

2011 SENATE HUMAN SERVICES

SB 2037

2011 SENATE STANDING COMMITTEE MINUTES

Senate Human Services Committee Red River Room, State Capitol

SB 2037

1-18-2011

Job Number 13014 and 13019

☐ Conference Committee

Committee Clerk Signature



Explanation or reason for introduction of bill/resolution:

Relating to health information technology.

Minutes:

Attachments included .

Senator Judy Lee opened the hearing on SB 2037.

Sheldon Wolf, ND Health Information Technology Director, testified in support of SB 2037 and proposed an amendment. Attachment #1

Sen. Larry Robinson, Chairman of the Interim IT Committee, explained that there are 4 new sections created to the code specifically addressing the issue of confidentiality of health information. This has been an issue. If there is opposition to this it is on the area of confidentiality. They have gone the extra mile on this bill and other efforts they have put in place to insure confidentiality. The necessity of HIT is underscored by the mobile population in this country. This affects everybody so we need to ensure that everything is done to the best of our ability to provide that security.

Senator Spencer Berry pointed out that in his practice in the last ten years, as they have moved from paper to electronic medical records, it has made for much better health care for patients. The record is right there. He asked about the possibility of hacking into the systems and wondered what progress has been made in this area.

Mr. Wolf answered by saying they have put out a request for proposals for the Health Information Exchange. In that part they have asked to have that issue specifically addressed – what the encryption is and how they do it. They don't have those answers back yet.

Senator Spencer Berry pointed out that the confidentiality is going to be paramount when trying to explain this to patients why this is in their best interests.

Mr. Wolf explained that there is also more going on at the national level with studying this issue.

The states of ND, SD, MN, WI, IL, and IA have a group that is working together around the consent issues. MN has some different consent rules and regulations and they are trying to work together in a six state region.

Senator Dick Dever asked if moving the Health Care Advance Directive from the Secretary of State to ITD is what other states do.

Mr. Wolf replied that when the legislature had this bill two years ago he didn't think anybody even thought about meaningful use and those type of things. All those things have come up since that time frame. He felt it is a fit with what they are trying to do in regard to having it all in one spot. He hadn't researched what other states were doing.

Al Jaeger, Secretary of State, gave some background. The state of AZ has had a registry of this type for several years. In 2007-2008 his office started working on this. During the last session they worked on the section of the bill that is being amended now. The idea was that if there was a snowbird or anybody with this they would have some type of thing where they could access the data base 24/7 and could get the information. When it got into the legislative process on the house side they didn't want to fund it. The bill was saved by having the language in it saying they could go out and look for money. In the process of getting the funding it was given to IT. He explained how that happened.

There was no opposing testimony.

Mike Mullen, Assistant Attorney General, spoke to clarify Section 5 of the amendment. It does modify the text a little bit from the bill as introduced which was a section that would have been placed in the open records law. After looking at it, they felt it would make more sense to put the rules regarding confidentiality in Chapter 54-59 which defines all the duties of ITD with respect to health information exchange. He talked about exempt records and public disclosure.

Senator Dick Dever asked if there should be some fiscal impact in this bill.

Mr. Wolf replied that they have all of their appropriations built in to the ITD's budget for building the Health Information Exchange and the operation of it.

John Val Emter, Bismarck, voiced his concerns about confidentiality. He was concerned that there is too much confidentiality.

Senator Judy Lee pointed out that it would not be appropriate for the state or the federal government to say that a person's health records should be available to everyone. Confidentiality is critical.

With no further testimony, the hearing on SB 2037 was closed.

Job Number 13019

The committee reviewed the amendments and discussed if the citizen has a different way of accessing to the provider. One of the reasons it was put on the Secretary of State is that there is a common direct access to the Secretary of State's website that is not there for departments of government. Now everything will be in one place so the people who are likely to have an interest in it will know that's the place to go.

Senator Judy Lee reported the feds are actually working on the confidentiality issue in reverse that Mr. Emter was concerned about.

Senator Tim Mathern moved to accept the amendments offered by **Sheldon Wolf**.

Seconded by **Senator Dick Dever**.

Roll call vote 5-0-0. **Amendment adopted.**

Senator Tim Mathern moved a **Do Pass as Amended**.

Seconded by **Senator Spencer Berry**.

Roll call vote 5-0-0. **Motion carried.**

Carrier is **Senator Tim Mathern**.

FISCAL NOTE

Requested by Legislative Council
01/22/2011

Amendment to: SB 2037

1A. State fiscal effect: *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2009-2011 Biennium		2011-2013 Biennium		2013-2015 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures						
Appropriations						

1B. County, city, and school district fiscal effect: *Identify the fiscal effect on the appropriate political subdivision.*

2009-2011 Biennium			2011-2013 Biennium			2013-2015 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2A. Bill and fiscal impact summary: *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

SB 2037 will not have any fiscal impact.

The Amendment will not create any fiscal impact. The Health Information Exchange funding is being requested in HB 1021 - Information Technology Department budget bill.

B. Fiscal impact sections: *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

None

3. State fiscal effect detail: *For information shown under state fiscal effect in 1A, please:*

A. Revenues: *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

N/A

B. Expenditures: *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

N/A

C. Appropriations: *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

N/A

Name:	Mike J. Ressler	Agency:	ITD
Phone Number:	328-1001	Date Prepared:	01/24/2011

FISCAL NOTE

Requested by Legislative Council
12/16/2010

Bill/Resolution No.: SB 2037

1A. State fiscal effect: *Identify the state fiscal effect and the fiscal effect on agency appropriations compared to funding levels and appropriations anticipated under current law.*

	2009-2011 Biennium		2011-2013 Biennium		2013-2015 Biennium	
	General Fund	Other Funds	General Fund	Other Funds	General Fund	Other Funds
Revenues						
Expenditures						
Appropriations						

1B. County, city, and school district fiscal effect: *Identify the fiscal effect on the appropriate political subdivision.*

2009-2011 Biennium			2011-2013 Biennium			2013-2015 Biennium		
Counties	Cities	School Districts	Counties	Cities	School Districts	Counties	Cities	School Districts

2A. Bill and fiscal impact summary: *Provide a brief summary of the measure, including description of the provisions having fiscal impact (limited to 300 characters).*

SB 2037 will not have any fiscal impact.

