Washington State
House of Representatives
Office of Program Research

BILL ANALYSIS

Health Care & Wellness Committee

SSB 5514

Brief Description: Concerning rapid health information network data reporting.

Sponsors: Senate Committee on Health Care (originally sponsored by Senators Rivers, Cleveland and Keiser; by request of Department of Health).

Brief Summary of Substitute Bill

- Requires hospitals with emergency departments to submit patient care information to the Department of Health (DOH) for analysis and dissemination.
- Requires the DOH to maintain the confidentiality of the information and provides standards for the release of patient data.

Hearing Date: 3/10/17

Staff: Alexa Silver (786-7190).

Background:

The federal Medicare and Medicaid Electronic Health Records Incentive Programs (also referred to as Meaningful Use) provide incentive payments to encourage providers and hospitals to demonstrate meaningful use of electronic health record technology. To meet the Meaningful Use criteria, eligible providers and hospitals are required to adopt electronic health record technology and use it to achieve certain objectives. The public health objective includes reporting syndromic surveillance information to public health agencies. "Syndromic surveillance" is use of individual and population health indicators to identify outbreaks or health events and monitor the health status of a community. The Department of Health supports electronic submission of syndromic surveillance data in alignment with Meaningful Use.

Summary of Bill:

Emergency Department Data Submission.

This analysis was prepared by non-partisan legislative staff for the use of legislative members in their deliberations. This analysis is not a part of the legislation nor does it constitute a statement of legislative intent.

The Department of Health (DOH) must require hospitals with emergency departments to submit emergency department patient care information, and the DOH must collect, maintain, analyze, and disseminate the data. The data elements that must be initially collected include, but are not limited to, facility information, limited patient identifiers, patient demographics, and encounter, clinical, and laboratory information. The DOH may require additional information only for purposes of validating data, verifying data accuracy, and conducting surveillance of and addressing potential public health threats. The DOH must also accept other data types submitted voluntarily, as approved by the DOH.

Collection of the data must allow for automated reporting by electronic transmission. Data must be reported in conformance with a uniform reporting system established by the DOH in collaboration with emergency departments and in conformance with national standards for reporting similar data. To ensure meaningful public health surveillance, after consulting with emergency departments, the DOH must adopt rules including data element and format requirements and time frames for reporting and addressing errors in submission.

The DOH may contract with a private entity for collection, maintenance, analysis, and dissemination of the data if it would be cost-effective and efficient. The DOH or the contractor must have:

- a demonstrated ability to collect the data using automated reporting by electronic transmission;
- an established data submission arrangement with the majority of emergency departments required to submit data;
- the demonstrated ability to allow emergency departments to immediately obtain their own data and aggregated data within 30 minutes of a query; and
- the capacity to work with existing emergency department data systems to minimize administrative reporting burden and costs.

Access to Collected Data.
Emergency departments must be able to obtain their own data and aggregate regional and statewide data from the collection system within 30 minutes of submitting a query once the data is available in the system.

The DOH must maintain the confidentiality of collected patient data, and data that includes direct or indirect patient identifiers is not subject to public inspection and copying. Collected patient data is health care information for purposes of the Uniform Health Care Information Act. The collected data must only be available for retrieval in original or processed form to public and private requestors and must be available within a reasonable period of time.

Data that does not contain direct or indirect patient identifiers may be released upon request. "Direct patient identifier" means information that identifies a patient. "Indirect patient identifier" means information that may identify a patient when combined with other information. Data that does not contain direct patient identifiers but may contain indirect patient identifiers may be released to agencies, institutional review board-approved researchers, and other persons upon receipt of a signed data use agreement.

Data that includes direct and indirect patient identifiers, as specifically defined in rule, may be released to:

- federal, state, tribal, and local government agencies upon receipt of a signed data use agreement. The data use agreement requirement is waived for public health authorities in the case of an emergent public health threat. The DOH may disclose only the minimum amount of information necessary, to the fewest number of people, for the least amount of time to address the threat; and
- researchers with approval of an institutional review board upon receipt of a signed confidentiality agreement.

An entity that receives patient data must agree to maintain its confidentiality and may not release the data except as permitted by a data use agreement. Recipients of data containing indirect patient identifiers must agree in a data use agreement, as applicable, to take steps to protect direct and indirect patient identifiers, and not re-disclose the data except as authorized in the agreement and consistent with the purpose of the agreement. Recipients of data without direct patient identifiers may not attempt to determine the identity of persons whose information is submitted or use the data in a manner that identifies individuals or their families.

The DOH must cover the cost of retrieving emergency departments' data and aggregate regional and statewide data in standardized reports for state, local, tribal, federal officials and agencies, and health care facilities, and health care providers associated with the emergency departments that submit data. The cost of retrieving data for individuals and organizations engaged in research or private use of data or reports must be funded by a DOH fee schedule that reflects the direct cost of retrieving the data or report in the requested form.

The DOH may adopt any necessary rules, taking national standards into consideration.

Appropriation: None.

Fiscal Note: Available.

Effective Date: The bill takes effect 90 days after adjournment of the session in which the bill is passed.