#### SECOND REGULAR SESSION

# **HOUSE BILL NO. 1579**

### 98TH GENERAL ASSEMBLY

#### INTRODUCED BY REPRESENTATIVE JONES.

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D. ADAM CRUMBLISS, Chief Clerk

## **AN ACT**

To repeal section 191.237, RSMo, and to enact in lieu thereof three new sections relating to health information organizations.

Be it enacted by the General Assembly of the state of Missouri, as follows:

Section A. Section 191.237, RSMo, is repealed and three new sections enacted in lieu thereof, to be known as sections 191.236, 191.237, and 191.238, to read as follows:

191.236. As used in sections 191.236 to 191.238, the following terms shall mean:

- (1) "Approved health information organization", a health information organization approved under section 191.238;
- (2) "Fine or penalty", any civil or criminal penalty or fine, tax, salary or wage withholding, or surcharge established by law or by rule promulgated by a state agency under chapter 536;
- (3) "Health care system", any public or private entity whose function or purpose is the management, processing, or enrollment of individuals for or payment for, in full or in part, health care services, health care data, or health care information for its participants;
- (4) "Health information organization", an organization that oversees and governs the exchange of health-related information among organizations according to nationally recognized standards.
- 191.237. 1. No law or rule promulgated by an agency of the state of Missouri may impose a fine or penalty against a health care provider, hospital, or health care system for failing to participate in any particular health information organization.
  - EXPLANATION Matter enclosed in bold-faced brackets [thus] in the above bill is not enacted and is intended to be omitted from the law. Matter in **bold-face** type in the above bill is proposed language.

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2. A health information organization shall not restrict the exchange of state agency data or standards-based clinical summaries for patients for federal Health Insurance Portability and Accountability Act (HIPAA) allowable uses. Charges for such service shall not exceed the cost of the actual technology connection or recurring maintenance thereof.

- 3. [As used in this section, the following terms shall mean:
- 9 (1) "Fine or penalty", any civil or criminal penalty or fine, tax, salary or wage 10 withholding, or surcharge established by law or by rule promulgated by a state agency pursuant 11 to chapter 536;
  - (2) "Health care system", any public or private entity whose function or purpose is the management of, processing of, or enrollment of individuals for or payment for, in full or in part, health care services or health care data or health care information for its participants;
  - (3) "Health information organization", an organization that oversees and governs the exchange of health-related information among organizations according to nationally recognized standards.] All approved health information organizations shall exchange standards-based clinical summaries for patients and all clinical and claims data from any agency within the state with all other approved health information organizations within the state. Failure to exchange such information shall result in the suspension or revocation of approval status by the Missouri health information exchange commission and the immediate termination of any contracts, grants, and any other forms of state funding.
  - 4. (1) The state, including all administrative agencies and departments, shall not convey state designated entity status to any health information organization. The state shall recognize all approved health information organizations as being equally eligible for any financial support from the state, or assistance or support from the state in securing any other source of funding. The state shall not exchange health information with any nonapproved health information organization unless otherwise required by law.
  - (2) Only approved health information organizations shall be qualified to respond to contracting procurement opportunities and shall be awarded contracts, subject to the provisions of chapter 34, provided that, the state shall not award any contract to any health information organization as a single feasible source vendor under section 34.044.
  - (3) Beginning August 28, 2016, all existing single feasible source vendor contracts awarded to health information organizations operating within the state shall receive no further appropriations.
  - 5. The state shall not restrict the availability of or access to any state agency sponsored data sets including, but not limited to, MO HealthNet patient level claims data and MO HealthNet patient level clinical data to any approved health information organization.

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6. A health care provider or nonapproved health information organization may disclose protected health information to any state agency for any public health purpose that is required by law without authorization from the Missouri health information exchange commission. Nothing in sections 191.236 to 191.238 shall be construed to limit the use, transfer, or disclosure of protected health information as required or permitted by the Health Insurance Portability and Accountability Act (HIPAA) or any other provision of law.

