's allotment through this program is \$28.8 million over the four years of the program. Of that \$28.8 million, the THSA received \$954,500 to develop the State HIE Strategic and Operational Plan and up to \$7,069,025 for implementation. ONC approved the Texas HIE Plan in November 2010.
- 2011
 - [H.B. 300](#) (82R, 2011) tasked the THSA with developing privacy and security standards for the electronic sharing of protected health information, and to establish a process by which a Texas covered entity (as defined in Chapter 181, Health & Safety Code) may apply for certification by the THSA of the covered entity's past compliance with these standards. The THSA has developed those standards, which can now be found in [Ch. 390 of the Texas Administrative Code](#), and is in the process of developing a certification program for compliance with those standards.
- 2013
 - [S.B. 1367](#) (83R, 2013) redirected \$5 million in non-general fund revenue from the Texas Health Insurance Pool to the THSA to be used for a purpose under Chapter 182, Health & Safety Code.
- 2014
 - [Sunset Advisory Commission Review](#)

- 2015
 - Health and Human Services created the Electronic Health Advisory Committee ([eHAC](#)) to advise HHS agencies on health information technology, health information exchange and telehealth services. THSA is a required member of this advisory committee.
 - [S.B. 203](#) (84R, 2015) transitions THSA from a public-private partnership to a private, non-profit entity on September 1, 2021.
 - CMS formally approved Texas's submission of the HIE IAPD for 2-year period for approximately \$4M in federal match funding primarily at the 90:10 rate to connect Medicaid providers to regional HIEs through THSA's HIETexas and to provide emergency department encounter notifications.
- 2016
 - Tony Gilman leaves THSA as Chief Executive Officer and George Gooch is named as Chief Executive Officer.
- 2017
 - Stakeholder-driven business planning process conducted to address changing HIE landscape. The Board of directors determined THSA would transition from a query-based clinical platform to push based encounter alerts platform. The need for an emergency disaster response was identified as a critical need.
 - CMS approved continuing support for the Texas HIE IAPD for an additional 2 years until 2019.
- 2018
 - Public hearings on the state of interoperability and privacy and cybersecurity were conducted. Utilizing statewide HIE for disaster response with Patient Unified Lookup Systems for Emergencies ([PULSE](#)) was a strong recommendation.
- 2019
 - [Texas Health and Human Services, Health Information Technology Strategic Plan](#) recognizes the Emergency Department Encounter Notifications ([EDEN](#)) System with admission, discharge and transfer status transmission in the support of Texas Medicaid, MCOs, primary care physicians and other care team members for care coordination.
 - The Texas Legislature and Governor Abbott approved [H.B. 3304](#) (86R, 2019) repealing expiration provisions relating to S.B. 203 (84R, 2015). THSA will go under sunset review in 2027, unless continued under the Texas Sunset Act.
 - CMS approved the [Texas Medicaid HIE Implementation Advanced Planning Document](#) (IAPD) through 2021. THSA and HHSC signed a contract to implement:
 - 1) HIE Connectivity
 - 2) HIE Infrastructure
 - 3) HIETexas Emergency Department Encounter Notifications (EDEN)
 - THSA and HHSC work with the Texas Division of Emergency Management and Texas Department of State Health Services to implement Patient Unified Lookup System for Emergencies (PULSE).
- 2020
 - Texas Medicaid Health Information Technology Plan recognizes PULSE in support of declared disasters by providing remote and secure access to electronic health information.
 - Cooperative Agreement with the Office of National Coordinator for Health Information Technology (ONC) to conduct a proof-of-concept pilot of the Situational Awareness Network for Emergencies ([SANER](#)).
 - HIETexas EDEN implementation began.
- 2021

- THSA launched the Interoperability Collaborative, a vendor-agnostic multidisciplinary healthcare cooperative bringing stakeholders together to resolve issues with safe secure exchange of clinical information.
- HIETexas EDEN 2021: 42 direct hospital connections, HASA (C3HIE) partnership 33 connections and 7 implementations underway.
- 2022
 - The [State Medicaid Health Information Technology Plan](#) illustrates THSA responsibility for implementing the Texas State HIE Plan, including EDEN for ADT notification to primary care providers (PCPs) and those with treatment relationships, and PULSE for clinicians caring for patients in alternative care sites during declared disasters.
 - [Comprehensive Hospital Increase Reimbursement Program \(CHIRP\)](#) directed payment program by HHSC; structure measure specifications include HIETexas EDEN ADT notification of MCOs.
 - HIETexas EDEN implementation continued with 104 direct connections, 34 connections via HASA (C3HIE), and 49 implementations underway.
- 2023
 - THSA hosted an Interoperability Symposium with subject matter experts providing education on Direct Messaging, data usability, TEFCA, streamlining public health reporting with electronic case reporting, regional public health activities, legislative update, digital divide and broadband access.
 - THSA Interoperability C-CDA Standardization workgroup released a content recommendation on Discharge Summary C-CDA to improve transitions of care from hospitals to PCPs. This was adopted in 2024 by the HL7 Standards for inclusion in certified EHRs and was included in the [Sequoia Project Data Usability Implementation Guide Version 2.0](#).
 - HIETexas EDEN implementation continued with 169 direct connections, 42 connections via C3HIE (HASA), and 64 implementations underway.
- 2024
 - THSA hosted an Interoperability Symposium with subject matter experts providing education on AI, cybersecurity threats, Direct Secure Messaging, electronic case reporting, HTI-1 (health information technology national direction) and Office of the National Coordinator activities.
 - C-CDA workgroup recommendation to follow the AHIMA Patient Naming Framework and electronically capture demographic information by scanning Drivers' Licenses allowed on January 1, 2025 under [Chapter 521.126, Transportation Code](#) to improve patient matching across Texas.
 - Newborn Informatics workgroup worked with Texas Birth Defects Registry and CDC to include critical congenital heart disease's 12 conditions for eCR capture. Critical congenital heart disease is underreported in Texas, creating delays in life saving services. This streamlines administrative processes for reporting and birth defects registry management.
 - [The Managed Medicaid Managed Care Aligning Technology by Linking Interoperable Systems \(ATLIS\)](#) specifies that ADT data to MCOs from hospitals via HIETexas EDEN gathering baseline participation with a goal to increase baselines by year.
 - THSA's CEO George Gooch left the organization and a search for a new CEO was initiated.
 - HIETexas EDEN implementation continued with 188 direct connections, 43 connections via C3HIE (HASA), and 71 implementations underway.
- 2025
 - Phil Beckett joined as the new Chief Executive Officer, January 1, 2025.

