



General Assembly

February Session, 2010

Raised Bill No. 403

LCO No. 1904

01904_____PH_

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. Section 19a-25g of the 2010 supplement to the general
2 statutes is repealed and the following is substituted in lieu thereof
3 (*Effective from passage*):

4 (a) There is established a not-for-profit institute for health
5 information technology and exchange, to be known as the Connecticut
6 e-Health Institute. The Department of Public Health shall provide
7 administrative support for the establishment of the institute.

8 ~~[(a)]~~ (b) On and after ~~[July 1, 2009,~~ the Department of Public Health]
9 January 1, 2011, the institute shall be the lead health information
10 exchange organization for the state. The ~~[department]~~ institute shall
11 seek private and federal funds [, including funds made available
12 pursuant to the federal American Recovery and Reinvestment Act of
13 2009,] for the initial development of a state-wide health information
14 exchange. ~~[Any private or federal funds received by the department~~
15 ~~may be used for the purpose of establishing health information~~
16 ~~technology pilot programs and the grant programs described in~~

17 section 19a-25h.] The Department of Public Health may contract with
18 the institute to transfer unexpended federal funds received by the
19 department pursuant to the federal American Recovery and
20 Reinvestment Act of 2009, P.L. 111-05, if any, for the initial
21 development of a state-wide health information exchange.

22 [(b) The department shall: (1) Facilitate] (c) The institute shall
23 facilitate the implementation and periodic revisions of the health
24 information technology plan [after the plan is] initially submitted in
25 accordance with the provisions of section 74 of public act 09-232*,
26 including the implementation of an integrated state-wide electronic
27 health information infrastructure for the sharing of electronic health
28 information among health care facilities, health care professionals,
29 public and private payors, state and federal agencies and patients. [,
30 and (2) develop standards and protocols for privacy in the sharing of
31 electronic health information. Such standards and protocols shall be no
32 less stringent than the "Standards for Privacy of Individually
33 Identifiable Health Information" established under the Health
34 Insurance Portability and Accountability Act of 1996, P.L. 104-191, as
35 amended from time to time, and contained in 45 CFR 160, 164. Such
36 standards and protocols shall require that individually identifiable
37 health information be secure and that access to such information be
38 traceable by an electronic audit trail.]

39 (d) The institute shall, within available resources, provide grants for
40 the advancement of health information technology and exchange in
41 this state, pursuant to subsection (i) of section 19a-25h, as amended by
42 this act.

43 Sec. 2. Section 19a-25h of the 2010 supplement to the general statutes
44 is repealed and the following is substituted in lieu thereof (*Effective*
45 *from passage*):

46 [(a) There is established a health information technology and
47 exchange advisory committee. The committee shall consist of twelve
48 members as follows: The Lieutenant Governor; three appointed by the

49 Governor, one of whom shall be a representative of a medical research
50 organization, one of whom shall be an insurer or representative of a
51 health plan, and one of whom shall be an attorney with background
52 and experience in the field of privacy, health data security or patient
53 rights; two appointed by the president pro tempore of the Senate, one
54 of whom shall have background and experience with a private sector
55 health information exchange or health information technology entity,
56 and one of whom shall have expertise in public health; two appointed
57 by the speaker of the House of Representatives, one of whom shall be a
58 representative of hospitals, an integrated delivery network or a
59 hospital association, and one of whom who shall have expertise with
60 federally qualified health centers; one appointed by the majority leader
61 of the Senate, who shall be a primary care physician whose practice
62 utilizes electronic health records; one appointed by the majority leader
63 of the House of Representatives, who shall be a consumer or consumer
64 advocate; one appointed by the minority leader of the Senate, who
65 shall have background and experience as a pharmacist or other health
66 care provider that utilizes electronic health information exchange; and
67 one appointed by the minority leader of the House of Representatives,
68 who shall be a large employer or a representative of a business group.
69 The Commissioners of Public Health, Social Services, Consumer
70 Protection and the Office of Health Care Access, the Chief Information
71 Officer, the Secretary of the Office of Policy and Management and the
72 Healthcare Advocate, or their designees, shall be ex-officio, nonvoting
73 members of the committee.