B. Fiscal impact sections: *Identify and provide a brief description of the sections of the measure which have fiscal impact. Include any assumptions and comments relevant to the analysis.*

None

3. State fiscal effect detail: *For information shown under state fiscal effect in 1A, please:*

A. Revenues: *Explain the revenue amounts. Provide detail, when appropriate, for each revenue type and fund affected and any amounts included in the executive budget.*

N/A

B. Expenditures: *Explain the expenditure amounts. Provide detail, when appropriate, for each agency, line item, and fund affected and the number of FTE positions affected.*

N/A

C. Appropriations: *Explain the appropriation amounts. Provide detail, when appropriate, for each agency and fund affected. Explain the relationship between the amounts shown for expenditures and appropriations. Indicate whether the appropriation is also included in the executive budget or relates to a continuing appropriation.*

N/A

Name:	Mike J. Ressler	Agency:	ITD
Phone Number:	328-1001	Date Prepared:	12/28/2010

PROPOSED AMENDMENTS TO SENATE BILL 2037

Page 1, line 1, remove "a new section to chapter 44-04" and replace "three with "four"

Pages 1, line 4, after "exchange;" insert "to amend and reenact section 23-06.5-19 of the North Dakota Century Code, relating to registration of advanced health care directives;"

Page 1, remove lines 8 through 14

Page 1, after line 7, insert:

SECTION 1. Section 23-06.5-19 of the North Dakota Century Code is amended and reenacted as follows:

23-06.5-19. Health care record registry - Fees.

1. As used in this section:
 - a. "Health care record" means a health care directive or a revocation of a health care directive executed in accordance with this chapter.
 - b. "Registration form" means a form prescribed by the secretary of state information technology department to facilitate the filing of a health care record.
2.
 - a. The secretary of state information technology department may establish and maintain a health care record registry, through which a health care record may be filed. The registry must be accessible through a website maintained by the secretary of state information technology department.
 - b. An individual who is the subject of a health care record, or that individual's agent, may submit to the secretary of state information technology department for registration, using a registration form, a health care record executed in accordance with this chapter.
3. Failure to register a health care record with the secretary of state information technology department under this section does not affect the validity of the health care record. Failure to notify the secretary of state information technology department of the revocation of a health care record filed under this section does not affect the validity of a revocation that otherwise meets the statutory requirements for revocation.
4.
 - a. Upon receipt of a health care record and completed registration form, the secretary of state information technology department shall create a digital reproduction of the health care record, enter the reproduced health care record into the health care record registry database, and assign each registration a unique file number. The secretary of state information technology department is not required to review a health care record to ensure the health care record

- complies with any particular statutory requirements that may apply to the health care record.
- b. ~~The secretary of state~~ information technology department shall delete a health care record filed with the registry under this section upon receipt of a revocation of the health care record along with that document's file number.
 - c. The entry of a health care record under this section does not affect or otherwise create a presumption regarding the validity of the health care record or the accuracy of the information contained in the health care record.
- 5.
- a. The registry must be accessible by entering the file number and password on the internet website. Registration forms, file numbers, and other information maintained by the ~~secretary of state~~ information technology department under this section are confidential and the state may not disclose this information to any person other than the subject of the document, or the subject's agent. The ~~secretary of state~~ information technology department may not use information contained in the registry except as provided under this chapter.
 - b. At the request of the subject of the health care record, or the subject's agent, the ~~secretary of state~~ information technology department may transmit the information received regarding the health care record to the registry system of another jurisdiction as identified by the requester.
 - c. This section does not require a health care provider to seek to access registry information about whether a patient has executed a health care record that may be registered under this section. A health care provider who makes good-faith health care decisions in reliance on the provisions of an apparently genuine health care record received from the registry is immune from criminal and civil liability to the same extent and under the same conditions as prescribed in section 23-06.5-12. This section does not affect the duty of a health care provider to provide information to a patient regarding health care directives as may be required under federal law.
6. ~~The secretary of state may accept a gift, grant, donation, bequest, or other form of voluntary contribution to establish, support, promote, and maintain the registry. Any funds contributed under this subsection and any fees collected under this section must be deposited in the secretary of state's general services operating fund. The secretary of state~~ information technology department shall may charge and collect a reasonable fee for filing a health care record and a revocation of a health care record.

SECTION 5. A new section to chapter 54-59 of the North Dakota Century Code is created and enacted as follows:

Health information exchange - Confidential records.

Any individually identifiable health information, as defined under the federal Health Insurance Portability and Accountability Act of 1996 [Pub. L. 104-191], submitted to, stored in, or transmitted by the health information exchange under chapter 54 - 59 and any such data or record in the possession of the health information technology office is confidential. Any other information relating to patients, individuals, or individually identifiable demographic information contained in a master client index submitted to, stored in or transmitted by the health information exchange or in the possession of the health information technology office is an exempt record.

Renumber accordingly

Date: 1-18-2011

Roll Call Vote # 1

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 2031

Senate HUMAN SERVICES

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number Sheldon Wolffs amendments

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Sen. Mathern Seconded By Sen. Dever

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee, Chairman	✓		Sen. Tim Mathern	✓	
Sen. Gerald Uglem, V. Chair	✓				
Sen. Dick Dever	✓				
Sen. Spencer Berry	✓				

Total (Yes) 5 No 0

Absent 0

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

January 20, 2011

93
1-20-11
1 of 3

PROPOSED AMENDMENTS TO SENATE BILL NO. 2037

Page 1, line 1, replace "a new section to chapter 44-04 and three" with "four"

Page 1, line 4, after "sections" insert "23-06.5-19,"

Page 1, line 4, after "54-59-25" insert a comma

Page 1, replace lines 8 through 14 with:

"SECTION 1. AMENDMENT. Section 23-06.5-19 of the North Dakota Century Code is amended and reenacted as follows:

23-06.5-19. Health care record registry - Fees.

1. As used in this section:
 - a. "Health care record" means a health care directive or a revocation of a health care directive executed in accordance with this chapter.
 - b. "Registration form" means a form prescribed by the ~~secretary of~~ state information technology department to facilitate the filing of a health care record.
2.
 - a. The ~~secretary of~~ state information technology department may establish and maintain a health care record registry, through which a health care record may be filed. The registry must be accessible through a website maintained by the ~~secretary of~~ state information technology department.
 - b. An individual who is the subject of a health care record, or that individual's agent, may submit to the ~~secretary of~~ state information technology department for registration, using a registration form, a health care record executed in accordance with this chapter.
3. Failure to register a health care record with the ~~secretary of~~ state information technology department under this section does not affect the validity of the health care record. Failure to notify the ~~secretary of~~ state information technology department of the revocation of a health care record filed under this section does not affect the validity of a revocation that otherwise meets the statutory requirements for revocation.
4.
 - a. Upon receipt of a health care record and completed registration form, the ~~secretary of~~ state information technology department shall create a digital reproduction of the health care record, enter the reproduced health care record into the health care record registry database, and assign each registration a unique file number. The ~~secretary of~~ state information technology department is not required to review a health care record to ensure the health care record complies with any particular statutory requirements that may apply to the health care record.