- A Request for Proposal was launched for technology partnership.
- Texas Health Services hosted an Interoperability Symposium with subject matter experts on the Data Usability Taking Root Initiative, TEFCA, DirectTrust, legislative updates, and THSA's Health Information Exchange vision for the future.
- Newborn Informatics Workgroup released a newborn naming convention standard that was adopted by the American Health Information Management Association and the National Association of Healthcare Access Management Association that standardizes the capture of temporary newborn names in the EHR improving patient matching for this vulnerable population.
- C-CDA workgroup facilitated improvements in maternal health between EHR vendors with the OB Flowsheet. Historically faxed and delayed when offices closed.
- Behavioral Health workgroup developed minimum clinical content for transitions of care.
- Death Registry workgroup – [S.B. 1467](#) (Mortality Data) signed by Governor Abbott on June 22, 2025, to provide hospitals death information, eliminating undue family grief with appointment reminders, potential fraud with medication refills and allowing hospitals to measure program efficacy.
- HIETexas EDEN implementation continues with 219 direct hospital connections, 35 connections via C3HIE (HASA) and 90 implementations underway.

IV. Policymaking Structure

IV.A - Complete the following table to provide information on members of your policymaking body.

Texas Health Services Authority Exhibit 5: Policymaking Body

Member Name	Current Term / Appointment Dates / Appointed By	Qualification	City
Shannon Calhoun	(2016-2025) Governor	Chair <i>Industry Representative</i>	Goliad
Kenneth James	(2019-2025) Governor	Vice Chair <i>Payer Representative</i>	Volente
Jonathan Sandstrom Hill	(2019-2025) Governor	Treasurer <i>Public Representative</i>	Lakeway
Victoria Ai Linh Bryant	(2019-2025) Governor	<i>Pharmacy Representative</i>	Houston
Salil Deshpande	(2019-2025) Governor	<i>Payer/Physician Representative</i>	Houston
Lacey Fails	(2023-2025) Governor	<i>Hospital Representative</i>	Hollywood Park
Kourtney Kouns	(2023-2025) Governor	<i>Health Information Exchange Representative</i>	Seymour
Jerome Lisk	(2019-2025) Governor	<i>Physician Representative</i>	Tyler

Member Name	Current Term / Appointment Dates / Appointed By	Qualification	City
Leticia Rodriguez	(2019-2025) Governor	<i>Rural Hospital Representative</i>	Monahans
Cynthia Stinson	(2023-2025) Governor	<i>Nursing Representative</i>	Lumberton
Wes Tidwell	(2023-2025) Governor	<i>Hospital Representative</i>	Frisco
Carlos Vital	(2019-2025) Governor	<i>Physician Representative</i>	Friendswood
Calvin Green	(2019-2025) Governor	Ex-officio member <i>HHSC Public Health Representative</i>	Elgin
Jeffrey Hoogheem	(2019-2025) Governor	Ex-officio member <i>DSHS Disaster Preparedness Representative</i>	Austin

Table 5 Exhibit 5 Policymaking Body

IV.B - Describe the primary role and responsibilities of your policymaking body.

The primary role of the THSA Board of Directors is to provide general oversight of the THSA to ensure the organization is meeting its goals, objectives, and functions. The board sets overall corporate policy, including appointing the CEO, delegating authority to the CEO, providing long-range direction to the organization, setting policy, and approving the budget.

IV.C - How is the chair selected?

The Governor appoints the Board Chair.

IV.D - List any special circumstances or unique features about your policymaking body or its responsibilities.

Not applicable.

IV.E - In general, how often does your policymaking body meet? How many times did it meet in fiscal years 2020 through 2024? Explain if the policymaking body met in-person or virtually during this time.

[Section 182.058\(a\), Texas Health & Safety Code](#), states that the board may meet as often as necessary but shall meet at least twice a year. The board met four times in FY 2022, FY 2023, FY 2024 and will meet FY 2025.

IV.F - Does the policymaking body broadcast and archive its meetings?

All Board meetings are broadcast live, and minutes are posted on www.thsa.org

IV.G - Briefly describe all the training the members of the agency's policymaking body receive. How often do members receive this training or updated materials?

New board members are provided an orientation on the mission and vision of the THSA and the Statewide HIE Plan, as well as other briefings as requested. New members are also required to complete training developed by the Texas Office of the Attorney General on Texas open government laws. The THSA's Board Treasurer and CEO also take Public Funds Investment Act training.

IV.H - What information is regularly presented to your policymaking body to keep them informed about the agency's operations and performance?

The THSA regularly presents information to its policymaking body to keep them informed of the THSA's performance through (1) weekly newsletter emails, (2) annual reports, (3) quarterly reports, (4) quarterly board meetings, and (5) annual financial reports. Additionally, supplemental materials are given to the board in advance of board meetings.

IV.I - How does your policymaking body obtain input from the public regarding issues under the agency's jurisdiction? How is this input incorporated into the operations of your agency?

All THSA Board and Finance Committee meetings are posted with the Texas Secretary of State's Office and open to the public. Pursuant to [Section 182.053\(c\), Health & Safety Code](#), the governor shall appoint as voting board members individuals who represent consumers, clinical laboratories, health benefit plans, hospitals, regional health information exchange initiatives, pharmacies, physicians, or rural health providers, or who possess expertise in any other area the governor finds necessary for the successful operation of the corporation. THSA incorporates input from all board members. THSA staff provide the board with weekly newsletters summarizing activities, which include comments and recommendations from various stakeholders and members of the public.

The THSA regularly seeks public input on HIE-related policies and standards prior to final adoption through stakeholder communications via email and the THSA's website, as well as through input received from the THSA Interoperability Collaborative. In addition, a public comment period is scheduled for each quarterly board meeting. THSA's Open Meeting and Public Testimony Policy, developed pursuant to [Section 182.058](#), is publicly available on THSA.org.

IV.J - If your policymaking body uses subcommittees, advisory committees, councils, or other groups to carry out its duties, fill in the following table. See Exhibit 6 Example. For any advisory committees established in statute, please note the date of creation for the committee as well as the abolishment date as required by Texas Government Code, Section 2110.008.

In addition, please attach a copy of any reports your agency filed under Texas Government Code, Section 2110.007 regarding an assessment of any statutory advisory committees as Attachment 28. (see attachment)

THSA uses the Interoperability Collaborative to identify barriers to safe, secure exchange of clinical information and to resolve such barriers with stakeholder guidance and cooperation. The Collaborative is multi-disciplinary, vendor agnostic and open to all Texans. There are approximately 500 individuals covering all corners of Texas participating either in the monthly Collaborative meetings or in one of the workgroups.

