



**Substitute House Bill No. 6678**

**Public Act No. 09-232**

**AN ACT CONCERNING REVISIONS TO DEPARTMENT OF PUBLIC HEALTH LICENSING STATUTES.**

Be it enacted by the Senate and House of Representatives in General Assembly convened:

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Sec. 74. (*Effective from passage*) On or before July 1, 2009, the Department of Public Health shall submit, in accordance with the provisions of section 11-4a of the general statutes, to the joint standing committee of the General Assembly having cognizance of matters relating to public health, the state-wide health information technology plan developed pursuant to section 19a-25d of the general statutes, as amended by this act.

Sec. 75. (NEW) (*Effective from passage*) (a) On and after July 1, 2009, the Department of Public Health shall be the lead health information exchange organization for the state. The department shall seek private and federal funds, including funds made available pursuant to the federal American Recovery and Reinvestment Act of 2009, for the initial development of a state-wide health information exchange. Any private or federal funds received by the department may be used for the purpose of establishing health information technology pilot programs and the grant programs described in section 77 of this act.

(b) The department shall: (1) Facilitate the implementation and periodic revisions of the health information technology plan after the plan is initially submitted in accordance with the provisions of section 74 of this act, including the implementation of an integrated state-wide electronic health information infrastructure for the sharing of electronic health information among health care facilities, health care professionals, public and private payors and patients, and (2) develop standards and protocols for privacy in the sharing of electronic health information. Such standards and protocols shall be no less stringent than the "Standards for Privacy of Individually Identifiable

Health Information" established under the Health Insurance Portability and Accountability Act of 1996, P. L. 104-191, as amended from time to time, and contained in 45 CFR 160, 164. Such standards and protocols shall require that individually identifiable health information be secure and that access to such information be traceable by an electronic audit trail.

Sec. 76. (NEW) (*Effective from passage*) (a) There is established a health information technology and exchange advisory committee. The committee shall consist of twelve members as follows: The Lieutenant Governor; three appointed by the Governor, one of whom shall be a representative of a medical research organization, one of whom shall be an insurer or representative of a health plan, and one of whom shall be an attorney with background and experience in the field of privacy, health data security or patient rights; two appointed by the president pro tempore of the Senate, one of whom shall have background and experience with a private sector health information exchange or health information technology entity, and one of whom shall have expertise in public health; two appointed by the speaker of the House of Representatives, one of whom shall be a representative of hospitals, an integrated delivery network or a hospital association, and one of whom shall have expertise with federally qualified health centers; one appointed by the majority leader of the Senate, who shall be a primary care physician whose practice utilizes electronic health records; one appointed by the majority leader of the House of Representatives, who shall be a consumer or consumer advocate; one appointed by the minority leader of the Senate, who shall have background and experience as a pharmacist or other health care provider that utilizes electronic health information exchange; and one appointed by the minority leader of the House of Representatives, who shall be a large employer or a representative of a business group. The Commissioners of Public Health, Social Services, Consumer Protection and the Office of Health Care Access, the Chief Information Officer, the Secretary of the Office of Policy and Management and the Healthcare Advocate, or their designees, shall be ex-officio, nonvoting members of the committee.

(b) All initial appointments to the committee shall be made on or before October 1, 2009. The initial term for the committee members appointed by the Governor shall be for four years. The initial term for committee members appointed by the speaker of the House of Representatives and the majority leader of the House of Representatives shall be for three years. The initial term for committee members appointed by the minority leader of the House of Representatives and the minority leader of the Senate shall be for two years. The initial term for the committee members appointed by the president pro tempore of the Senate and the majority leader of the Senate shall be for one year. Terms shall expire on September thirtieth in accordance with the provisions of this subsection. Any vacancy shall be filled by the appointing authority for the balance of the unexpired term. Other than an initial term, a committee member shall serve for a term of four years. No committee member, including initial committee member may serve for more

than two terms. Any member of the committee may be removed by the appropriate appointing authority for misfeasance, malfeasance or wilful neglect of duty.

(c) The committee shall select a chairperson from its membership and the chairperson shall schedule the first meeting of the committee, which shall be held no later than November 1, 2009.

(d) Any member appointed to the committee who fails to attend three consecutive meetings or who fails to attend fifty per cent of all meetings held during any calendar year shall be deemed to have resigned from the committee.

(e) Notwithstanding any provision of the general statutes, it shall not constitute a conflict of interest for a trustee, director, partner, officer, stockholder, proprietor, counsel or employee of any eligible institution, or for any other individual with a financial interest in an eligible institution, to serve as a member of the committee. All members shall be deemed public officials and shall adhere to the code of ethics for public officials set forth in chapter 10 of the general statutes. Members may participate in the affairs of the committee with respect to the review or consideration of grant-in-aid applications, including the approval or disapproval of such applications, except that no member shall participate in the affairs of the committee with respect to the review or consideration of any grant-in-aid application filed by such member or by an eligible institution in which such member has a financial interest, or with whom such member engages in any business, employment, transaction or professional activity.

(f) The health information technology and exchange advisory committee shall advise the Commissioner of Public Health regarding implementation of the health information technology plan. The committee shall develop, in consultation with the Commissioner of Public Health, (1) appropriate protocols for health information exchange, and (2) electronic data standards to facilitate the development of a state-wide, integrated electronic health information system, as defined in subsection (a) of section 19a-25d of the general statutes, as amended by this act, for use by health care providers and institutions that are funded by the state. Such electronic data standards shall (A) include provisions relating to security, privacy, data content, structures and format, vocabulary, and transmission protocols, with such privacy standards consistent with the requirements of section 75 of this act, (B) be compatible with any national data standards in order to allow for interstate interoperability, as defined in subsection (a) of section 19a-25d of the general statutes, as amended by this act, (C) permit the collection of health information in a standard electronic format, as defined in subsection (a) of section 19a-25d of the general statutes, as amended by this act, and (D) be compatible with the requirements for an electronic health information system, as defined in subsection (a) of section 19a-25d of the general statutes, as amended by this act.