191.238. 1. There is hereby created a "Missouri Health Information Exchange Commission". The commission shall consist of seven members:

- (1) One member of the senate appointed by the president pro tempore of the senate;
- 4 (2) One member of the house of representatives appointed by the speaker of the house of representatives;
  - (3) The chair of the joint committee on administrative rules;
  - (4) One of which shall either be the chair of the house budget committee or the chair of the senate appropriations committee on an annual revolving appointment;
  - (5) A primary care provider appointed by the speaker of the house of representatives;
    - (6) A health systems representative; and
  - (7) A health information technology professional serving as a chief information officer with an understanding of information sharing, Health Insurance Portability and Accountability Act (HIPAA) regulations, and data security best practices appointed by the president pro tempore of the senate.

The commission members shall be residents of Missouri and shall not have any common membership with the entities and individuals appointed to the Missouri health information technology advisory board, the Missouri health information organization board of directors, the Missouri health connection board of directors, or any entities or individuals appointed to any board of any health information organization with an interest in providing health information exchange services within the state.

- 2. Commission members shall elect annually from the members a chairperson and a vice-chairperson.
- 3. The term of office for each member of the commission shall coincide with the term of his or her elected office if he or she is an elected official. The term of office for nonelected members shall be three years, except that of the initial appointments, one member shall be appointed for a term of one year and two members shall be appointed for a term of two years. Any member may be removed from the commission if four or more

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members vote for his or her removal in any regularly held or scheduled emergency meeting. Three months before the expiration of the term of an elected official member appointed by the speaker of the house of representatives or the president pro tempore of 33 the senate, the speaker or the president pro tempore shall appoint a successor whose term begins on January first of the following year. Three months before the expiration of the term of any nonelected member, the members of the current commission shall submit recommendations to the speaker of the house of representatives and the president pro tempore of the senate to fill the position. All nonelected members shall be eligible for reappointment. If there is a vacancy for an elected official member for any cause, the speaker of the house of representatives and the president pro tempore of the senate shall make an appointment to become effective immediately for the unexpired term. If there is a vacancy for a nonelected member for any cause, the chairperson or vice-chairperson shall call an emergency meeting and the commission shall make an appointment for the vacant seat to become effective immediately for the unexpired term.

- 4. Each member of the commission shall serve without compensation but shall be reimbursed for actual and necessary expenses incurred in the performance of his or her duties.
  - 5. The commission shall have the authority to:
- (1) Develop a process by which a health information organization may receive approval status from the commission. The approval process shall include compliance with commonly and equally applied standards designed to ensure the following:
- (a) Adherence to nationally recognized standards for interoperability between approved health information organizations and the promotion of standards that allow data to flow as seamlessly as possible between the approved health information organizations;
  - (b) Conduct operations in a transparent manner to promote consumer confidence;
- (c) Adoption and adherence to rules promulgated by the commission regarding access to and use and disclosure of protected health information maintained by or on an approved health information organization;
- (d) Financial and operational sustainability in the absence of state and federal funding; and
- (e) Maintenance of policies and procedures to address data security including breaches, mandatory cyber-insurance coverage, data usage policies and guidelines, and oversight processes and internal auditing practices for addressing data requests;
- (2) Develop a process for the investigation of reported complaints and concerns regarding an approved health information organization, as well as develop and impose the appropriate proactive and remedial measures to address any identified deficiencies; and

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(3) Develop a process by which an approved health information organization shall be reapproved at appropriate intervals, provided that, the health information organization demonstrates continuing compliance with the approval standards under subdivision (1) of this subsection. The reapproval process shall include the following:

- (a) An application for reapproval that shall be mailed to each previously approved health information organization in the state at its last known address. Failure to receive the application form shall not relieve a health information organization of the duty to apply for reapproval or the duty to pay any applicable application fees. The application shall include, but not be limited to, disclosure of the following:
  - a. The applicant organization's name and office address;
- b. A listing of all connections with approved health information organizations in this state for the purpose of exchanging standards-based clinical summaries for patients and all clinical and claims data from any agency within the state;
  - c. The presence of any past or current data security issues and breaches;
  - d. Proof of mandatory cyber-insurance coverage;
  - e. Copies of all data usage policies and guidelines;
    - f. A description of oversight processes and internal auditing processes;
- g. Cash flow projections for the next two years depicting all forms of revenues and expenses; and
  - h. Financial documents including the most recent audited financial statement, the most recent monthly income and balance sheet, and the most recent profit-loss statement;
  - (b) Failure to apply for reapproval status by the deadline set by the commission shall be cause for immediate suspension of approved status; and
- (c) The commission shall establish application fees as deemed necessary to sustain essential administrative functions.

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