The workgroups and priorities are selected by the stakeholders:

- 1) [Increasing Adoption of National Networks \(includes public health with eCR\)](#)
- 2) [Increasing Adoption of Direct Messaging](#)
- 3) [Standardizing C-CDAs](#)
- 4) Removing Barriers for Behavioral Health
- 5) Newborn Informatics
- 6) Immunization Registry
- 7) Death Registry Automation
- 8) Telehealth
- 9) Data Usability

TEXAS HEALTH SERVICES AUTHORITY
Exhibit 6: Subcommittees and Advisory Committees

Name	Size / Composition	Purpose / Duties	Legal Basis	Creation/Abolishment Dates
THSA Finance Committee	2 members, including the board treasurer and 1 selected by the board.	To assist the board by providing oversight of the financial management and financial reporting function.	THSA Bylaws	Created 2007
Audit Committee	2 members selected by the board	To assist the board by providing oversight of the THSA's audit functions (external and internal), as well as other investigations (external and internal).	THSA Bylaws	Created 2007
THSA Interoperability Collaborative	500+ members, open to all Texans	To identify barriers to safe, secure exchange of clinical information and to resolve such barriers with stakeholder guidance and cooperation. The Collaborative is multi-disciplinary, vendor agnostic and open to all Texans	THSA Bylaws	Created 2022
Ad hoc RFP Workgroup	2 board members & THSA team	To ensure a fair, unbalanced review of applicants	N/A	2025

Table 6 Exhibit 6 Subcommittees and Advisory Committee

V. Funding

V.A - Provide a brief description of your agency's major sources of funding

The THSA does not receive any state appropriations. [Pursuant to Section 182.107, Health & Safety Code](#), the THSA may be funded through (a) the General Appropriations Act, (b) fees charged for its services, and/or (c) other revenue-generating activities consistent with the THSA’s purposes.

THSA, through an interagency contract with HHSC, received funding for onboarding data sources, general maintenance of HIETexas and ADT data as a data recipient, as well as implementation and general maintenance of PULSE. THSA also receives funding from data recipients on a quarterly basis.

V.B - List all riders that significantly impact your agency’s budget.

Not applicable.

V.C - Show your agency’s expenditures, including transfers, broken down into clear and easy-to-understand categories, as shown in the examples provided. This information forms the basis of the “Agency at a Glance” section of Sunset’s reports.

The THSA is not a state agency and does not organize expenditures by goal or strategy. Instead, THSA’s expenses are summarized on a functional basis. Certain expenses are allocated between Program expenses and General and Administrative Expenses based on actual use or estimates made by management.

**Texas Health Services Authority
Exhibit 7: Expenditures — Fiscal Year 2024 (Actual)**

Category	Amount Spent	Percentage of Total	Contract Expenditures Included in Total Amount
Program	1,881,495	74%	Yes
General Administrative	681,918	26%	No
GRAND TOTAL:	2,563,413		

Table 7 Exhibit 7 Expenditures

V.D - Show your agency’s sources of revenue broken down into clear and easy-to-understand categories, as shown in the examples provided. This information forms the basis of the “Agency at a Glance” section of Sunset’s reports. Include all local, state, and federal appropriations; all professional fees (for licensure and certification) and operating fees (charged to agency customers for services); and all other sources of revenue collected by the agency, including taxes and fines. See Exhibit 8 Example. Please ensure the totals provided for Expenditures and Sources of Revenue are equal.

**Texas Health Services Authority
Exhibit 8: Sources of Revenue — Fiscal Year 2024 (Actual)**

Source	Amount
Interagency contract with Texas Health and Human Services Commission for Health Information Connectivity services pursuant to the provisions of “The Interagency Cooperation Act,” Chapter 771 of the Texas Government Code.	1,684,206
Subscriber (Data Recipient) Fees	495,095
Interest Income	65,498
TOTAL	2,244,799

Table 8 Exhibit 8 Sources of Revenue

V.E If you receive funds from multiple federal programs, show the source agency and type of federal funding.

**Texas Health Services Authority
Exhibit 9: Federal Funds — Fiscal Year 2024 (Actual)**

Source/Type of Fund	Description of Fund	Federal / State Match Ratio	Federal Share	State Share	Total Funding
Interagency contract with HHSC for HIE Connectivity services pursuant to the provisions of “The Interagency Cooperation Act,” Chapter 771 of the Texas Government Code.	Strategy 2 - Statewide Health Information Exchange – Ongoing maintenance of HIE infrastructure that supports delivery of 1) Medicaid C-CDAs to HHSC from regional HIEs’ connected providers and 2) ADTs to HHSC and other authorized subscribers from C3HIE and THSA’s direct hospital connections.	75/25	\$281,250	\$93,750	\$375,000
Interagency contract with HHSC for HIE Connectivity services pursuant to the provisions of “The Interagency Cooperation Act,” Chapter 771 of the Texas Government Code.	Strategy 3 - Ongoing maintenance of the HIETexas Emergency Department Encounter Notification (EDEN) system.	75/25	\$225,000	\$75,000	\$300,000

Interagency contract with HHSC for HIE Connectivity services pursuant to the provisions of “The Interagency Cooperation Act,” Chapter 771 of the Texas Government Code.	Strategy 3 - HIETexas EDEN Data Source Implementation	90/10	\$90,000	\$10,000	\$100,000
Interagency contract with HHSC for HIE Connectivity services pursuant to the provisions of “The Interagency Cooperation Act,” Chapter 771 of the Texas Government Code.	HIETexas PULSE - Maintenance activities	75/25	\$333,750	\$111,250	\$445,000
Interagency contract with HHSC for HIE Connectivity services pursuant to the provisions of “The Interagency Cooperation Act,” Chapter 771 of the Texas Government Code.	HIETexas PULSE – Implementation activities	90/10	\$454,500	\$50,500	\$505,000
	TOTAL		1,384,500	340,500	1,725,000*

*Total amount of federal/state funds granted

V.F If applicable, provide detailed information on the fees your agency collects. Please explain how much fee revenue is deposited/returned to the General Revenue Fund and why, if applicable. See Exhibit 10 Example.

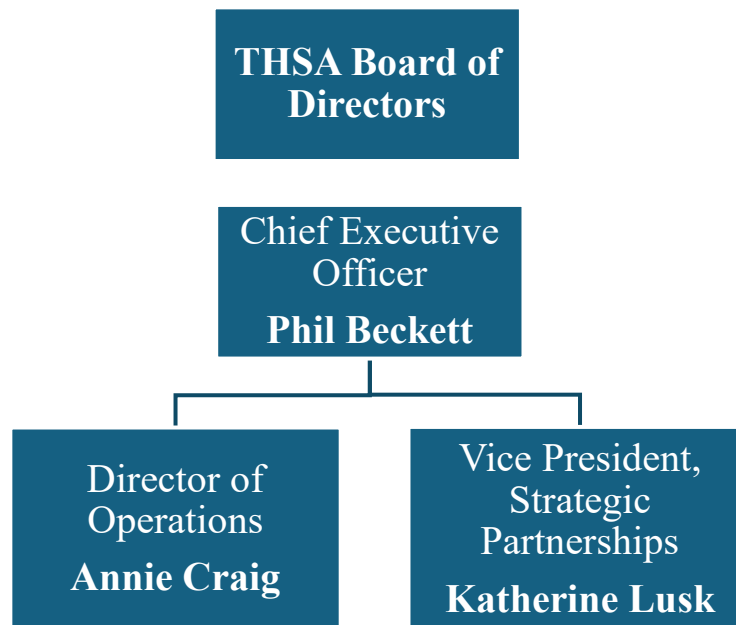
**Texas Health Services Authority
Exhibit 10: Fee Revenue — Fiscal Year 2024**

Fee Description/ Program/ Statutory Citation	Current Fee	Fees Set by Statute or Rule?	Statutory Maximum or Minimum	# of Persons or Entities Paying Fee	Fee Revenue	Where Fee Revenue is Deposited
EDEN Subscriber (Data Recipient) Fees	Tiered based on size of each data subscribers' average quarterly panel count	No	No	26	495,095	General Revenue Fund

Table 10 Exhibit 10 Fee Revenue

VI. Organization

VI. A - Provide an organizational chart that includes major programs and divisions and shows the number of FTEs in each program or division. Detail should include, if possible, division heads with subordinates and actual FTEs with budgeted FTEs in parentheses.