- 2 of 3
- b. The ~~secretary of state~~ information technology department shall delete a health care record filed with the registry under this section upon receipt of a revocation of the health care record along with that document's file number.
 - c. The entry of a health care record under this section does not affect or otherwise create a presumption regarding the validity of the health care record or the accuracy of the information contained in the health care record.
5. a. The registry must be accessible by entering the file number and password on the internet website. Registration forms, file numbers, and other information maintained by the ~~secretary of state~~ information technology department under this section are confidential and the state may not disclose this information to any person other than the subject of the document, or the subject's agent. The ~~secretary of state~~ information technology department may not use information contained in the registry except as provided under this chapter.
- b. At the request of the subject of the health care record, or the subject's agent, the ~~secretary of state~~ information technology department may transmit the information received regarding the health care record to the registry system of another jurisdiction as identified by the requester.
- c. This section does not require a health care provider to seek to access registry information about whether a patient has executed a health care record that may be registered under this section. A health care provider who makes good-faith health care decisions in reliance on the provisions of an apparently genuine health care record received from the registry is immune from criminal and civil liability to the same extent and under the same conditions as prescribed in section 23-06.5-12. This section does not affect the duty of a health care provider to provide information to a patient regarding health care directives as may be required under federal law.
6. ~~The secretary of state may accept a gift, grant, donation, bequest, or other form of voluntary contribution to establish, support, promote, and maintain the registry. Any funds contributed under this subsection and any fees collected under this section must be deposited in the secretary of state's general services operating fund. The secretary of state shall~~ information technology department may charge and collect a reasonable fee for filing a health care record and a revocation of a health care record."

Page 4, after line 24, insert:

"**SECTION 5.** A new section to chapter 54-59 of the North Dakota Century Code is created and enacted as follows:

Health information exchange - Confidential records.

Any individually identifiable health information, as defined under the federal Health Insurance Portability and Accountability Act of 1996 [Pub. L. 104-191], submitted to, stored in, or transmitted by the health information exchange under chapter 54-59 and any such data or record in the possession of the health information technology office is confidential. Any other information relating to patients, individuals,

3 of 3

or individually identifiable demographic information contained in a master client index submitted to, stored in or transmitted by the health information exchange or in the possession of the health information technology office is an exempt record."

Page 5, line 10, replace "6" with "7"

Renumber accordingly

Date: 1-18-2011Roll Call Vote # 2

2011 SENATE STANDING COMMITTEE ROLL CALL VOTES

BILL/RESOLUTION NO. 2037Senate **HUMAN SERVICES**

Committee

☐ Check here for Conference CommitteeLegislative Council Amendment Number 11.0241.02001 Title 03000Action Taken: ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Adopt Amendment
☐ Rerefer to Appropriations ☐ ReconsiderMotion Made By Sen. Mathern Seconded By Sen. Berry

Senators	Yes	No	Senators	Yes	No
Sen. Judy Lee, Chairman	✓		Sen. Tim Mathern	✓	
Sen. Gerald Uglem, V. Chair	✓				
Sen. Dick Dever	✓				
Sen. Spencer Berry	✓				

Total (Yes) 5 No 0Absent 0Floor Assignment Sen. Mathern

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2037: Human Services Committee (Sen. J. Lee, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (5 YEAS, 0 NAYS, 0 ABSENT AND NOT VOTING). SB 2037 was placed on the Sixth order on the calendar.

Page 1, line 1, replace "a new section to chapter 44-04 and three" with "four"

Page 1, line 4, after "sections" insert "23-06.5-19,"

Page 1, line 4, after "54-59-25" insert a comma

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Page 5, line 10, replace "6" with "7"

Renumber accordingly

2011 HOUSE HUMAN SERVICES

SB 2037

2011 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

SB 2037
March 8, 2011
Job #15077

☐ Conference Committee

Committee Clerk Signature

Vicky Crabtree

Explanation or reason for introduction of bill/resolution:

Relating to the confidentiality of health information under the health information exchange and participation in the exchange; provide and penalty and effective date.

Minutes:

See Testimony #1

Chairman Weisz: Opened the hearing on SB 2037.

Sheldon Wolf: Director of Health Information Technology introduced the bill. (See Testimony #1.)

Chairman Weisz: The electronic medical records have a long ways to go yet.

Sheldon: Our biggest issue in the state is to get providers to have the electronic records and that is why we have in our appropriations bill another \$5 million for loans to help those guys.

Rep. Porter: Page 7, section 8, we won't be ready to have a certified health record system until 2015? Is that how I am reading that?

Sheldon: We put that date way out there so it allowed providers that did not have it until then to do it. That is when meaningful use starts penalizing providers and they don't need to do it until that point. It was to give them flexibility to let them go out there and use what they have to start with and grow into having a certified system.

Rep. Porter: Then that date corresponds with the federal date for the actual mandate?

Sheldon: There is over 300 systems that are certified already. That is just for the provider's flexibility. The vendors are scrambling to get it done so we are trying to give as much leeway as we can. We may ask them to move that date further back next session if we see they are having trouble making it by 2015.

Chairman Weisz: That is the day they will get penalized if they aren't ready?

Sheldon: Correct.

Rep. Hofstad: Is there some coordination between various providers?

Sheldon: What the federal government is working on is standards to be able to share that information. HL7 is one they talk about in the standards. You have said we need to build some standards for prior authorizations in 1422. But, they are working on those standards to share information back and forth. And the HIE when we look at it and put out RRFB is looking for components to be able to translate some of that to talk to different vendors. You aren't going to get to just one vendor to provide services to everybody in the state because of the different needs. There is a lot of work to be done in this area yet. Vocabulary is a big one. What I mean by vocabulary is what a code means for things like that and labs is a big one where everyone has a different definition for test.

Rep. Holman: What systems do you have in place? You will be constantly tweaking this. Are you going to keep this committee together, or add to it, or develop a new one to keep this process of evaluation going?

