

SSB 5501 - H COMM AMD

By Committee on Health & Human Services Appropriations

ADOPTED 04/14/2009

1 Strike everything after the enacting clause and insert the
2 following:

3 "NEW SECTION. **Sec. 1.** The legislature finds that:

4 (1) The inability to securely share critical health information
5 between practitioners inhibits the delivery of safe, efficient care, as
6 evidenced by:

7 (a) Adverse drug events that result in an average of seven hundred
8 seventy thousand injuries and deaths each year; and

9 (b) Duplicative services that add to costs and jeopardize patient
10 well-being;

11 (2) Consumers are unable to act as fully informed participants in
12 their care unless they have ready access to their own health
13 information;

14 (3) The blue ribbon commission on health care costs and access
15 found that the development of a system to provide electronic access to
16 patient information anywhere in the state was a key to improving health
17 care; and

18 (4) In 2005, the legislature established a health information
19 infrastructure advisory board to develop a strategy for the adoption
20 and use of health information technologies that are consistent with
21 emerging national standards and promote interoperability of health
22 information systems.

23 NEW SECTION. **Sec. 2.** A new section is added to chapter 41.05 RCW
24 to read as follows:

25 The definitions in this section apply throughout sections 3 through
26 5 of this act unless the context clearly requires otherwise.

27 (1) "Administrator" means the administrator of the state health
28 care authority under this chapter.

1 (2) "Exchange" means the methods or medium by which health care
2 information may be electronically and securely exchanged among
3 authorized providers, payors, and patients within Washington state.

4 (3) "Health care provider" or "provider" has the same meaning as in
5 RCW 48.43.005.

6 (4) "Health data provider" means an organization that is a primary
7 source for health-related data for Washington residents, including but
8 not limited to:

9 (a) The children's health immunizations linkages and development
10 profile immunization registry provided by the department of health
11 pursuant to chapter 43.70 RCW;

12 (b) Commercial laboratories providing medical laboratory testing
13 results;

14 (c) Prescription drugs clearinghouses, such as the national patient
15 health information network; and

16 (d) Diagnostic imaging centers.

17 (5) "Lead organization" means a private sector organization or
18 organizations designated by the administrator to lead development of
19 processes, guidelines, and standards under this act.

20 (6) "Payor" means public purchasers, as defined in this section,
21 carriers licensed under chapters 48.20, 48.21, 48.44, 48.46, and 48.62
22 RCW, and the Washington state health insurance pool established in
23 chapter 48.41 RCW.

24 (7) "Public purchaser" means the department of social and health
25 services, the department of labor and industries, and the health care
26 authority.

27 (8) "Secretary" means the secretary of the department of health.

28 NEW SECTION. **Sec. 3.** A new section is added to chapter 41.05 RCW
29 to read as follows:

30 (1) By August 1, 2009, the administrator shall designate one or
31 more lead organizations to coordinate development of processes,
32 guidelines, and standards to:

33 (a) Improve patient access to and control of their own health care
34 information and thereby enable their active participation in their own
35 care; and

36 (b) Implement methods for the secure exchange of clinical data as
37 a means to promote:

1 (i) Continuity of care;
2 (ii) Quality of care;
3 (iii) Patient safety; and
4 (iv) Efficiency in medical practices.
5 (2) The lead organization designated by the administrator under
6 this section shall:
7 (a) Be representative of health care privacy advocates, providers,
8 and payors across the state;
9 (b) Have expertise and knowledge in the major disciplines related
10 to the secure exchange of health data;
11 (c) Be able to support the costs of its work without recourse to
12 state funding. The administrator and the lead organization are
13 authorized and encouraged to seek federal funds, including funds from
14 the federal American recovery and reinvestment act, as well as solicit,
15 receive, contract for, collect, and hold grants, donations, and gifts
16 to support the implementation of this section and section 4 of this
17 act;
18 (d) In collaboration with the administrator, identify and convene
19 work groups, as needed, to accomplish the goals of this section and
20 section 4 of this act;
21 (e) Conduct outreach and communication efforts to maximize the
22 adoption of the guidelines, standards, and processes developed by the
23 lead organization;
24 (f) Submit regular updates to the administrator on the progress
25 implementing the requirements of this section and section 4 of this
26 act; and
27 (g) With the administrator, report to the legislature December 1,
28 2009, and on December 1st of each year through December 1, 2012, on
29 progress made, the time necessary for completing tasks, and
30 identification of future tasks that should be prioritized for the next
31 improvement cycle.
32 (3) Within available funds as specified in subsection (2)(c) of
33 this section, the administrator shall:
34 (a) Participate in and review the work and progress of the lead
35 organization, including the establishment and operation of work groups
36 for this section and section 4 of this act; and
37 (b) Consult with the office of the attorney general to determine
38 whether:

1 (i) An antitrust safe harbor is necessary to enable licensed
2 carriers and providers to develop common rules and standards; and, if
3 necessary, take steps, such as implementing rules or requesting
4 legislation, to establish a safe harbor; and

5 (ii) Legislation is needed to limit provider liability if their
6 health records are missing health information despite their
7 participation in the exchange of health information.

8 (4) The lead organization or organizations shall take steps to
9 minimize the costs that implementation of the processes, guidelines,
10 and standards may have on participating entities, including providers.

11 NEW SECTION. **Sec. 4.** A new section is added to chapter 41.05 RCW
12 to read as follows:

13 By December 1, 2011, the lead organization shall, consistent with
14 the federal health insurance portability and accountability act,
15 develop processes, guidelines, and standards that address:

16 (1) Identification and prioritization of high value health data
17 from health data providers. High value health data include:

- 18 (a) Prescriptions;
- 19 (b) Immunization records;
- 20 (c) Laboratory results;
- 21 (d) Allergies; and
- 22 (e) Diagnostic imaging;

23 (2) Processes to request, submit, and receive data;

24 (3) Data security, including:

25 (a) Storage, access, encryption, and password protection;

26 (b) Secure methods for accepting and responding to requests for
27 data;

28 (c) Handling unauthorized access to or disclosure of individually
29 identifiable patient health information, including penalties for
30 unauthorized disclosure; and

31 (d) Authentication of individuals, including patients and
32 providers, when requesting access to health information, and
33 maintenance of a permanent audit trail of such requests, including:

34 (i) Identification of the party making the request;

35 (ii) The data elements reported; and

36 (iii) Transaction dates;

1 (4) Materials written in plain language that explain the exchange
2 of health information and how patients can effectively manage such
3 information, including the use of online tools for that purpose;

4 (5) Materials for health care providers that explain the exchange
5 of health information and the secure management of such information.

6 NEW SECTION. **Sec. 5.** A new section is added to chapter 41.05 RCW
7 to read as follows:

8 If any provision in sections 2 through 4 of this act conflicts with
9 existing or new federal requirements, the administrator shall recommend
10 modifications, as needed, to assure compliance with the aims of
11 sections 2 through 4 of this act and federal requirements."

12 Correct the title.

EFFECT: Requires the lead organization to consider the cost of
implementing the processes, guidelines, and standards and focus on the
most cost-effective ones that can be implemented by the majority of
providers.

Directs the lead organization to attempt to minimize the
implementation costs for participating entities.

Strikes the language authorizing the administrator of the health
care authority to adopt by rule or submit legislation implementing the
guidelines, standards, and processes if the lead organization fails to
complete its work in a timely fashion.

Deletes the requirement for an annual report and an independent
evaluation.

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