



General Assembly

January Session, 2007

Raised Bill No. 6839

LCO No. 3364

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Referred to Committee on Public Health

Introduced by:
(PH)

AN ACT CONCERNING HEALTH INFORMATION TECHNOLOGY.

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

1 Section 1. (NEW) (*Effective October 1, 2007*) As used in sections 1 to 9,
2 inclusive, of this act:

3 (1) "Health information technology" means the application of
4 information processing, involving both computer hardware and
5 software that deals with the storage, retrieval, sharing and use of
6 health care information, data and knowledge for communication and
7 decision-making, and includes: (A) An electronic health record that
8 provides access in real-time to a patient's complete medical record; (B)
9 a personal health record through which an individual, and anyone
10 authorized by such individual, can maintain and manage such
11 individual's health information; (C) computerized order entry
12 technology that permits a health care provider to order diagnostic and
13 treatment services, including prescription drugs electronically; (D)
14 electronic alerts and reminders to health care providers to improve
15 compliance with best practices, promote regular screenings and other
16 preventive practices, and facilitate diagnoses and treatments; (E) error
17 notification procedures that generate a warning if an order is entered

18 that is likely to lead to a significant adverse outcome for a patient; and
19 (F) tools to allow for the collection, analysis and reporting of data on
20 adverse events, near misses, the quality and efficiency of care, patient
21 satisfaction and other healthcare-related performance measures.

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

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

37 (4) "Telemedicine" means the practice of health care delivery,
38 diagnosis, consultation, treatment, transfer of medical data and
39 education using: (A) Interactive audio, video, or data communications;
40 (B) store-and-forward technology; or (C) remote patient monitoring.

41 Sec. 2. (NEW) (*Effective October 1, 2007*) (a) There is established,
42 within the Department of Public Health, an Office of Health
43 Information Technology. The office shall:

44 (1) Develop, implement and periodically update a health
45 information technology plan for establishing a state-wide, integrated
46 electronic health information infrastructure. Such plan shall include
47 timetables for implementation, which may be accomplished in phases
48 or through the use of pilot projects or regional approaches;

49 (2) Provide leadership related to, and encourage the adoption and
50 effective use of, health information technology by conducting pilot
51 projects, demonstration programs and other initiatives and by
52 administering programs providing financial incentives, including
53 grants and loans for the creation of local and regional health
54 information networks to facilitate the development of interoperability
55 across healthcare settings;

56 (3) Assemble, analyze and widely disseminate to health care
57 providers and the general public evidence and experience related to
58 the adoption, implementation, effective use and value of health
59 information technology;

60 (4) Identify, adopt and promote the use of open data standards for
61 interoperability that (A) include provisions relating to security,
62 privacy, data content, structures and format, vocabulary and
63 transmission protocols, and (B) take into account and are compatible
64 with any national data standards in order to allow for interstate
65 interoperability;

66 (5) Adopt regulations, in accordance with the provisions of chapter
67 54 of the general statutes, to carry out the responsibilities of the office;
68 and

69 (6) Submit, in accordance with section 11-4a of the general statutes,
70 an annual report concerning the activities of the office to the Governor
71 and to the joint standing committee of the General Assembly having
72 cognizance of matters relating to public health. The annual report shall
73 include the following:

74 (A) An assessment of the office's progress in developing and
75 implementing the health information technology plan;

76 (B) An assessment of the impact of such plan, including the results
77 of pilot projects and other initiatives undertaken by and financial
78 incentives provided by the state;

79 (C) A summary description of health information technology,
80 including telemedicine services, newly eligible for funding or payment
81 under one or more state-funded programs, including the HUSKY Plan,
82 Part A and Part B and the medical assistance program; and

83 (D) Recommendations for additional funding and legislation
84 needed to accelerate the deployment and effective use of health
85 information technology.

86 (b) In developing and periodically revising the health information
87 technology plan, the office shall consult with the Health Information
88 Technology Advisory Committee established under section 3 of this
89 act, issue a draft of the plan, or updated plan, for public review and
90 comment, provide one or more public meetings to receive public
91 comments on the draft plan, or updated plan, and take steps to assure
92 the greatest possible collaboration between the private and public
93 sectors, including the federal government, in order to accelerate the
94 deployment and effective use of health information technology.

