

# FINAL BILL REPORT

## SSB 5514

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Synopsis as Enacted

**Brief Description:** Concerning rapid health information network data reporting.

**Sponsors:** Senate Committee on Health Care (originally sponsored by Senators Rivers, Cleveland and Keiser; by request of Department of Health).

**Senate Committee on Health Care**  
**House Committee on Health Care & Wellness**

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

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

**Summary:** Hospitals with emergency departments must electronically submit emergency department patient care information to DOH for collection, maintenance, analysis, and dissemination by DOH. Data must be collected in a way that allows automated reporting by electronic transmission. DOH may contract with a private entity for the data collection if deemed cost-effective and efficient.

Both the department and private entity must:

- collect data by automated reporting by electronic transmission;
- have an established data submission arrangement with the majority of emergency departments required to submit data;
- allow emergency departments submitting data to immediately obtain their own data and aggregate regional and statewide data and allow DOH to immediately obtain data within 30 minutes of submission of a query for the data once it is available in the system; and

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- work with existing emergency department data systems.

DOH must establish a uniform reporting system for reporting of data elements which include: facility information, limited patient identifiers, patient demographics, encounter and laboratory information, and other information to validate information received and to address public health threats. DOH may require additional information from data providers to validate and verify data and to conduct surveillance of potential public health threats.

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

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

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

**Votes on Final Passage:**

Senate	49	0
House	65	33

**Effective:** July 23, 2017