VI.B - Complete the table below listing the agency’s headquarters and number of FTEs and, if applicable, field or regional offices. See Exhibit 11 Example.

TEXAS HEALTH SERVICES AUTHORITY
Exhibit 11: FTEs by Location — Fiscal Year 2025 (as of SER submission)

Headquarters, Region, or Field Office	Location	Number of Budgeted FTEs FY 2025	Number of Actual FTEs (as of SER submission)
Headquarters	Austin, TX	3	3
		TOTAL: 3	TOTAL: 3

VI.C - What are your agency’s FTE caps for fiscal years 2023-27?

While THSA does not have caps on FTEs, we plan to expand by 3 FTEs by 2027.

VI.D – How many temporary or contract employees did your agency have in fiscal year 2024? If use of contractors is significant, please break out totals by program or department. Please provide a short summary of the purpose of each position type, amount of expenditures per position type, and procurement methods used.

**TEXAS HEALTH SERVICES AUTHORITY
Contracted Services Fiscal Year 2024 (Actual)**

Source	Amount	Purpose
Maxwell, Locke & Ritter	\$22,000	To complete THSA’s annual financial audit for the year ending September 30, 2024 and to file all appropriate tax forms for the year ending September 30, 2024.
Accountware	\$8,550	To assist the THSA with accounting services
Belay	\$21,017	Virtual Administrative Assistant
TOTAL	\$51,567	

VI.E – List each of your agency’s key programs or functions, along with expenditures and FTEs by program. See Exhibit 13 Example. (If you have already completed the “Agency Program Information” spreadsheet in advance, you do not need to replicate any duplicative information below.)

**Texas Health Services Authority
Exhibit 13: List of Program FTEs and Expenditures — Fiscal Years 2024 and 2025**

Program	Actual FTEs FY 2024	Budgeted FTEs FY 2025	Actual Expenditures FY 2024	Budgeted Expenditures FY 2025
HIETexas EDEN	1.9	1.65	345,020	321,750
HIETexas PULSE	.1	.2	18,159	39,000
SECURETexas	0	.25	0	48,750
Interoperability Collaborative	.5	.5	90,794	97,500
General Administration	.5	.4	90,794	78,000
TOTAL	3	3	544,767	585,000

VII. Guide to Agency Divisions and Programs

VII.A - Provide the following information at the beginning of each description. Name of division or program: Location within the agency: Contact name: Statutory citation:

Name of Program or Function	To promote, facilitate, create incentives, and implement a voluntary and secure electronic exchange of health information
Location/Division	Austin, TX
Contact Name	Phil Beckett, CEO
Actual Expenditures FY 2025	\$1,881,495
Number of Actual FTEs as of September 1, 2025	3
Statutory Citation for Program	Chapter 182, Health & Safety Code

VII.B - What is the objective of this division or program? Describe its major activities.

See Section II.A

VII.C - What information does the agency collect/use to assess the effectiveness and efficiency of this division or program? If applicable, briefly note any LBB performance measures (from Section II, Exhibit 2) but also provide any other metrics of program effectiveness and efficiency. Please provide the data source and/or methodology behind how each statistic or performance measure was determined. If you do not track measures of effectiveness for a given division, department, or program, please explain why.

THSA provides monthly and quarterly reports to HHSC that include metrics and a written update. Please see [THSA's July 2025 monthly report](#) that includes all performance measures with definitions from October 2021-July 2025.

See Section II.G

VII.D - Describe any important history regarding this division or program not included in the general agency history section, including how the functions or services have changed over time. If the response to Section III of this report is sufficient, please leave this section blank.

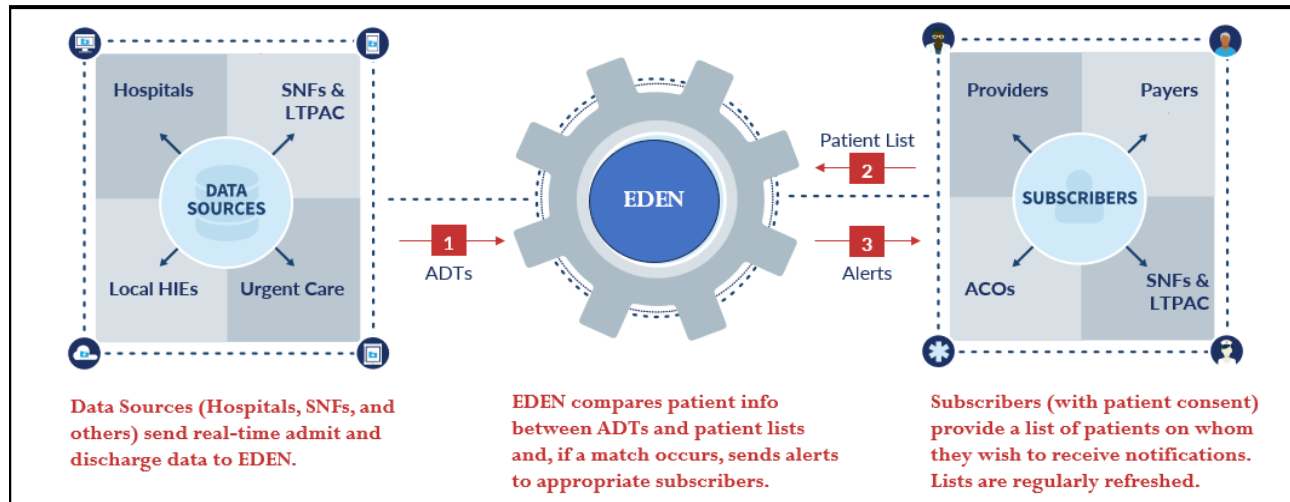
- In 2015, THSA discontinued its bidirectional exchange platform as organizations were increasingly adopting national networks due to CMS Meaningful Use and Interoperability incentives.
- In 2021, THSA's Texas Interoperability Collaborative commenced with a focus on definitions and standards.
 - See Section IV.J

