

HOUSE RESEARCH

Bill Summary

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Overview

This bill modifies provisions related to health information technology in an effort to align state requirements with the requirements in federal legislation; the American Recovery and Reimbursement Act. This bill also requires the commissioner of health to study and make recommendations related to simplifying health care transactions.

Section

1 Health Information Technology and Infrastructure. Amends § 62J.495.

Subd. 1. Implementation. Changes the name of the Health Information Technology Advisory Committee to the e-Health Advisory Committee. Requires the uniform standards be updated on an ongoing basis and an annual report to the legislature.

Subd. 1a. Definitions. Defines key terms used in this section.

Subd. 2. e-Health Advisory Committee. Includes the name change for the advisory committee. Modifies the matters which the advisory committee will address.

Subd. 3. Interoperable electronic health record requirements. Requires the electronic health record to be a “qualified electronic health record.” Makes changes to conform to federal law.

Subd. 4. Coordination with national HIT activities. Requires that the state update its implementation plan to be consistent with the updated federal HIT strategic plan. Requires the commissioner to coordinate among state, regional, and national efforts to support the effective use of health information technology (HIT). Requires the commissioner to monitor national activity in this area and coordinate state responses and input on related policy. Requires the Departments of Health and Human Services to apply for federal funding to the extent eligible. Requires a report

to the legislature as to any recommended policy changes the state should consider.

Subd. 5. Collection of data for assessment and eligibility determination.

Authorizes the commissioner to collect certain data from providers, group purchasers, and others to assess the adoption, effective use, and interoperability of e-health records for a variety of listed purposes.

Subd. 6. Data classification. Classifies data collected under this section as private data on individuals or nonpublic data under Minnesota Statutes, chapter 13.02. Prohibits the collection of individual patient data under this section.

- 2 **Electronic health record system revolving account and loan program.** Amends §62J.496. Modifies existing loan program to align with the requirements for the federal loan program. Modifies the definition of “eligible borrower” to expand the types of health care providers who are eligible for these loans.
- 3 **Definitions.** Amends § 62J.497, subd. 1. Adds a definition of “backward compatible” and modifies the definitions of “e-prescribing” and “NCPDP SCRIPT Standard.”
- 4 **Requirements for electronic prescribing.** Amends § 62J.497, subd. 2. Modifies the requirements for e-prescribing.
- 5 **Developing technology standards and tools.** Requires the commissioner of health, in consultation with certain others, to study and make recommendations as to the following:
 - Feasibility and barriers to establishing a single, standardized system for all group purchasers for certain health care transactions;
 - Possible technologies related to the e-prescribing requirements specified in Minnesota Statutes, section 62J.497;
 - Ensuring use of technologies by providers and group purchasers is consistent with national standards;
 - Readiness of providers and group purchasers to implement appropriate technologies, and;
 - Prioritizing implementation of specific technologies in relation to provider and health plan efforts to meet certain electronic transaction requirements.