Sheldon: We decided to keep the hi-tech group in place in going forward. Not saying it won't change down the road. As we build this infrastructure, it is something that we will see out there. I think it is key that we have a very diverse group of stake holders like we do now making sure we are watching for everybody in the state.

Rep. Hofstad: Speak to me about financial obligation and burden of the providers as we go down this road. What kind of impact will it have on our small local community hospitals and the other providers?

Sheldon: It is a big burden on them. You are talking like a critical access hospital anywhere from \$800,000 - \$1,000,000 to put in a certified system. When you look at a St. A's or Trinity, you are talking \$10 - \$20 million to put in a certified system. On the other side of that the federal government has the incentive program where they can get money back if they do put in a certified system and meaningful use that system. It is based on payer mix; you know the reimbursement and the meaningful use is based on how much Medicare and Medicaid they have. To answer your question specifically about a provider, I can't. First, do they put in a system? Second, do they use it meaningfully? And third, what their payer mix is to see what their overall outcome is with that.

Rep. Hofstad: I've heard talk about that incentive system. Are we in position to take advantage of that or are we taking advantage of?

Sheldon: We are trying to help every provider as much as we can to do that. The loan program was one of the deals that did to be able to get them out there. There is the Reach Program that is out there. It is the regional extension center. It is actually run in Minnesota and ND together. They go out and do outreach to providers and critical access hospitals to help them with changed management and implement this system. There is also Lake Region State College has a program where they train people in this area. They have several 6 month certificate programs that they do to help with that.

Rep. Damschen: The director and advisory committee are authorized to establish policies and procedures. Are those policies and procedures subject to review by anyone else before they come into effect?

Sheldon: We haven't got to the point of developing them yet. If they were administrative code then they would be.

Al Jager: Secretary of State testified in support of the bill. Here to bless Section 1. The advanced health care directive, what that is, is you can go on record as to what your wishes may be as you may end up in end of life type situation. The reason the Secretary of State Office became involved in this is because about 3 or 3 ½ years ago there was advanced health care directives in the Secretary of State Offices in Arizona and North Carolina. Last session a bill was put together and everything in section 1 that refers to everything was approved except for one thing. We weren't given any funding to establish the program. We were to go out and secure funding and none of that happened. We were prepared this session to ask for money to implement it. The whole program they are working on is ideal for the advanced health care directive. It doesn't add cost. We had an estimate of about \$100,000. This is a project that is much more than that. This will work in exceedingly well. It is really a blessing. From our standpoint if you look at the bill all they had to do is go in and remove Secretary of State and insert Information Technology Department. All of ground work for advanced directive was there. We think it is a great win for the people of ND. It demonstrates there is a need out there. If a snowbird is in Arizona and something happens the system was designed to be 24/7 with a pin number they could access and find out what those decisions were as far as end of life. We encourage that the bill be adopted.

Chairman Weisz: I remember those discussions quite well last session. I'm glad it has worked out now.

Al: We managed to save it and the only way we could save it was with the idea we would go and get money, but we saved the concept and now the concept can be used and it is fantastic.

NO OPPOSITION

Chairman Weisz: Closed the hearing on SB 2037.

2011 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee
Fort Union Room, State Capitol

SB 2037
March 14, 2011
Job #15411

☐ Conference Committee

Committee Clerk Signature

Vicky Crabtree

Minutes:

See Attachment #1

Chairman Weisz: Let's look at 2037. You should all have a set of amendments in front of you.

Rep. Devlin: I think Sheldon has some amendments also.

Chairman Weisz: We won't kick the bill out, but we can look at the amendments and adopt them if you want.

Rep. Devlin: Part of our concern was that there was nobody from the House of Representatives on this committee. The chairman of the Senate Human Service Committee is on there, but no one from the House. The other concern was the bill as coming in, essentially said they could write their own policies and maybe promote rules. The intent of this amendment is to make sure that the chairman of each chamber of the Human Service Committee are on this committee and if one is unwilling or unable to serve then the chairman of Legislative Management shall appoint somebody else from the same chamber. That is similar language that we use elsewhere. The part on page 4, line 24 is essentially putting them under the Administrative Rules process completely so there is no question that there is legislative oversight on that and that is what the rest of the amendments do.

Chairman Weisz: Rep. Devlin do you want to make a motion?

Rep. Devlin: I would move these amendments.

Rep. Porter: Second.

Voice Vote: Motion Carried and amendments adopted.

Chairman Weisz: We won't take the bill up because Mr. Wolf is working on something yet and he wanted me to sit on the bill as long as I could. This way he can take a look at the amendments we adopted so if they have any objection they can raise them.

2011 HOUSE STANDING COMMITTEE MINUTES

House Human Services Committee Fort Union Room, State Capitol

SB 2037
March 22, 2011
Job #15786

☐ Conference Committee

Committee Clerk Signature

Vicky Crabtree

Minutes:

See attachments #1 - 2

Chairman Weisz: Took up SB 2037 and handed out 2 amendments. The amendment LC proposed (See Attachment #1) The short one page 3, line 20 and page 5, line 26 that was offered by IT during the hearing. And the longer amendment is Sheldon Wolf's. (See Attachment #2) I'll have Sheldon come up and explain it.

Sheldon Wolf: The Health Dept. ITD Director for the State of ND. The reason we give you this other amendment is that we have been having discussions with other states about building to help information exchange for a couple of different reasons. One, cost is an issue with these things so we are looking at being able to spread the cost. And two, we have a lot of providers that go back and forth between ND, SD and MN. It would make it easier for them if we did this in a partnership. The third thing is some of the funding that we have is directed for interstate exchange.

Rep. Porter: I wasn't here for a lot of that. An explanation on the other one would be helpful too.

Sheldon: The first one just after the governor and the state health officer out that is the piece where they identify to the governor who should be on the committee. I wasn't here, but originally my position in the high tech group was going to be in the Dept. of Health and then got moved down to ITD. It is really under Lisa's guidance. We recommend taking that piece out of there. The second one we added state agencies. It just clean up language.

Rep. Kilichowski: I move to adopt both amendments.

Rep. Porter: Second.

Voice Vote: Motion Carried

Rep. Kilichowski: I move a Do Pass as amended.

Rep. Anderson: Second.

VOTE: 11 y 0 n 2 absent – Rep. Devlin and Conklin

House Human Services Committee
SB 2037
March 22, 2011
Page 2

Bill Carrier: Rep. Kilichowski

#1

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2037

Page 3, line 20, after the comma insert "the chairman of the house human services committee and the chairman of the senate human services committee or if either or both of them are unwilling or unable to serve then the chairman of the legislative management shall appoint a replacement who is a member of the same legislative chamber as the individual being replaced."