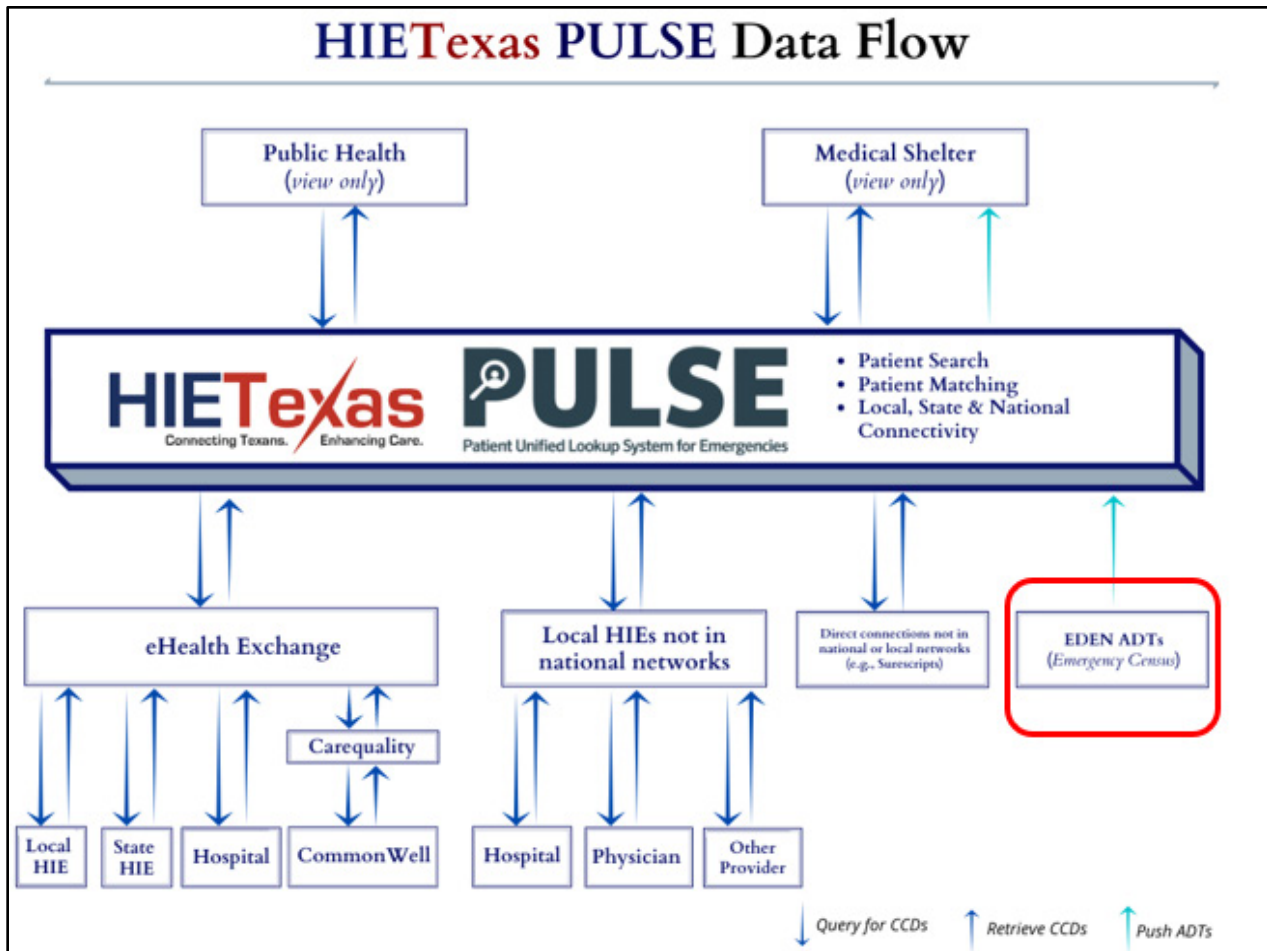
VII.E - List any qualifications or eligibility requirements for persons or entities affected by this division or program (e.g., licensees, consumers, and landowners). Provide a statistical breakdown of persons or entities affected.

Data Recipients must be HIPAA Covered Entities or serve as Business Associates to covered entities with direction provided by covered entities.

VII.F - Describe how the division or program is administered, including a description of key processes involved.

HIETexas EDEN & PULSE are administered by THSA to provide a private and secure state-wide network for the exchange of information with authorized covered entities. A brief overview of HIETexas is available online [here](#).





[EDEN Data Source Participant Interactive Map](#)

Since July 2021, the THSA's Interoperability Collaborative has met monthly. The THSA's Board meets quarterly. The following THSA staff members manage:

- Board of Directors – Phil Beckett
- THSA Interoperability Collaborative – Katherine Lusk
- HIETexas EDEN – Katherine Lusk
- HIETexas PULSE – Phil Beckett
- SECURETexas - Phil Beckett

VII.G - If key to understanding the division or program, identify funding sources and amounts, including federal grants and pass-through monies. Describe any funding formulas or funding conventions.

See Sections V.E-F

In fiscal year 2025, Texas State University provided a grant for \$20,000 to support workforce development for cybersecurity.

VII.H - Briefly discuss any memoranda of understanding (MOU), interagency agreements, or interagency contracts the agency uses to coordinate its activities and avoid duplication or conflict with other entities that provide similar or identical services or functions to the target population.

Each of THSA's programs represent a different layer of connectivity essential to the long-term goal of a patient's medical information following the patient, regardless of where the patient received medical care. HIETexas is designed to support statewide health information exchange model by connecting directly to HIETexas or through local HIEs, and HIEs in other states via national exchanges.

Furthermore, the THSA is in regular communication with the Governor's Office, HHSC's Office of eHealth Coordination, the Office of the Attorney General, and other agencies involved in HIE policy development or guidance to ensure cooperation/collaboration and avoid duplication of effort.

- [HHSC and THSA Interagency Contract](#) and [HHSC and THSA Interagency Contract Amendment 1](#) (contract extended to 2027)
- Situational Awareness for Novel Epidemic Response (SANER) Project. A cooperative Agreement with the Office of National Coordinator for Health Information Technology (ONC) to conduct a proof-of-concept pilot of SANER - How Health Information Exchange can Strengthen Readiness for Public Health via HL7 FHIR
 - [THSA/DSHS MOU for SANER Project](#) from 2021-2023.

VII.I - If the division or program works with local, regional, or federal units of government, include a brief description of these entities and their relationship to the agency.

See Section VII.H

VII.J - Are there any barriers or challenges that impede the division or program's performance, including any outdated or ineffective state laws? Explain.

The THSA would like to enable a single data pipe of electronic health information for the state of Texas to enhance HHSC's population health information, public health, and state registries, including, but not limited to: cancer, immunization, trauma and communicable diseases, via electronic health information exchange. This would include amending Chapters 81 and 161 of the Texas Health & Safety Code. Electronic access to this information via HIE would reduce administrative burden on health care providers, and, in turn, would also create greater incentive for those providers to participate in electronic health information exchange.

Regional HIE Participation

August 2025, one regional HIE fully shares data with HIETexas.

See Section II.G for additional information.