74 (b) All initial appointments to the committee shall be made on or
75 before October 1, 2009. The initial term for the committee members
76 appointed by the Governor shall be for four years. The initial term for
77 committee members appointed by the speaker of the House of
78 Representatives and the majority leader of the House of
79 Representatives shall be for three years. The initial term for committee
80 members appointed by the minority leader of the House of
81 Representatives and the minority leader of the Senate shall be for two
82 years. The initial term for the committee members appointed by the

83 president pro tempore of the Senate and the majority leader of the
84 Senate shall be for one year. Terms shall expire on September thirtieth
85 in accordance with the provisions of this subsection. Any vacancy shall
86 be filled by the appointing authority for the balance of the unexpired
87 term. Other than an initial term, a committee member shall serve for a
88 term of four years. No committee member, including initial committee
89 member may serve for more than two terms. Any member of the
90 committee may be removed by the appropriate appointing authority
91 for misfeasance, malfeasance or wilful neglect of duty.

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

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

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

114 (f) The health information technology and exchange advisory

115 committee shall advise the Commissioner of Public Health regarding
116 implementation of the health information technology plan. The
117 committee shall develop, in consultation with the Commissioner of
118 Public Health, (1) appropriate protocols for health information
119 exchange, and (2) electronic data standards to facilitate the
120 development of a state-wide, integrated electronic health information
121 system, as defined in subsection (a) of section 19a-25d, for use by
122 health care providers and institutions that are funded by the state.
123 Such electronic data standards shall (A) include provisions relating to
124 security, privacy, data content, structures and format, vocabulary, and
125 transmission protocols, with such privacy standards consistent with
126 the requirements of section 19a-25g, (B) be compatible with any
127 national data standards in order to allow for interstate interoperability,
128 as defined in subsection (a) of section 19a-25d, (C) permit the collection
129 of health information in a standard electronic format, as defined in
130 subsection (a) of section 19a-25d, and (D) be compatible with the
131 requirements for an electronic health information system, as defined in
132 subsection (a) of section 19a-25d.

133 (g) The health information technology and exchange advisory
134 committee shall examine and identify specific ways to improve and
135 promote health information exchange in the state, including, but not
136 limited to, identifying both public and private funding sources for
137 health information technology. On and after November 1, 2009, the
138 Commissioner of Public Health shall submit any proposed application
139 for private or federal funds that are to be used for the development of
140 health information exchange to the committee. Not later than twenty
141 days after the date the committee receives such proposed application
142 for private or federal funds, the committee shall advise the
143 commissioner, in writing, of any comments or recommended changes,
144 if any, that the committee believes should be made to such application.
145 Such comments and recommended changes shall be taken into
146 consideration by the commissioner in making any decisions regarding
147 the grants. In addition, the committee shall advise the commissioner
148 regarding the development and implementation of a health

149 information technology grant program which may, within available
150 funds, provide grants-in-aid to eligible institutions for the
151 advancement of health information exchange and health information
152 technology in this state. The commissioner shall offer at least one
153 member of the committee the opportunity to participate on any review
154 panel constituted to effectuate the provisions of this subsection.

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

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

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

179 (a) The Connecticut e-Health Institute shall be managed by a board
180 of directors. The board shall consist of the following members: The

181 Lieutenant Governor; the Commissioner of Public Health; three
182 appointed by the Governor, one of whom shall be a representative of a
183 medical research organization, one of whom shall be an insurer or
184 representative of a health plan, and one of whom shall be an attorney
185 with background and experience in the field of privacy, health data
186 security or patient rights; two appointed by the president pro tempore
187 of the Senate, one of whom shall have background and experience
188 with a private sector health information exchange or health
189 information technology entity, and one of whom shall have expertise
190 in public health; two appointed by the speaker of the House of
191 Representatives, one of whom shall be a representative of hospitals, an
192 integrated delivery network or a hospital association, and one of
193 whom who shall have expertise with federally qualified health centers;
194 one appointed by the majority leader of the Senate, who shall be a
195 primary care physician whose practice utilizes electronic health
196 records; one appointed by the majority leader of the House of
197 Representatives, who shall be a consumer or consumer advocate; one
198 appointed by the minority leader of the Senate, who shall have
199 background and experience as a pharmacist or other health care
200 provider that utilizes electronic health information exchange; and one
201 appointed by the minority leader of the House of Representatives, who
202 shall be a large employer or a representative of a business group. The
203 Commissioners of Social Services, Consumer Protection and the Office
204 of Health Care Access, the Chief Information Officer, the Secretary of
205 the Office of Policy and Management and the Healthcare Advocate, or
206 their designees, shall be ex-officio, nonvoting members of the
207 committee. The Commissioner of Public Health shall serve as the
208 chairperson of the board.