Page 4, line 24, replace "Establish policies and adopt" with "Adopt"

Page 4, line 24, replace "and standards" with "under chapter 28-32"

Page 4, line 25, replace "and establish requirements for the" with an underscored comma

Page 4, line 27, replace "Establish minimum standards" with "Adopt rules under chapter 28-32"

Page 4, line 28, remove "adopt rules"

Renumber accordingly

Date:

Roll Call Vote #

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2037

House HUMAN SERVICES

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By

Seconded By

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ			REP. CONKLIN		
VICE-CHAIR PIETSCH			REP. HOLMAN		
REP. ANDERSON			REP. KILICHOWSKI		
REP. DAMSCHEN					
REP. DEVLIN					
REP. HOFSTAD					
REP. LOUSER					
REP. PAUR					
REP. PORTER					
REP. SCHMIDT					

	Yes	No
Total	_____	_____

Absent

Floor Assignment

If the vote is on an amendment, briefly indicate intent:

Motion Carried

PROPOSED AMENDMENTS TO SENATE BILL NO. 2037

Page 3, line 20, after "governor" remove "and the state health officer"

Page 5, line 26, after "providers" insert "and state agencies"

Renumber accordingly

#2

ITD HIE authority for multistate health information exchange

PROPOSED AMENDMENT TO SENATE BILL NO. 2037

Page 5, after line 28 insert:

3. The health information technology office director, in collaboration with the health information technology advisory committee, may join with another state or states to establish, implement, and administer a health information exchange consistent with other provisions of this chapter, if the health information technology advisory committee determines that establishing a health information exchange with another state or states will assist in providing health information exchange services in a cost-effective manner.

Renumber accordingly

Date: 3-22-11
Roll Call Vote # 1

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2037

House HUMAN SERVICES

Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☐ Do Pass ☐ Do Not Pass ☐ Amended ☒ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider

Motion Made By Rep. Kilichowski Seconded By Rep. Porter

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ			REP. CONKLIN		
VICE-CHAIR PIETSCH			REP. HOLMAN		
REP. ANDERSON			REP. KILICHOWSKI		
REP. DAMSCHEN					
REP. DEVLIN					
REP. HOFSTAD					
REP. LOUSER					
REP. PAUR					
REP. PORTER					
REP. SCHMIDT					

Total (Yes) _____ No _____

Absent _____

Floor Assignment _____

If the vote is on an amendment, briefly indicate intent:

Voice Vote
Motion
Carried
adopt Both
amendments

March 22, 2011

V/K
3/22/11

PROPOSED AMENDMENTS TO ENGROSSED SENATE BILL NO. 2037

Page 3, line 20, after the comma insert "the chairman of the house human services committee and the chairman of the senate human services committee or if either or both of them are unwilling or unable to serve then the chairman of the legislative management shall appoint a replacement who is a member of the same legislative chamber as the individual being replaced."

Page 3, line 20, overstrike "and the state health officer"

Page 4, line 24, replace "Establish policies and adopt" with "Adopt"

Page 4, line 24, replace "and standards" with "under chapter 28-32"

Page 4, line 25, replace "and establish requirements for the" with an underscored comma

Page 4, line 26, after "exchange" insert an underscored comma

Page 4, line 27, replace "Establish minimum standards" with "Adopt rules under chapter 28-32"

Page 4, line 28, remove "adopt rules"

Page 5, line 26, after "providers" insert "and state agencies"

Page 5, after line 28, insert:

"3. If the health information technology advisory committee determines that establishing a health information exchange with another state or states will assist in providing health information exchange services in a cost-effective manner, the health information technology office director, in collaboration with the health information technology advisory committee, may join with another state or states to establish, implement, and administer a health information exchange consistent with other provisions of this chapter."

Renumber accordingly

Date: 3-22-11
Roll Call Vote # 2

2011 HOUSE STANDING COMMITTEE ROLL CALL VOTES
BILL/RESOLUTION NO. 2037

House HUMAN SERVICES Committee

☐ Check here for Conference Committee

Legislative Council Amendment Number _____

Action Taken: ☒ Do Pass ☐ Do Not Pass ☒ Amended ☐ Adopt Amendment

☐ Rerefer to Appropriations ☐ Reconsider _____

Motion Made By Rep. Kilichowski Seconded By Rep. Anderson

Representatives	Yes	No	Representatives	Yes	No
CHAIRMAN WEISZ	✓		REP. CONKLIN	✓	
VICE-CHAIR PIETSCH	✓		REP. HOLMAN	✓	
REP. ANDERSON	✓		REP. KILICHOWSKI	✓	
REP. DAMSCHEN	✓				
REP. DEVLIN	A				
REP. HOFSTAD	✓				
REP. LOUSER	✓				
REP. PAUR	✓				
REP. PORTER	✓				
REP. SCHMIDT	✓				

Total (Yes) 11 No 0

Absent 2

Floor Assignment Rep. Kilichowski

If the vote is on an amendment, briefly indicate intent:

REPORT OF STANDING COMMITTEE

SB 2037, as engrossed: Human Services Committee (Rep. Weisz, Chairman) recommends **AMENDMENTS AS FOLLOWS** and when so amended, recommends **DO PASS** (11 YEAS, 0 NAYS, 2 ABSENT AND NOT VOTING). Engrossed SB 2037 was placed on the Sixth order on the calendar.

Page 3, line 20, after the comma insert "the chairman of the house human services committee and the chairman of the senate human services committee or if either or both of them are unwilling or unable to serve then the chairman of the legislative management shall appoint a replacement who is a member of the same legislative chamber as the individual being replaced."

Page 3, line 20, overstrike "and the state health officer"

Page 4, line 24, replace "Establish policies and adopt" with "Adopt"

Page 4, line 24, replace "and standards" with "under chapter 28-32"

Page 4, line 25, replace "and establish requirements for the" with an underscored comma

Page 4, line 26, after "exchange" insert an underscored comma

Page 4, line 27, replace "Establish minimum standards" with "Adopt rules under chapter 28-32"

Page 4, line 28, remove "adopt rules"

Page 5, line 26, after "providers" insert "and state agencies"

Page 5, after line 28, insert:

"3. If the health information technology advisory committee determines that establishing a health information exchange with another state or states will assist in providing health information exchange services in a cost-effective manner, the health information technology office director, in collaboration with the health information technology advisory committee, may join with another state or states to establish, implement, and administer a health information exchange consistent with other provisions of this chapter."