95 (c) No state agency shall expend funds for the purchase of
96 hardware, software or support services for the electronic exchange of
97 health information that is not consistent with data standards for
98 interoperability adopted by the Office of Health Information
99 Technology.

100 (d) All state agencies collecting health data shall comply with the
101 data standards for interoperability adopted by the Office of Health
102 Information Technology and shall implement procedures to enable
103 receipt of statutorily mandated and voluntarily reported health
104 information in a standard electronic format.

105 Sec. 3. (NEW) (*Effective October 1, 2007*) (a) There is established a
106 Health Information Technology Advisory Committee. The committee
107 shall consist of the Commissioner of Public Health and eight members
108 who shall be appointed as follows: Two by the Governor; one each by
109 the president pro tempore of the Senate and the speaker of the House

110 of Representatives; one each by the majority leaders of the Senate and
111 House of Representatives; and one each by the minority leaders of the
112 Senate and House of Representatives. Members shall serve for a term
113 of four years commencing on November first. All initial appointments
114 to the committee shall be made by November 1, 2007. Any vacancy
115 shall be filled by the appointing authority.

116 (b) The Commissioner of Public Health shall serve as the
117 chairperson of the committee. The chairperson shall schedule the first
118 meeting of the committee, which shall be held no later than December
119 1, 2007.

120 (c) The Health Information Technology Advisory Committee shall:
121 (1) Provide comments and advice regarding the health information
122 technology plan developed by the Office of Health Information
123 Technology; (2) assess the use of health information technology by the
124 state, health care providers and facilities and local public health
125 agencies; (3) identify legal, regulatory, administrative or other barriers
126 to the acquisition and effective use of health information technology;
127 (4) provide advice about pilot projects or other initiatives for
128 accelerating the deployment and effective use of health information
129 technology; (5) identify incentives to accelerate the deployment and
130 effective use of health information technology; and (6) provide advice
131 regarding the development and implementation of the Medicaid
132 value-based purchasing program established under section 5 of this
133 act, especially with respect to the use of health information technology.

134 Sec. 4. (NEW) (*Effective July 1, 2007*) (a) The Commissioner of Public
135 Health, acting through the Office of Health Information Technology,
136 shall establish and implement a program to provide grants to public
137 and nonprofit private entities that are or represent a network or
138 potential network that includes health care providers and health plans
139 in a defined area of geographic proximity or organizational affinity
140 and that may include for-profit entities provided such an entity is not
141 the grantee, to plan and implement local or regional health information

142 infrastructures that allow for the seamless, secure, electronic sharing of
143 health information among health care providers, health plans and
144 other authorized users.

145 (b) (1) The Commissioner of Public Health, acting through the Office
146 of Health Information Technology, shall establish and implement a
147 loan program for public and nonprofit private entities that are or
148 represent a network or potential network that includes health care
149 providers and health plans in a defined area of geographic proximity
150 or organizational affinity, and that may include for profit entities
151 provided such an entity is not the loan recipient, to plan and
152 implement local or regional health information infrastructures that
153 allow for the seamless, secure, electronic sharing of health information
154 among health care providers, health plans, and other authorized users.
155 The amount of any loan under this section shall not exceed ____
156 dollars. The interest rate for each loan shall be less than or equal to the
157 market interest rate. The principal and interest payments on each loan
158 shall commence not later than one year after the loan was awarded,
159 and each loan shall be fully amortized not later than ten years after the
160 date of the loan.

161 (2) There is established an account to be known as the "health
162 information network loan fund account" which shall be a separate,
163 nonlapsing account within the General Fund. The account may contain
164 all moneys required by law to be deposited in the account. Any
165 balance remaining in said account at the end of any fiscal year shall be
166 carried forward in said account for the fiscal year next succeeding. The
167 moneys in said account shall be allocated for implementation of the
168 health information technology loan program described in subdivision
169 (1) of this subsection.

170 (c) (1) For the purposes described in subsection (b) of this section,
171 the State Bond Commission shall have the power, from time to time, to
172 authorize the issuance of bonds of the state in one or more series and
173 in principal amounts not exceeding in the aggregate ____ dollars.