209 (b) All initial appointments to the board shall be made on or before
210 October 1, 2010. The initial term for the board members appointed by
211 the Governor shall be for four years. The initial term for board
212 members appointed by the speaker of the House of Representatives
213 and the majority leader of the House of Representatives shall be for
214 three years. The initial term for board members appointed by the

215 minority leader of the House of Representatives and the minority
216 leader of the Senate shall be for two years. The initial term for the
217 board members appointed by the president pro tempore of the Senate
218 and the majority leader of the Senate shall be for one year. Terms shall
219 expire on September thirtieth in accordance with the provisions of this
220 subsection. Any vacancy shall be filled by the appointing authority for
221 the balance of the unexpired term. Other than an initial term, a board
222 member shall serve for a term of four years. No board member,
223 including initial board members, may serve for more than two terms.
224 Any member of the board may be removed by the appropriate
225 appointing authority for misfeasance, malfeasance or wilful neglect of
226 duty.

227 (c) The chairperson shall schedule the first meeting of the board,
228 which shall be held not later than November 1, 2010.

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

233 (e) Notwithstanding any provision of the general statutes, it shall
234 not constitute a conflict of interest for a trustee, director, partner,
235 officer, stockholder, proprietor, counsel or employee of any person,
236 firm or corporation, to serve as a board member, provided such
237 trustee, director, partner, officer, stockholder, proprietor, counsel or
238 employee shall abstain from deliberation, action or vote by the board
239 in specific respect to such person, firm or corporation. All members
240 shall be deemed public officials and shall adhere to the code of ethics
241 for public officials set forth in chapter 10.

242 (f) Board members shall not receive any compensation for services,
243 but shall receive their actual and necessary expenses incurred in the
244 performance of their official duties.

245 (g) The board shall select and employ a chief executive officer who

246 shall be responsible for administering the institute's programs and
247 activities in accordance with policies and objectives established by the
248 board.

249 (h) The board shall direct the institute regarding: (1)
250 Implementation and periodic revisions of the health information
251 technology plan submitted in accordance with the provisions of
252 section 74 of public act 09-232, including the implementation of an
253 integrated state-wide electronic health information infrastructure for
254 the sharing of electronic health information among health care
255 facilities, health care professionals, public and private payors, state and
256 federal agencies and patients; (2) appropriate protocols for health
257 information exchange; and (3) electronic data standards to facilitate the
258 development of a state-wide, integrated electronic health information
259 system, as defined in subsection (a) of section 19a-25d, for use by
260 health care providers and institutions that receive state funding. Such
261 electronic data standards shall: (A) Include provisions relating to
262 security, privacy, data content, structures and format, vocabulary, and
263 transmission protocols; (B) limit the use and dissemination of an
264 individual's Social Security number and require the encryption of any
265 Social Security number provided by an individual; (C) require privacy
266 standards no less stringent than the "Standards for Privacy of
267 Individually Identifiable Health Information" established under the
268 Health Insurance Portability and Accountability Act of 1996, P.L. 104-
269 191, as amended from time to time, and contained in 45 CFR 160, 164;
270 (D) require that individually identifiable health information be secure
271 and that access to such information be traceable by an electronic audit
272 trail; (E) be compatible with any national data standards in order to
273 allow for interstate interoperability, as defined in subsection (a) of
274 section 19a-25d; (F) permit the collection of health information in a
275 standard electronic format, as defined in subsection (a) of section 19a-
276 25d; and (G) be compatible with the requirements for an electronic
277 health information system, as defined in subsection (a) of section 19a-
278 25d.

279 (i) Applications for grants from the institute shall be made on a form
280 prescribed by the board. The board shall review applications and
281 decide whether to award a grant. The board may consider, as a
282 condition for awarding a grant, the potential grantee's financial
283 participation and any other factors it deems relevant.

284 (j) The board may consult with such parties, public or private, as it
285 deems desirable in exercising its duties under this section.

286 (k) Not later than February 1, 2011, and annually thereafter until
287 February 1, 2016, the chief executive officer of the institute shall report,
288 in accordance with section 11-4a, to the Governor and the General
289 Assembly on (1) any private or federal funds received during the
290 preceding year and, if applicable, how such funds were expended, (2)
291 the amount and recipients of grants awarded, and (3) the current status
292 of health information exchange and health information technology in
293 the state.

This act shall take effect as follows and shall amend the following sections:		
Section 1	<i>from passage</i>	19a-25g
Sec. 2	<i>from passage</i>	19a-25h

Statement of Purpose:

To replace the health information technology and exchange advisory committee that currently advises the Department of Public Health regarding implementation of the health information technology plan with a new Connecticut e-Health Institute. The institute would serve as the lead information exchange organization for the state, seek federal and private money for the development of a state-wide health information exchange and facilitate the implementation of the 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.]