Renumber accordingly

2011 TESTIMONY

SB 2037

1

**TESTIMONY BEFORE HUMAN SERVICES COMMITTEE
SENATE BILL 2037
JANUARY 18, 2011**

Madam Chairperson, members of the committee, I am Sheldon Wolf, the ND Health Information Technology Director. I am here today to provide support and to propose an amendment for Senate Bill 2037 on behalf of the Health information Technology Office and the Health Information Technology (HIT) Advisory Committee.

Senate Bill 2037:

- Identifies that information in the health information exchange (HIE) is confidential (Section 1)
- Allows the HIT Advisory Committee to accept contributions, gifts and grants to carryout it purposes (Section 2 #5)
- Authorizes the director, in collaboration with the HIT Advisory Committee to:
 - implement and administer an HIE (Section 3 #2.b)
 - establish policies and procedures to use and participate in the HIE (Section 3 #2.c)
 - establish minimum standards for accessing the HIE to ensure appropriate and required privacy and security protections and adopt rules relating to the authority of the director regarding participation in the HIE (Section 3 #2.d)
 - determine fees and charges for access and participation in the HIE. (Section #3.i)

- work with the Department of Human Services and the Department of Health on health care related data collection to comply with applicable state and federal laws (Section #3.j)
- Outline participation requirements for executive branch state agencies and institutions of higher education in the HIE (Section #4 & #6)
- Provides immunity for providers that relies in good faith upon information that they obtain through the HIE (Section 5)

Additionally, since this bill has been drafted, reviewed and approved by the interim Information Technology Committee, additional changes have been identified. Therefore, I would like to propose a couple of amendments to this bill for Committee consideration.

The first amendment would move the health care advance directive registry created by the 2009 Legislative Session, Senate Bill 2237 from the Secretary of State's Office to the Information Technology Division. Since that bill was passed, the Center for Medicare and Medicaid Services (CMS) has developed and issued regulations regarding the meaningful use of electronic health records. Healthcare Advance Directives are included in this initiative. Consequently, as part of the Health Information Exchange (HIE), we plan to incorporate the Healthcare Advance Directives into the exchange and have requested vendors to include a solution with their response to the HIE request for proposals.

Number 6 of the proposed amendment eliminates the language relating to accepting gifts, grants, donations etc. as this is already included on page 2, line 1 through 13 of Senate Bill 2037.

The second amendment removes the information on page one, line 8 through 14 and replaces it with a new section 5. Essentially, this removes the confidentiality of patient information section from Chapter 44-04 and places it in Chapter 54-59. It also adds language that indicates that information relating to “patients, individuals, or individually identifiable demographic information...” is exempt from open records requests.

This is not meant to exclude the HIE operational data, such as meeting minutes, financial data, vendor contracts etc. from the open record law, but only that data that pertains to an individual healthcare record.

Thank you for the opportunity to appear before you today and considering the proposed amendments. I would be happy to address any questions.



North Dakota Health Information Technology

Quality Healthcare for all North Dakotans - Anywhere, Anytime

MISSION

Advance the adoption and use of technology to exchange health information and improve healthcare quality, patient safety and overall efficiency of healthcare and public health services in North Dakota.

VISION

Quality Healthcare for all North Dakotans - Anywhere, Anytime.

Website www.healthit.nd.gov

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Health Information Technology Director ~

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Legislative Liaison ~

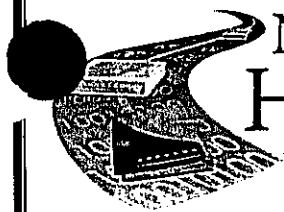
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Senator Conrad's Office

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Representing federal government interests



North Dakota Health Information Technology

Quality Healthcare for all North Dakotans - Anywhere, Anytime

In a nut shell.....



What is happening on a National level?

Established in 2004, the **Office of the National Coordinator for HIT (ONC)** is the principal Federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information to improve health care. ONC is located within the U.S. Department of Health and Human Services (HHS). <http://healthit.hhs.gov>

The Health Information Technology for Economic and Clinical Health (HITECH) Act 2009

seeks to improve American health care delivery and patient care through an unprecedented investment in health information technology. The provisions specifically designed to work together to provide the necessary assistance and technical support to providers, enable coordination and alignment within and among states, establish connectivity to the public health community in case of emergencies, and assure the workforce is properly trained and equipped to be meaningful users of EHRs. Combined these programs build the foundation for every American to benefit from an electronic health record, as part of a modernized, interconnected, and vastly improved system of care delivery.

Medicare and Medicaid Incentives 2009 American Recovery and Reinvestment Act (ARRA) - HITECH ACT

- Beginning 2011 – Hospitals and providers will be eligible for enhanced reimbursement from Medicare/Medicaid for the 'meaningful use' of an EHR
- Beginning 2015 - Hospitals and providers will be penalized by Medicare if they are not using an EHR in a meaningful way

Additional Information: <http://www.cms.gov/EHRIncentivePrograms/>

What is happening in North Dakota...

to coordinate local, state, regional and national efforts?

- The ND HIT Advisory Committee (HITAC) was established. This is a Governor appointed (23 member) committee representing a broad range of public and private stakeholders which has decision making authority and will provide direction to the State HIT Director.

Member List - <http://www.healthit.nd.gov/members/>

- Established the ND HIT Office within the Information Technology Department (ITD) and hired the HIT Director.

ND HIT website: <http://www.healthit.nd.gov/>

What is happening in North Dakota...

to support ND entities implement electronic health records (EHR)?

- Assistance with upfront costs - The **State HIT Planning Loan Program** was established (\$5 million-funded with state appropriated funds).
- Technical assistance for implementation - **Regional Extension Assistance Center on health information technology (REACH)** – The North Dakota Healthcare Review and the Center for Rural Health will work in partnership, with Key Health Alliance in Minnesota, to provide technical assistance, guidance and information on best practices to support and accelerate health care providers' efforts to become meaningful users of Electronic Health Records (EHRs) - (funded by ONC).
- HIT workforce - Lake Region State College is a 'member' community college in ND in a 10 state (ND, SD, MT, WY, CO, UT, ID, OR, WA, AK) **Community College Consortia** that provides intensive, non-degree health IT training programs that can be completed in six months - (funded by ONC).

to support the exchange of health information electronically along the continuum of care?