VII.K - Provide any additional information needed to gain a preliminary understanding of the division or program.

For additional information on HIETexas, please visit <https://thsa.org/hie-texas/>

VII.L - Regulatory programs related to the licensing, registration, certification, or permitting of a person, business, piece of equipment, or other entity (e.g., a facility). For each regulatory program, if applicable, describe:

- **Why the regulation is needed**
- **The scope of, and procedures for, inspections or audits of regulated entities**
- **Follow-up activities conducted when non-compliance is identified**
- **Actions available to the agency to ensure compliance**
- **Procedures for handling consumer/public complaints against regulated entities**

The THSA is not a regulatory body and does not perform the above-described activities.

The THSA is currently redefining SECURETexas, ([Ch. 182.108](#)), [Texas Health & Safety Code](#)) a certification program that enhances cybersecurity support for rural communities, while providing cybersecurity workforce training opportunities.

THSA is a public-private authority charged with implementing the state-level health information technology functions identified by the Texas Health Information Technology Advisory Committee. THSA serves as a **catalyst for the development of a seamless infrastructure including definitions and standards** that support our healthcare ecosystem to improve patient safety, decrease administrative burden and enhance quality of care. THSA's Interoperability Collaborative serves as the mechanism to identify community needs, vet solutions and cooperatively adopt definitions and standards that support a seamless infrastructure.

The Collaborative identifies community needs for definitions and standards to support trusted information flow. A few examples are provided:

- 1) Discharge Summary C-CDA was identified as a barrier with transitions of care from the hospital to the PCP with minimum required elements. The Collaborative surveyed the community and **defined** the minimum clinical elements required to transitions of care. The recommendations were shared with the Sequoia Project Data Usability Taking Root initiative and included with the December 2022 & 2024 Implementation Guides. HL7 adopted and included with certified EHR requirements, January 2025.
- 2) Newborn temporary naming conventions were found inconsistent across Texas. Newborns are given temporary names until the birth certificate is complete. Updating of the medical record with the legal name routinely occurs after discharge. A child may be transferred to a higher level or seen in at another facility making it difficult to obtain the complete record. A survey completed showed 20 different temporary naming conventions in Texas. The Newborn Informatics Workgroup vetted American Health Information Management Association's Naming Conventions with further refined for additional clarity with the Collaborative. THSA, AHIMA and the National Association of Healthcare Access Management released a statement on April 29, 2025, on a national standard for naming newborns.
- 3) The Direct Messaging Workgroup addressed concerns from the community regarding the increase in electronic notifications directly to PCPS with education and communication on the DirectTrust Encounter Notification Standard that allows messages to be routed based on context. Adoption of the DirectTrust Standard allows all clinicians to function at their highest level, increases physician satisfaction and supports scheduling of transition of care visits by administrative staff.
- 4) Immunizations Workgroup includes Texas Department of State Health Services who administer the State's Immunization Registry based on feedback from the community the ImmTrac2 Team developed 13 e-learning modules providing a step-by-step guide on the process and standards for submitting data to the Immunization Registry.

VII.M - For each regulatory program, if applicable, provide detailed information on complaint and regulatory actions, including investigations and complaint resolutions. The data should cover the last five fiscal years and give a complete picture of the program's regulatory activity, including comprehensive information from initiation of a complaint to resolution of a case. The purpose of the table is to create uniformity across agencies under review to the extent possible, but you may make small adjustments to the table headings as needed to better reflect your agency's particular programs. If necessary to understand the data, please include a brief description of the data source and/or methodology supporting each measure. In addition, please briefly explain or define terms as used by your agency such as complaint, grievance, investigation, enforcement action, jurisdictional scope, etc.

Not applicable.

VIII.A - Fill in the following tables, listing citations for all state and federal statutes that grant authority to or otherwise significantly impact your agency. Do not include general state statutes that apply to all agencies such as the Public Information Act, the Open Meetings Act, or the Administrative Procedure Act. Provide information on Attorney General opinions from fiscal years 2020-2024 or earlier significant Attorney General opinions that affect your agency's operations.

VIII. Statutory Authority and Recent Legislation

TEXAS HEALTH SERVICES AUTHORITY Exhibit 15: Statutes / Attorney General Opinions

Citation / Title	Authority / Impact on Agency
182.001, Health & Safety Code	Describes purpose of creation of the THSA
182.002, Health & Safety Code	Provides relevant definitions regarding the THSA's enabling statute
182.051, Health & Safety Code	States the purpose of the administration of the THSA
182.052, Health & Safety Code	Applies the Sunset Act to the THSA
182.053-.060, .062, Health & Safety Code	Relates to the THSA board of directors and personnel
182.061, Health & Safety Code	Relates to liabilities and debts of the THSA
182.101, Health & Safety Code	Establishes the THSA's general powers and duties
182.102, Health & Safety Code	Described prohibited acts of the THSA
182.103, Health & Safety Code	Describes the privacy of information held by the THSA
182.104, Health & Safety Code	Describes the THSA's security compliance

182.105, Health & Safety Code	Describes intellectual property responsibilities of the THSA
182.106, Health & Safety Code	Requires the THSA to submit an annual report to the governor, lieutenant governor, the Senate, and the House
182.107, Health & Safety Code	Relates to the THSA's funding mechanisms
182.108, Health & Safety Code	Requires the THSA to create standards for the electronic sharing of protected health information, and to create a certification for Texas covered entities for compliance with such standards

Table 21 Exhibit 15 Statutes

VIII.B - Provide a summary of significant legislation regarding your agency by filling in the tables below or attaching information already available in an agency-developed format. Briefly summarize the key provisions. For bills that did not pass but were significant, briefly explain the key provisions and issues that resulted in failure of the bill to pass (e.g., opposition to a new fee or high cost of implementation). Place an asterisk next to bills that could have a major impact on the agency. See Exhibit 16 Examples.

TEXAS HEALTH SERVICES AUTHORITY
Exhibit 16: 89th Legislative Session

Legislation Enacted

Bill Number	Author	Summary of Key Provisions
<u>SB 1467</u>	Senator Juan Hinojosa	Relating to death records maintained by the vital statistics unit of the Department of State Health Services and provided to certain hospitals.

Table 23 Exhibit 16 Legislation Enacted 89th Legislature

Legislation Not Passed

Not applicable.

IX. Major Issues

IX. A - Brief Description of Issue

HIE Access to Public Health Registries Maintained by the Texas Department of State Health Services

Currently, it is not clear whether information held in registries maintained by DSHS may be accessed by authorized users via HIE. This issue affects all health care providers in Texas who must report data on immunizations, cancer, and communicable diseases. If it were clear in statute that this information could be accessed by authorized users via HIE, then the THSA could incorporate this service into HIETexas. This

issue was addressed in an amendment to SB 7 (83R), but the House Parliamentarian ruled the amendment non-germane. The amendment was drafted with input from relevant stakeholders to ensure the proper balance between privacy and security for these sensitive data sources and ensuring access to these sources as needed through HIE and HIT.