174 (2) The proceeds of the sale of said bonds, to the extent of the
175 amount stated in subsection (a) of this section, shall be used by the
176 Department of Public Health, acting through the Office of Health
177 Information Technology, for the purpose of implementing the health
178 information technology loan program authorized under the provisions
179 of subsection (b) of this section.

180 (3) All provisions of sections 13b-74 to 13b-77, inclusive, of the
181 general statutes, or the exercise of any right or power granted thereby,
182 which are not inconsistent with the provisions of this section are
183 hereby adopted and shall apply to all bonds authorized by the State
184 Bond Commission pursuant to this section, and temporary notes in
185 anticipation of the money to be derived from the sale of any such
186 bonds so authorized may be issued in accordance with said sections
187 13b-74 to 13b-77, inclusive, and from time to time renewed. Such
188 bonds shall mature at such time or times not exceeding thirty years
189 from their respective dates as may be provided in or pursuant to the
190 resolution or resolutions of the State Bond Commission authorizing
191 such bonds. None of said bonds shall be authorized except upon a
192 finding by the State Bond Commission that there has been filed with it
193 a request for such authorization which is signed by or on behalf of the
194 Secretary of the Office of Policy and Management and states such
195 terms and conditions as said commission, in its discretion, may
196 require. Said bonds issued pursuant to this section shall be special tax
197 obligations of the state and all pledged revenues, as defined in
198 subdivision (4) of section 13b-75 of the general statutes, are pledged for
199 the payment of the principal of and interest on said bonds as the same
200 become due, and accordingly and as part of the contract of the state
201 with the holders of said bonds, appropriation of all amounts from the
202 special transportation fund created under section 13b-68 of the general
203 statutes necessary for punctual payment of such principal and interest
204 is hereby made, and the State Treasurer shall pay such principal and
205 interest as the same become due.

206 (d) Health information technology acquired under a grant or loan

207 authorized under this section shall comply with data standards for
208 interoperability adopted by the Office of Health Information
209 Technology.

210 Sec. 5. (NEW) (*Effective October 1, 2007*) (a) To the extent that federal
211 financial participation is available, the Commissioner of Social Services
212 shall revise Medicaid payment policies to implement a value-based
213 purchasing program under which financial incentives are provided to
214 health care providers who meet applicable reporting or performance
215 criteria specified by the commissioner. The program may be limited to
216 categories of health care providers or classes of health care items and
217 services specified by the commissioner and may be phased in or
218 implemented on another basis.

219 (b) The Commissioner of Social Services shall specify reporting and
220 performance criteria that relate to quality and efficiency measures,
221 including the improvement of health care quality through the
222 electronic exchange of health information.

223 (c) In selecting the quality and efficiency measures to be used under
224 this program with respect to a category of health care provider or a
225 class of health care items and services, and in undertaking periodic
226 updates of such measures, the Commissioner of Social Services shall
227 consult with associations representing the relevant health care
228 providers, organizations representing health care consumers, and the
229 Health Information Technology Advisory Committee established
230 under section 3 of this act.

231 (d) To the greatest extent possible: (1) The Commissioner of Social
232 Services shall select quality and efficiency measures from among
233 measures endorsed by the National Quality Forum, the National
234 Committee for Quality Assurance, the Joint Commission on
235 Accreditation of Healthcare Organizations, the Centers for Medicare
236 and Medicaid Services, or the Agency for Healthcare Research and
237 Quality of the United States Department of Health and Human
238 Services; (2) the information related to such measures shall not be

239 overly burdensome to collect; and (3) the Commissioner of Social
240 Services shall implement procedures to enable the receipt of such
241 information in a standard electronic format.

242 (e) For any category of health care provider or any class of health
243 care items and services, the incentives under the program in any given
244 year shall not exceed the applicable percentage of the amounts
245 otherwise payable to such category or for such class as follows: (1) For
246 2007 and 2008, two per cent; (2) for 2009 and 2010, three per cent; (3)
247 for 2011 and 2012, five per cent; and (4) for 2013 and each subsequent
248 year, an amount equal to or greater than five per cent, specified by the
249 Commissioner of Social Services following notice and an opportunity
250 for public comment.

