## SENATE BILL 5501

State of Washington61st Legislature2009 Regular SessionBy Senators Keiser, Pflug, Franklin, Parlette, Murray, and Kohl-WellesRead first time 01/23/09.Referred to Committee on Health & Long-Term<br/>Care.

AN ACT Relating to the secure exchange of health information; adding new sections to chapter 41.05 RCW; and creating new sections.

3 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF WASHINGTON:

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NEW SECTION. Sec. 1. The legislature finds that:

5 (1) The inability to securely share critical health information 6 between practitioners inhibits the delivery of safe, efficient care, as 7 evidenced by:

8 (a) Adverse drug events that result in an average of seven hundred 9 seventy thousand injuries and deaths each year; and

10 (b) Duplicative services that add to costs and jeopardize patient 11 well-being;

12 (2) Consumers are unable to act as fully informed participants in 13 their care unless they have ready access to their own health 14 information;

15 (3) The blue ribbon commission on health care costs and access 16 found that the development of a system to provide electronic access to 17 patient information anywhere in the state was a key to improving health 18 care; and 1 (4) In 2005, the legislature established a health information 2 infrastructure advisory board to develop a strategy for the adoption 3 and use of health information technologies that are consistent with 4 emerging national standards and promote interoperability of health 5 information systems.

6 <u>NEW SECTION.</u> Sec. 2. A new section is added to chapter 41.05 RCW 7 to read as follows:

8 The definitions in this section apply throughout this chapter 9 unless the context clearly requires otherwise.

10 (1) "Administrator" means the administrator of the state health 11 care authority under this chapter.

12 (2) "Exchange" means the methods or medium by which health care 13 information may be electronically and securely exchanged among 14 authorized providers, payors, and patients within Washington state.

15 (3) "Health care provider" or "provider" has the same meaning as in 16 RCW 48.43.005.

17 (4) "Health data provider" means an organization that is a primary 18 source for health-related data for Washington residents, including but 19 not limited to:

20 (a) The children's health immunizations linkages and development 21 profile immunization registry provided by the department of health 22 pursuant to chapter 43.70 RCW;

23 (b) Commercial laboratories providing medical laboratory testing 24 results;

(c) Prescription drugs clearinghouses, such as the national patienthealth information network; and

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(d) Diagnostic imaging centers.

(5) "Lead organization" means a private sector organization or organizations designated by the administrator to lead development of processes, guidelines, and standards under this act.

31 (6) "Payor" means public purchasers, as defined in this section, 32 carriers licensed under chapters 48.20, 48.21, 48.44, 48.46, and 48.62 33 RCW, and the Washington state health insurance pool established in 34 chapter 48.41 RCW.

35 (7) "Public purchaser" means the department of social and health 36 services, the department of labor and industries, and the health care 37 authority.

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(8) "Secretary" means the secretary of the department of health.

2 <u>NEW SECTION.</u> Sec. 3. A new section is added to chapter 41.05 RCW
3 to read as follows:

4 (1) By August 1, 2009, the administrator shall designate one or
5 more lead organizations to coordinate development of processes,
6 guidelines, and standards to:

7 (a) Improve patient access to and control of their own health care
8 information and thereby enable their active participation in their own
9 care; and

10 (b) Implement methods for the secure exchange of clinical data as 11 a means to promote:

12 (i) Continuity of care;

13 (ii) Quality of care;

14 (iii) Patient safety; and

15 (iv) Efficiency in medical practices.