- **What specific problems or concerns are involved in this issue?**
- **Who does this issue affect?**
- **What is the agency's role related to the issue?**
- **Do any sections of state law create or contribute to the issue?**
- **Is there any previous legislative action related to the issue?**

The THSA would like for Texas health care providers to be able to report and access information in certain DSHS registries (cancer, immunization, and communicable diseases) via electronic health information exchange. This would include amending Chapters 81, and 161 of the Texas Health & Safety Code. Electronic access to this information via HIE would reduce administrative burden on health care providers, and in turn, would also create greater incentive for those providers to participate in HIE.

IX.C - Possible Solutions and Impact Provide potential recommendations to solve the problem. Feel free to add a more detailed discussion of each proposed solution, including:

- **How will the proposed solution fix the problem or issue?**
- **How will the proposed change impact any entities or interest groups?**
- **How will your agency's performance be impacted by the proposed change?**
- **What are the benefits of the recommended change?**
- **What are the possible drawbacks of the recommended change?**
- **What is the fiscal impact of the proposed change?**

The THSA believes that the proposed solution will reduce administrative burdens on health care providers, and their staff, who must report and access information in certain DSHS registries (cancer, immunization, and communicable diseases).

IX.D - What key obstacles impede your agency's ability to achieve its objectives?

See Section II.C

IX.E - What, if any, agency or program functions does your agency perform that are no longer serving a clear and ongoing purpose? Could any agency functions be eliminated so agency resources could be better directed elsewhere? If so, which?

Not applicable.

IX.F - Aside from acquiring additional staff or funding, what are your agency's biggest opportunities for improvement in the future? For example, are there other programs or duties the agency could take on to better carry out its mission?

USE CASES FOR PULSE

**Medication data from Surescripts can only be activated during disaster declarations, but prescription history can still be found in CCDs*

Use Case	Use Contingencies	Ideal User
Alternate Care Sites. prescription & medical history look up	Treatment use only	Clinicians, medical staff
EMS Use (e.g., routine, out-of-town travelers, mass casualty incident)	Treatment use only	Medical personnel
Cyberattack backup access to prescription & medical history	Treatment use only	Clinicians, medical staff
SNF or HCF evacuation (view prescription & medical history)	Treatment use only	Clinicians, medical staff
Large Special Events standby (e.g., concert med. tents, state fair)	Both treatment & also HIPAA Privacy Rule if an emergency	First responders, public health, public safety orgs
Access & functional needs support (address/phone lookup in Patient Search; supplementing HHS emPOWER data)	Disaster required; HIPAA Privacy Rule allows for public safety	First responders, public health, public safety orgs
Family Reunification/ Finding Missing People	Disaster required; HIPAA Privacy Rule allows for public safety	Public health, public safety, law enforcement
Locating Dialysis Patients	Disaster required; HIPAA Privacy Rule allows for public safety	Dialysis centers, ESRD Network

X. Other Contacts

TEXAS HEALTH SERVICES AUTHORITY

Exhibit 17: Other Contacts

Interest Groups

(groups affected by agency actions or that represent others served by or affected by agency actions)

Group or Association Name/ Contact Person	Address	Telephone	Email Address
Texas Homeless Network / Eric Samuels	3000 S IH-35, Suite 100 Austin, TX 78704	(512) 482-8270	eric@THN.org
TORCH / John Henderson	11675 Jollyville Road, Suite 300 Austin TX 78759	(512) 873-0045	jhenderson@torchnet.org
Texas Medical Association / Shannon Vogel	401 W. 15 th St., #100, Austin TX 78701	(512) 370-1411	shannon.vogel@texmed.org

Texas Hospital Association / Fernando Martinez	1108 Lavaca St., Ste. 700, Austin TX 78701	(512) 465-1000	fmartinez@tha.org
Greater Longview Optimal Wellness / Amy Best	Longview, Texas	(903) 237-1019	ahooten@longviewtexas.gov
Texas Health Informatics Alliance / Katherine Flannery	655 W. Mitchell Street Office 420 Arlington, TX 76019	(817) 272-3477	katherine.flannery2@uta.edu
Texas eHealth Alliance / Nora Cox	815-A Brazos Street, PMB 233, Austin TX 78701	(512) 536-1340	nora@txeha.org
UT Health Houston / Susan Fenton	7000 Fannin, Suite 600 Houston, Texas 77030	713-500-3931	Susan.H.Fenton@uth.tmc.edu
Texas Association Health Plans / Jamie Dudensing	1001 Congress Avenue, Suite 300, Austin, Texas 78701	(512) 476-2091	jdudensing@tahp.org
DFW Texas HIMSS / Lee Lavergne		214 796 2394	leelavergne@yahoo.com
CIVITAS Networks for Health / Jolie Ritzo	500 Wesover Drive #95712 Sanford, NC 27330	207-272-4725	jritzo@civitasforhealth.org
DirectTrust / Scott Stuewe	1629 K St NW #300, Washington, DC 20006	913.222.0630	scott.stuewe@directtrust.org
CommonWell / Paul Wilder	75 Arlington Street, Suite 500 Boston, MA 02116	1 917 744 4999	paul@commonwellalliance.org
Sequoia Project / Didi Davis	8300 Boone Blvd, Ste 500 Vienna, VA 22182	(517) 327-3640	ddavis@sequoiaproject.org
Texas State University / David Gibbs	100 Bobcat Way, Suite 204 Round Rock, TX 78665	512 716 2850	dgibbs@Txstate.edu
Texas Nurses Association / Serena Bumpus	4807 Spicewood Springs Rd Bldg 3, Suite 100 Austin, TX 78759	(512) 452-0645	sbumpus@texasnurses.org
Texas Association for Home Care & Hospice / Grace Werckle	9390 Research Blvd Suite I-300, Austin, TX 78759	800 880.8893 Ext 104	Grace@tahch.org

Texas Council / Danette Castle	Westpark Building 3, Suite 225 8140 N Mopac Expwy Austin, TX 78759	512 794 9268	dcastle@txcouncil.com
Episcopal Health Alliance / Briana Martin	500 Fannin St. Suite 300 Houston, Texas 77002	713.225.0900	BMartin@EpiscopalHealth.Org
Connected Care Exchange (RGV HIE)/Andrew Lombardo	6710 W. Expressway 83 Suite 236, Harlingen, TX 78552	956-382-7339	Andrew@rgvhie.org
PHIX / Emily Hartmann	221 North Kansas, Ste 1900 El Paso, TX 79901	(915)-242-0674	ehartmann@phixnetwork.org
C3HIE (HASA) / Jim Hoag	5535 Fredericksburg Rd #220 San Antonio, TX 78229	(210) 918-1357	jim.hoag@c3hie.org
Connxus (ICC) / Eliel Oliveira	Austin, TX	(512) 496-4576	eliel@connxus.org
HealthConnect Texas (GHH) / Junaid Husain	1200 Binz Street, Suite 1495 Houston, Texas 77004	(832) 564-2599	junaid.husain@HealthconnectTX.org