- The ND HIT Advisory Committee (HITAC) has submitted the strategic and operation plans for a **statewide health information exchange (HIE)** and the plans are being reviewed by the ONC (\$5.4 million funded by ONC). A workgroup is currently working on a request for proposals for the Health Information Exchange.

If you are interested in receiving up to date communication about the statewide HIT/HIE efforts, please contact: Sheldon Wolf, ND HIT Director

Email: shwolf@nd.gov

Phone: 701-328-1991

Health Information Technology Definitions

- **Electronic medical record:** An electronic record of health-related information on an individual that can be created, gathered, managed, and consulted by authorized clinicians and staff within one health care organization.
- **Electronic health record:** An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff across more than one health care organization.
- **Personal health record:** An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be drawn from multiple sources while being managed, shared, and controlled by the individual.
- **Health information exchange:** The electronic movement of health-related information among organizations according to nationally recognized standards.
- **Telehealth/Telemedicine:** The use of telecommunications and information technology to deliver health services and transmit health information over distance.

PROPOSED AMENDMENTS TO SENATE BILL 2037

Page 1, line 1, remove "a new section to chapter 44-04" and replace "three with "four"

Pages 1, line 4, after "exchange;" insert "to amend and reenact section 23-06.5-19 of the North Dakota Century Code, relating to registration of advanced health care directives;"

Page 1, remove lines 8 through 14

Page 1, after line 7, insert:

SECTION 1. Section 23-06.5-19 of the North Dakota Century Code is amended and reenacted as follows:

23-06.5-19. Health care record registry - Fees.

1. As used in this section:
 - a. "Health care record" means a health care directive or a revocation of a health care directive executed in accordance with this chapter.
 - b. "Registration form" means a form prescribed by the secretary of state information technology department to facilitate the filing of a health care record.
2.
 - a. The secretary of state information technology department may establish and maintain a health care record registry, through which a health care record may be filed. The registry must be accessible through a website maintained by the secretary of state information technology department.
 - b. An individual who is the subject of a health care record, or that individual's agent, may submit to the secretary of state information technology department for registration, using a registration form, a health care record executed in accordance with this chapter.
3. Failure to register a health care record with the secretary of state information technology department under this section does not affect the validity of the health care record. Failure to notify the secretary of state information technology department of the revocation of a health care record filed under this section does not affect the validity of a revocation that otherwise meets the statutory requirements for revocation.
4.
 - a. Upon receipt of a health care record and completed registration form, the secretary of state information technology department shall create a digital reproduction of the health care record, enter the reproduced health care record into the health care record registry database, and assign each registration a unique file number. The secretary of state information technology department is not required to review a health care record to ensure the health care record

- complies with any particular statutory requirements that may apply to the health care record.
- b. ~~The secretary of state~~ information technology department shall delete a health care record filed with the registry under this section upon receipt of a revocation of the health care record along with that document's file number.
 - c. The entry of a health care record under this section does not affect or otherwise create a presumption regarding the validity of the health care record or the accuracy of the information contained in the health care record.
- 5.
- a. The registry must be accessible by entering the file number and password on the internet website. Registration forms, file numbers, and other information maintained by the ~~secretary of state~~ information technology department under this section are confidential and the state may not disclose this information to any person other than the subject of the document, or the subject's agent. The ~~secretary of state~~ information technology department may not use information contained in the registry except as provided under this chapter.
 - b. At the request of the subject of the health care record, or the subject's agent, the ~~secretary of state~~ information technology department may transmit the information received regarding the health care record to the registry system of another jurisdiction as identified by the requester.
 - c. This section does not require a health care provider to seek to access registry information about whether a patient has executed a health care record that may be registered under this section. A health care provider who makes good-faith health care decisions in reliance on the provisions of an apparently genuine health care record received from the registry is immune from criminal and civil liability to the same extent and under the same conditions as prescribed in section 23-06.5-12. This section does not affect the duty of a health care provider to provide information to a patient regarding health care directives as may be required under federal law.
6. ~~The secretary of state may accept a gift, grant, donation, bequest, or other form of voluntary contribution to establish, support, promote, and maintain the registry. Any funds contributed under this subsection and any fees collected under this section must be deposited in the secretary of state's general services operating fund. The secretary of state~~ information technology department shall may charge and collect a reasonable fee for filing a health care record and a revocation of a health care record.

SECTION 5. A new section to chapter 54-59 of the North Dakota Century Code is created and enacted as follows:

Health information exchange - Confidential records.

Any individually identifiable health information, as defined under the federal Health Insurance Portability and Accountability Act of 1996 [Pub. L. 104-191], submitted to, stored in, or transmitted by the health information exchange under chapter 54 - 59 and any such data or record in the possession of the health information technology office is confidential. Any other information relating to patients, individuals, or individually identifiable demographic information contained in a master client index submitted to, stored in or transmitted by the health information exchange or in the possession of the health information technology office is an exempt record.

Renumber accordingly

#1

TESTIMONY BEFORE HUMAN SERVICES COMMITTEE
SENATE BILL 2037
March 8, 2011

Mr. Chairman, members of the committee, I am Sheldon Wolf, the ND Health Information Technology Director. I am here today to provide support for Senate Bill 2037 on behalf of the Health information Technology Office and the Health Information Technology (HIT) Advisory Committee.

Senate Bill 2037:

- Section 1 moves the health care advance directive registry created by the 2009 Legislative Session, Senate Bill 2237 from the Secretary of State's Office to the Information Technology Division. Since that bill was passed, the Center for Medicare and Medicaid Services (CMS) has developed and issued regulations regarding the meaningful use of electronic health records. Healthcare Advance Directives are included in this initiative. Consequently, as part of the Health Information Exchange (HIE), we plan to incorporate the Healthcare Advance Directives into the exchange and have requested vendors to include a solution with their response to the HIE request for proposals.
- Allows the HIT Advisory Committee to accept contributions, gifts and grants to carryout it purposes (Section 2 #5)
- Authorizes the director, in collaboration with the HIT Advisory Committee to:
 - implement and administer an HIE (Section 3 #2.b)
 - establish policies and procedures to use and participate in the HIE (Section 3 #2.c)
 - establish minimum standards for accessing the HIE to ensure appropriate and required privacy and security protections and adopt rules relating to the authority of the director regarding participation in the HIE (Section 3 #2.d)

- determine fees and charges for access and participation in the HIE. (Section #3.i)
- work with the Department of Human Services and the Department of Health on health care related data collection to comply with applicable state and federal laws (Section #3.j)
- Outline participation requirements for executive branch state agencies and institutions of higher education in the HIE (Section #4 & #7). For example, this would allow the Health Department and the HIE to utilize vital records information.
- Identifies that information in the health information exchange (HIE) is confidential (Section 5) and indicates that information relating to “patients, individuals, or individually identifiable demographic information...” is exempt from open records requests. This is not meant to exclude the HIE operational data, such as meeting minutes, financial data, vendor contracts etc. from the open record law, but only that data that pertains to an individual healthcare record
- Provides immunity for providers that relies in good faith upon information that they obtain through the HIE (Section 6)

Finally, we would like to propose two amendments. The first removes the words “and the state health officer” as the Health Information Technology Advisory Committee is actually located in, and under the direction of the Information Technology Department. The second adds “and state agencies” to indicate that we intent to work with both providers and state agencies to collect health information.

