

SENATE BILL REPORT

SB 5514

As of February 3, 2017

Title: An act relating to rapid health information network data reporting.

Brief Description: Concerning rapid health information network data reporting.

Sponsors: Senators Rivers, Cleveland and Keiser; by request of Department of Health.

Brief History:

Committee Activity: Health Care: 2/06/17.

Brief Summary of Bill

- Mandates emergency department syndromic surveillance reporting to the Department of Health.
- Allows for patient data to be used for public health purposes so long as patient confidentiality is maintained.

SENATE COMMITTEE ON HEALTH CARE

Staff: Kathleen Buchli (786-7488)

Background: Public health surveillance is the continuous, systematic collection, and interpretation of health-related data needed for public health planning. Syndromic surveillance is a process that regularly and systematically uses health and health-related data, such as patient encounter data from health care settings, to make information available on the health of a community. It is useful to public health authorities to plan for emergency response management.

Meaningful Use is the use of certified electronic health technology improve care coordination and public health while maintaining privacy and security of patient health information. Meaningful Use sets specific objectives that eligible professionals and hospitals must achieve to qualify for Centers for Medicare and Medicaid Services incentive programs. Currently, 93 hospitals and more than 2000 clinics are establishing syndromic surveillance reporting to DOH using Meaningful Use guidelines.

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.

Summary of Bill: Hospitals with emergency departments must electronically submit emergency department patient care information to DOH. DOH must contract with a private entity for the data collection and the private entity must:

- be able to collect electronic data;
- have an established data submission arrangement with a majority of emergency departments;
- allow emergency departments to immediately obtain their own data and DOH to obtain data within 30 minutes of submission; and
- be compatible with existing emergency data systems.

DOH must establish a uniform reporting system for reporting of data elements which include: facility information, limited patient identifiers, patient demographics, encounter and laboratory information, and other information to validate information received and to address public health threats.

Data collected by DOH is confidential but may be released as follows:

- data with direct and indirect patient identifiers may be released to federal, state, tribal, and local government agencies, and researchers approved by an institutional review board, subject to data use agreements and confidentiality agreements;
- data with indirect patient identifiers may be release to agencies, institutional review board-approved researchers; and
- data without direct or indirect patient identifiers may be released upon request.

Recipients of data must protect direct and indirect patient identifiers and may not re-disclose the data. They may not attempt to determine the identity of the patients through their data set or use the data in a way that identifies the patient.

Appropriation: None.

Fiscal Note: Available.

Creates Committee/Commission/Task Force that includes Legislative members: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Staff Summary of Public Testimony: PRO: This is the only source of emergency department data in Washington. This system allows DOH to collect data in real-time to share with emergency room departments, to determine where outbreaks may be occurring. This data is specific to diseases coming to emergency rooms. The data allows DOH and public health to respond to outbreaks and shift resources accordingly. In 2018, the facilities that are currently reporting this data will no longer be able to report this data unless this bill is in place. Anything that provides accurate data collection is critical. The system may also be able to detect drug overdoses, including from fentanyl. Currently, all 98 emergency room departments in Washington are registered to support this data system.

OTHER: Real-time data collection can be lifesaving.

Persons Testifying: PRO: Senator Ann Rivers, Prime Sponsor; Cynthia Harry, Washington State Department of Health; Scott Lindquist, Washington State Department of Health; George Dulabon, Peacehealth Southwest Medical Center; Drew Bouton, Department of Health.

OTHER: Riyadh Karmy-Jones, Peacehealth Southwest Medical Center.

Persons Signed In To Testify But Not Testifying: No one.