Table 25 Exhibit 17 Interest Groups

Interagency, State, or National Associations

(that serve as an information clearinghouse or regularly interact with your agency)

Group or Association Name/ Contact Person	Address	Telephone	Email Address
Texas HHSC Office of eHealth Coordination	4601 W. Guadalupe St. Austin, TX	(773) 710-3732	Sasha.Robey@hhs.texas.gov

Table 26 Exhibit 17 Interagency, State, and National Associations

Liaisons at Other State Agencies

(with which your agency maintains an ongoing relationship, e.g., the agency's assigned analyst at the Legislative Budget Board or attorney at the Attorney General's office)

Agency Name / Relationship / Contact Person	Address	Telephone	Email Address
DSHS / Steve Eichner	1100 West 49th Street Austin, TX 78756-3199	512.221.5632	Steve.Eichner@dshs.texas.gov

Table 27 Exhibit 17 Liaisons at Other State Agencies

XI. Additional Information

XI.A. Texas Government Code, Section 325.0075 requires agencies under review to submit a report about their reporting requirements to Sunset with the same due date as the SER. Include a list of each agency-specific report the agency is required by statute to prepare and an evaluation of the need for each report based on whether factors or conditions have changed since the statutory requirement was put in place. Please do not include general reporting requirements applicable to all agencies, reports that have an expiration date, routine notifications or notices, posting requirements, federally mandated reports, or reports required by G.A.A. rider.

Pursuant to [Section 182.106, Health & Safety Code](#), the THSA must submit an annual report to the Governor, the Lieutenant Governor, the Speaker of the House of Representatives, and the appropriate oversight committees in the Senate and the House of Representatives. The annual report must include financial information and a progress update on the THSA's efforts to carry out its mission. These reports can be found on the THSA's website at <https://thsa.org/about-thsa/organizational-documents>

XI.B - Does the agency's statute use "person-first respectful language" as required by Texas Government Code, Section 325.0123? Please explain and include any statutory provisions that might supersede or create challenges in implementing these changes.

In 2011, the 82nd Texas Legislature passed [H.B. 1481](#), adding the "Person First Respectful Language Initiative" to the Texas Government Code. It directs the Texas Legislature, the Texas Legislative Council, the Texas Education Agency and each health and human services agency to avoid using certain terms and phrases, such as "mentally retarded" and to replace those terms with preferred phrases, such as "persons with intellectual disabilities."

While H.B. 1481 does not apply to the THSA, the THSA strives to be respectful of all persons, and uses "person first respectful language."

XI.C - Please describe how your agency receives and investigates complaints about the agency and its operations.

THSA did not receive any complaints fiscal years 2020-2025.

XI.D - Fill in the following tables detailing your agency's historically underutilized business (HUB) purchases. Sunset is required by law to review and report this information to the Legislature. If your agency has set specific goals and not statewide goals, please provide the goal percentages and describe the method used to determine those goals. (TAC Title 34, Part 1, Chapter 20, Rule 20.284)

The State statute regarding HUB participation does not apply to THSA. The THSA, however, has adopted an "Affirmative Consideration of Minority, Small & Women-Owned Businesses" policy for procurements. The policy states that the THSA shall make positive efforts to utilize small businesses, minority-owned firms, and woman-owned business enterprises whenever possible. All procurements are published on the THSA's website, THSA.org and distributed to a distribution list of over 700 individuals interested in the work of the

THSA. For large procurements, the THSA, as a Texas CO-OP Purchasing Member, utilizes the Electronic State Business Daily and Texas Department of Information Resources Cooperative Contracts for Delivery-Based Information Technology Services.

XI.E - Does your agency have a HUB policy? How does your agency address performance shortfalls related to the policy? (Texas Government Code, Section 2161.003; TAC Title 34, Part 1, Rule 20.286c)

See Section XI.D

XI.F - For agencies with contracts valued at \$100,000 or more: Does your agency follow a HUB subcontracting plan to solicit bids, proposals, offers, or other applicable expressions of interest for subcontracting opportunities available for contracts of \$100,000 or more? (Texas Government Code, Section 2161.252; TAC Title 34, Part 1, Rule 20.285)

See Section XI.D

XI.G - For agencies with biennial appropriations exceeding \$10 million, answer the following HUB questions:

See Section XI.D

XI.H - Fill in the tables below detailing your agency's Equal Employment Opportunity (EEO) statistics. Sunset is required by law to review and report this information to the Legislature. Please use only the categories provided below. For example, some agencies use the classification "paraprofessionals," which is not tracked by the state civilian workforce. Please reclassify all employees within the appropriate categories below.

**Texas Health Services Authority
Exhibit 21: Equal Employment Opportunity Statistics**

1. Officials / Administration

Year	Total Number of Positions	Percent African-American	Statewide Civilian Workforce Percent	Percent Hispanic	Statewide Civilian Workforce Percent	Percent Female	Statewide Civilian Workforce Percent
2022	4	0%	9.1%	0%	26.5%	50%	41.3%
2023	4	0%	9.1%	0%	26.5%	50%	41.3%
2024	3	0%	9.1%	0%	26.5%	75%	41.3%

Table 36 Exhibit 21 EEO Statistics for Officials/Administration

2. Professional

Year	Total Number of Positions	Percent African-American	Statewide Civilian Workforce Percent	Percent Hispanic	Statewide Civilian Workforce Percent	Percent Female	Statewide Civilian Workforce Percent
2022	2	0%	11.7%	0%	23.3%	50%	53.8%
2023	2	0%	11.7%	0%	23.3%	50%	53.8%
2024	2	0%	11.7%	0%	23.3%	50%	53.8%

Table 37 Exhibit 21 EEO Statistics for Professionals

3. Technical

Year	Total Number of Positions	Percent African-American	Statewide Civilian Workforce Percent	Percent Hispanic	Statewide Civilian Workforce Percent	Percent Female	Statewide Civilian Workforce Percent
2022	1	0%	15.3%	0%	36.7%	0%	62.8%
2023	1	0%	15.3%	0%	36.7%	0%	62.8%
2024	0	0%	15.3%	0%	36.7%	0%	62.8%

Table 38 Exhibit 21 EEO Statistics for Technical

4. Administrative Support

Year	Total Number of Positions	Percent African-American	Statewide Civilian Workforce Percent	Percent Hispanic	Statewide Civilian Workforce Percent	Percent Female	Statewide Civilian Workforce Percent
2022	1	0%	15.2%	0%	39.3%	100%	73.7%
2023	1	0%	15.2%	0%	39.3%	100%	73.7%
2024	1	0%	15.2%	0%	39.3%	100%	73.7%

Table 39 Exhibit 21 EEO Statistics for Administrative Support

All other tables listed are not applicable.

XII. Agency Comments

Provide any additional information needed to gain a preliminary understanding of your agency.

THSA has no additional comments.