16 (2) The lead organization designated by the administrator under 17 this section shall:

18 (a) Be representative of health care privacy advocates, providers,19 and payors across the state;

(b) Have expertise and knowledge in the major disciplines relatedto the secure exchange of health data;

(c) Be able to support the costs of its work without recourse to public funding. The administrator and the lead organization are authorized and encouraged to seek federal funds, including funds from the federal American recovery and reinvestment act, as well as solicit, receive, contract for, collect, and hold grants, donations, and gifts to support the implementation of this act;

(d) In collaboration with the administrator, identify and convene
work groups, as needed, to accomplish the goals of this act;

30 (e) Conduct outreach and communication efforts to maximize the 31 adoption of the guidelines, standards, and processes developed by the 32 lead organization;

33 (f) Submit regular updates to the administrator on the progress 34 implementing the requirements of this act; and

(g) With the administrator, report to the legislature December 1,
2009, and on December 1st of each year through December 1, 2012, on

1 progress made, the time necessary for completing tasks, and 2 identification of future tasks that should be prioritized for the next 3 improvement cycle.

4 (3) The administrator shall:

5 (a) Participate in and review the work and progress of the lead 6 organization, including the establishment and operation of work groups 7 for this act;

8 (b) Adopt into rule, or submit as proposed legislation, the 9 guidelines, standards, and processes set forth in this act if:

10 (i) The lead organization fails to timely develop or implement the 11 guidelines, standards, and processes set forth in this act; or

(ii) It is unlikely that there will be widespread adoption of theguidelines, standards, and processes developed under this act; and

14 (c) Consult with the office of the attorney general to determine 15 whether:

16 (i) An antitrust safe harbor is necessary to enable licensed 17 carriers and providers to develop common rules and standards; and, if 18 necessary, take steps, such as implementing rules or requesting 19 legislation, to establish a safe harbor; and

(ii) Legislation is needed to limit provider liability if their health records are missing health information despite their participation in the exchange of health information.

23 <u>NEW SECTION.</u> **Sec. 4.** A new section is added to chapter 41.05 RCW 24 to read as follows:

By December 1, 2011, the lead organization shall, consistent with the federal health insurance portability and accountability act, develop processes, guidelines, and standards that address:

(1) Identification and prioritization of high value health datafrom health data providers. High value health data include:

30 (a) Prescriptions;

- 31 (b) Immunization records;
- 32 (c) Laboratory results;
- 33 (d) Allergies; and
- 34 (e) Diagnostic imaging;
- 35 (2) Processes to request, submit, and receive data;
- 36 (3) Data security, including:
- 37 (a) Storage, access, encryption, and password protection;

(b) Secure methods for accepting and responding to requests for
 data;

3 (c) Handling unauthorized access to or disclosure of individually 4 identifiable patient health information, including penalties for 5 unauthorized disclosure; and

6 (d) Authentication of individuals, including patients and 7 providers, when requesting access to health information, and 8 maintenance of a permanent audit trail of such requests, including:

9 (i) Identification of the party making the request;

10 (ii) The data elements reported; and

11 (iii) Transaction dates;

(4) Materials written in plain language that explain the exchange
of health information and how patients can effectively manage such
information, including the use of online tools for that purpose;

(5) Materials for health care providers that explain the exchangeof health information and the secure management of such information.

17 <u>NEW SECTION.</u> Sec. 5. A new section is added to chapter 41.05 RCW 18 to read as follows:

19 If any provision in this act conflicts with existing or new federal 20 requirements, the administrator shall recommend modifications to this 21 act, as needed, to assure compliance with the aims of this act and 22 federal requirements.

23 <u>NEW SECTION.</u> Sec. 6. A new section is added to chapter 41.05 RCW 24 to read as follows:

By December 1, 2009, and annually thereafter, the administrator shall report to the legislature on the implementation of the requirements of this act, including:

(1) An assessment of the benefits and any drawbacks resulting fromthe implementation of the exchanges; and

30 (2) Recommendations for legislation to help further the goals of 31 this act.

32 <u>NEW SECTION.</u> Sec. 7. By July 1, 2011, the office of financial 33 management shall contract with an independent research organization to 34 evaluate implementation of this act's provisions. The evaluation must

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- 1 include recommendations for program changes to better meet the goals of
- 2 this act.

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