251 Sec. 6. (NEW) (*Effective October 1, 2007*) (a) To the extent that federal
252 financial participation is available, the Department of Social Services
253 shall expand the list of services covered under the state Medicaid plan
254 to include telemedicine services provided by a physician, nurse
255 midwife, nurse practitioner or other licensed practitioner of the healing
256 arts within the scope of his or her practice, provided:

257 (1) The services are similar to services covered by the state Medicaid
258 plan when furnished in a conventional face-to-face manner.

259 (2) The services can be safely and effectively provided without
260 traditional face-to-face contact with the patient, as determined by the
261 Commissioner of Social Services.

262 (3) The services are appropriately provided using either real-time,
263 interactive video teleconferencing or store-and-forward technology.

264 (b) In determining payment amounts for covered telemedicine
265 services, the Commissioner of Social Services shall take into account
266 the amounts paid for similar covered services furnished in
267 conventional face-to-face manner and the costs of technical support,
268 line-charges, depreciation of equipment and other costs associated

269 with the delivery of the services by electronic means.

270 (c) In determining the services that can be safely and effectively
271 provided without the necessity of a traditional face-to-face contact
272 with the patient, the Commissioner of Social Services shall consult
273 with the Commissioner of Public Health and associations representing
274 physicians, telehealth providers and other health care providers, and
275 shall issue a report to the public summarizing the results of such
276 consultations.

277 Sec. 7. (NEW) (*Effective October 1, 2007*) (a) Not later than October 1,
278 2008, the Commissioner of Public Health, in consultation with the
279 Health Information Technology Advisory Committee, shall submit a
280 report, in accordance with section 11-4a of the general statutes, to the
281 Governor and the joint standing committee of the General Assembly
282 having cognizance of matters relating to public health identifying
283 existing statutory, regulatory and administrative barriers to the
284 acquisition and effective use of health information technology,
285 including, but not limited to, state requirements related to the privacy
286 and security of personal health information, together with
287 recommendations for legislation and other actions to address such
288 barriers. The report shall include an assessment of the barriers
289 presented by the professional licensure policies and practices of the
290 state to patient access to telemedicine services provided across state
291 lines by out-of-state physicians or other out-of-state practitioners of the
292 healing arts.

293 (b) Notwithstanding any other provision of the general statutes, the
294 provision of any equipment, information, right, license, intellectual
295 property, software, training or service used for developing,
296 implementing, operating or facilitating the use of health information
297 technology, or funding used exclusively to provide or pay for any of
298 such items or services, designed to promote the electronic exchange of
299 health information and improve health care quality, reduce medical
300 errors, reduce health care costs, improve the coordination of care and

301 streamline administrative processes shall not be considered a
302 prohibited payment, solicitation or remuneration in exchange for
303 referring another individual for a service, purchasing or leasing an
304 item or service or arranging for or recommending the purchase of an
305 item or service, or as establishing a financial relationship with the
306 entity providing such item or service:

307 (1) Is not conditioned on the recipient making any referral to, or
308 generating any business for, any person or entity for which any health
309 care program may make payment; and

310 (2) Complies with data standards for interoperability adopted by
311 the Office of Health Information Technology.

312 Sec. 8. (*Effective July 1, 2007*) The sum of ____ dollars is appropriated
313 to the Department of Public Health, from the General Fund, for the
314 fiscal year ending June 30, 2008, for the information technology grant
315 program authorized under section 4 of this act.

316 Sec. 9. (*Effective July 1, 2007*) The sum of ____ dollars is
317 appropriated to the Department of Public Health, from the General
318 Fund, for the fiscal year ending June 30, 2008, for the health
319 information technology loan program authorized under section 4 of
320 this act.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>October 1, 2007</i>	New section
Sec. 2	<i>October 1, 2007</i>	New section
Sec. 3	<i>October 1, 2007</i>	New section
Sec. 4	<i>July 1, 2007</i>	New section
Sec. 5	<i>October 1, 2007</i>	New section
Sec. 6	<i>October 1, 2007</i>	New section
Sec. 7	<i>October 1, 2007</i>	New section
Sec. 8	<i>July 1, 2007</i>	New section
Sec. 9	<i>July 1, 2007</i>	New section

Statement of Purpose:

To develop and implement a state-wide health information technology plan.

[Proposed deletions are enclosed in brackets. Proposed additions are indicated by underline, except that when the entire text of a bill or resolution or a section of a bill or resolution is new, it is not underlined.]