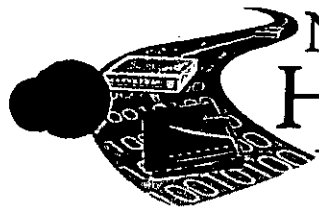
Thank you for the opportunity to appear before you today. I would be happy to address any questions.

PROPOSED AMENDMENTS TO SENATE BILL NO. 2037

Page 3, line 20, after "governor" remove "and the state health officer"

Page 5, line 26, after "providers" insert "and state agencies"

Renumber accordingly



North Dakota Health Information Technology

Quality Healthcare for all North Dakotans - Anywhere, Anytime

MISSION

Advance the adoption and use of technology to exchange health information and improve healthcare quality, patient safety and overall efficiency of healthcare and public health services in North Dakota.

VISION

Quality Healthcare for all North Dakotans - Anywhere, Anytime.

Website www.healthit.nd.gov

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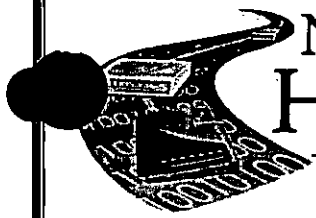
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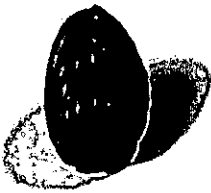
Representing federal government interests



North Dakota Health Information Technology

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In a nut shell.....



What is happening on a National level?

Established in 2004, the **Office of the National Coordinator for HIT (ONC)** is the principal Federal entity charged with coordination of nationwide efforts to implement and use the most advanced health information technology and the electronic exchange of health information to improve health care. ONC is located within the U.S. Department of Health and Human Services (HHS). <http://healthit.hhs.gov>

The Health Information Technology for Economic and Clinical Health (HITECH) Act 2009

seeks to improve American health care delivery and patient care through an unprecedented investment in health information technology. The provisions specifically designed to work together to provide the necessary assistance and technical support to providers, enable coordination and alignment within and among states, establish connectivity to the public health community in case of emergencies, and assure the workforce is properly trained and equipped to be meaningful users of EHRs. Combined these programs build the foundation for every American to benefit from an electronic health record, as part of a modernized, interconnected, and vastly improved system of care delivery.

Medicare and Medicaid Incentives 2009 American Recovery and Reinvestment Act (ARRA) - HITECH ACT

- Beginning 2011 – Hospitals and providers will be eligible for enhanced reimbursement from Medicare/Medicaid for the 'meaningful use' of an HER
- Beginning 2015 - Hospitals and providers will be penalized by Medicare if they are not using an EHR in a meaningful way

Additional Information: http://www.cms.gov/Recovery/11_HealthIT.asp

What is happening in North Dakota...

to coordinate local, state, regional and national efforts?

- The ND HIT Advisory Committee (HITAC) was established. This is a Governor appointed (23 member) committee representing a broad range of public and private stakeholders which has decision making authority and will provide direction to the State HIT Director.
Member List - http://ruralhealth.und.edu/projects/sorh/pdf/hit_advisory_committee_list.pdf
- Established the ND HIT Office within the Information Technology Department (ITD) and hired the HIT Director.
ND HIT website: <http://ruralhealth.und.edu/projects/sorh/hit.php>

What is happening in North Dakota...

to support ND entities implement electronic health records (EHR)?

- Assistance with upfront costs - The State HIT Planning Loan Program was established (\$5 million-funded with state appropriated funds).
- Technical assistance for implementation - **Regional Extension Assistance Center on health information technology (REACH)** – The North Dakota Healthcare Review and the Center for Rural Health will work in partnership, will Key Health Alliance in Minnesota, to provide technical assistance, guidance and information on best practices to support and accelerate health care providers' efforts to become meaningful users of Electronic Health Records (EHRs) - (funded by ONC).
- HIT workforce - Lake Region State College will be the 'member' community college in ND in a 10 state (ND, SD, MT, WY, CO, UT, ID, OR, WA, AK) **Community College Consortia** that will establish intensive, non-degree health IT training programs that can be completed in six months - (funded by ONC).

to support the exchange of health information electronically along the continuum of care?

- The ND HIT Advisory Committee (HITAC) is currently engaging stakeholders to inform the development of strategic and operation plans for a **statewide health information exchange (HIE)** by September, 2010 (\$5.4 million funded by ONC).

If you are interested in receiving up to date communication about the statewide HIT/HIE efforts, please contact: Sheldon Wolf, ND HIT Director

Email: shwolf@nd.gov

Phone: 701-328-1991

Health Information Technology Definitions

- **Electronic medical record:** An electronic record of health-related information on an individual that can be created, gathered, managed, and consulted by authorized clinicians and staff within one health care organization.
- **Electronic health record:** An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be created, managed, and consulted by authorized clinicians and staff across more than one health care organization.
- **Personal health record:** An electronic record of health-related information on an individual that conforms to nationally recognized interoperability standards and that can be drawn from multiple sources while being managed, shared, and controlled by the individual.
- **Health information exchange:** The electronic movement of health-related information among organizations according to nationally recognized standards.
- **Telehealth/Telemedicine:** The use of telecommunications and information technology to deliver health services and transmit health information over distance.

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Renumber accordingly

#2

ITD HIE authority for multistate health information exchange

PROPOSED AMENDMENT TO SENATE BILL NO. 2037

Page 5, after line 28 insert:

3. The health information technology office director, in collaboration with the health information technology advisory committee, may join with another state or states to establish, implement, and administer a health information exchange consistent with other provisions of this chapter, if the health information technology advisory committee determines that establishing a health information exchange with another state or states will assist in providing health information exchange services in a cost-effective manner.

Renumber accordingly