(g) The health information technology and exchange advisory committee shall examine and identify specific ways to improve and promote health information exchange in the state, including, but not limited to, identifying both public and private funding sources for health information technology. On and after November 1, 2009, the Commissioner of Public Health shall submit any proposed application for private or federal funds that are to be used for the development of health information exchange to the committee. Not later than twenty days after the date the committee receives such proposed application for private or federal funds, the committee shall advise the commissioner, in writing, of any comments or recommended changes, if any, that the committee believes should be made to such application. Such comments and recommended changes shall be taken into consideration by the commissioner in making any decisions regarding the grants. In addition, the committee shall advise the commissioner regarding the development and implementation of a health information technology grant program which may, within available funds, provide grants-in-aid to eligible institutions for the advancement of health information exchange and health information technology in this state. The commissioner shall offer at least one member of the committee the opportunity to participate on any review panel constituted to effectuate the provisions of this subsection.

(h) The Department of Public Health shall, within available funds, provide administrative support to the committee and shall assist the committee in all tasks, including, but not limited to, (1) developing the application for the grants-in-aid authorized under subsection (g) of this section, (2) reviewing such applications, (3) preparing and executing any assistance agreements or other agreements in connection with the awarding of such grants-in-aid, and (4) performing such other administrative duties as the committee deems necessary. For purposes of this subsection, the Commissioner of Public Health may, within available funds, contract for administrative support for the committee pursuant to section 4a-7a of the general statutes.

(i) Not later than February 1, 2010, and annually thereafter until February 1, 2015, the Commissioner of Public Health and the health information technology and exchange advisory committee shall report, in accordance with section 11-4a of the general statutes, to the Governor and the General Assembly on (1) any private or federal funds received during the preceding quarter and, if applicable, how such funds were expended, (2) the amount of grants-in-aid awarded to eligible institutions, (3) the recipients of such grants-in-aid, and (4) the current status of health information exchange and health information technology in the state.

(j) For purposes of this section, "eligible institution" means a hospital, clinic, physician or other health care provider, laboratory or public health agency that utilizes health information exchange or health information technology.

Sec. 77. Section 19a-25d of the general statutes is repealed and the following is substituted in lieu thereof (*Effective from passage*):

(a) As used in this section:

(1) "Electronic health information system" means an information processing system, involving both computer hardware and software that deals with the storage, retrieval, sharing and use of health care information, data and knowledge for communication and decision making, and includes: (A) An electronic health record that provides access in real-time to a patient's complete medical record; (B) a personal health record through which an individual, and anyone authorized by such individual, can maintain and manage such individual's health information; (C) computerized order entry technology that permits a health care provider to order diagnostic and treatment services, including prescription drugs electronically; (D) electronic alerts and reminders to health care providers to improve compliance with best practices, promote regular screenings and other preventive practices, and facilitate diagnoses and treatments; (E) error notification procedures that generate a warning if an order is entered that is likely to lead to a significant adverse outcome for a patient; and (F) tools to allow for the collection, analysis and reporting of data on adverse events, near misses, the quality and efficiency of care, patient satisfaction and other healthcare-related performance measures.

(2) "Interoperability" means the ability of two or more systems or components to exchange information and to use the information that has been exchanged and includes: (A) The capacity to physically connect to a network for the purpose of exchanging data with other users; (B) the ability of a connected user to demonstrate appropriate permissions to participate in the instant transaction over the network; and (C) the capacity of a connected user with such permissions to access, transmit, receive and exchange usable information with other users.

(3) "Standard electronic format" means a format using open electronic standards that: (A) Enable health information technology to be used for the collection of clinically specific data; (B) promote the interoperability of health care information across health care settings, including reporting to local, state and federal agencies; and (C) facilitate clinical decision support.

(b) On or before November 30, 2007, the Department of Public Health, in consultation with the Office of Health Care Access and within available appropriations, shall contract, through a competitive bidding process, for the development of a state-wide health information technology plan. The entity awarded such contract shall be designated the lead health information exchange organization for the state of Connecticut for the period commencing December 1, 2007, and ending June 30, 2009. The state-wide health information technology plan shall include, but not be limited to:

(1) General standards and protocols for health information exchange.

(2) Electronic data standards to facilitate the development of a state-wide, integrated electronic health information system for use by health care providers and institutions that are funded by the state. Such electronic data standards shall (A) include provisions relating to security, privacy, data content, structures and format, vocabulary and transmission protocols, (B) be compatible with any national data standards in order to allow for interstate interoperability, (C) permit the collection of health information in a standard electronic format, and (D) be compatible with the requirements for an electronic health information system.

(3) Pilot programs for health information exchange, and projected costs and sources of funding for such pilot programs.

[(c) Not later than December 1, 2008, and annually thereafter, the Department of Public Health, in consultation with Office of Health Care Access, shall report, in accordance with section 11-4a, to the joint standing committees of the General Assembly having cognizance of matters relating to public health, human services, government administration and appropriations and the budgets of state agencies on the status of the state-wide health information technology plan. ]

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Approved July 8, 2009