

ONE HUNDRED SIXTH LEGISLATURE - SECOND SESSION - 2020
COMMITTEE STATEMENT (CORRECTED)
LB1183

Hearing Date: Thursday February 13, 2020
Committee On: Health and Human Services
Introducer: Arch
One Liner: Create the Health Information Technology Board and change prescription drug monitoring program provisions

Roll Call Vote - Final Committee Action:
Advanced to General File with amendment(s)

Vote Results:

Aye: 7 Senators Arch, Cavanaugh, Hansen, B., Howard, Murman, Walz, Williams
Nay:
Absent:
Present Not Voting:

Oral Testimony:

Proponents:

Senator John Arch
Ann Polich

Bob Rauner
Kevin Borchert
Michael Skoch

Eric Dunning
Joy Doll
Jaime Bland

Representing:

Introducer
Nebraska Health Information Initiative; Nebraska Medical Association; Methodist
Self
Nebraska Health Information Initiative
Nebraska Health Information Initiative; Nebraska Total Care
Blue Cross and Blue Shield of Nebraska
Creighton University
Nebraska Health Information Initiative

Opponents:

Dr. Gary Anthonie

Representing:

Department of Health and Human Services

Neutral:

Representing:

Summary of purpose and/or changes:

LB 1183 creates the Health Information Technology Board and amends provisions relating to the Prescription Drug Monitoring Program (PDMP).

Membership of HIT Board

Section 1 creates the Health Information Technology Board (HIT Board) with fourteen (14) members. The membership shall consist of: the program director of the PDMP created under Section 71-2454; two physicians; one pharmacist; one alcohol and drug counselor providing services for a state-licensed alcohol and drug abuse addiction treatment program; one health care provider who is board-certified in pain management; one hospital administrator; one dentist; one nurse practitioner authorized to prescribe medication; one veterinarian; one representative of DHHS; one representative of the

statewide health information exchange in Section 71-2455; and the chairperson of the HHS Committee and the chairperson of the Appropriations Committee who are non-voting, ex officio members. The members who are health providers must have active practices and be in good standing and most will be appointed from a list of candidates provided by a statewide organization in that field. (Sec. 1(2)(a)-(l), p. 2, lines 9-31 and p. 3, lines 1-15.)

With the exception of the director of the PDMP and the chairpersons of the HHS and Appropriation Committees, each member of the HIT Board shall be appointed by the Governor and approved by the Legislature. (Sec. 1(1), p. 2, lines 2-8.)

All members of the HIT Board shall hold a credential under the Uniform Credentialing Act, except the director of the PDMP, hospital administrator, DHHS representative, and the chairpersons of the HHS and Appropriations Committee. (Sec. 2, p. 2, lines 9-12.)

The members shall be appointed by October 1, 2020 and the HIT Board will begin meeting by December 1, 2020. Members are appointed to a five-year term. Those members appointed before December 1, 2020 may begin serving before they are approved by the Legislature. (Sec. 3, p. 3, lines 18-21.) Any vacancy in membership that occurs before the members term has expired shall be filled by the Governor within 90 days. (Sec. 3, p. 3, lines 22-24.)

If after being appointed, a member's credential required for appointment has changed or is terminated, the member is permitted to continue to serve as a member of the HIT Board until the end of that member's term, unless the credential was lost due to disciplinary action. (Sec. 3(4), p. 3, lines 25-30.)

The members shall be reimbursed any actual and necessary expenses. (Sec. 3(5).)

Duties of the HIT Board

The duties of the HIT Board are to: establish criteria for data collection and disbursement by the statewide health information exchange and the PDMP; evaluate and ensure the statewide health information exchange meets technological standards for reporting data for the PDMP, including what data should be collected and how often it should be collected; provide governance and oversight to ensure that the information in the statewide health information exchange and the PDMP must be accessed, used, or disclosed in accordance with privacy and security protections in law and regulations; and provide recommendations to the statewide health information exchange. (Sec. 2(1), p.4, lines 4-22.)

The HIT Board shall adopt policies and procedures necessary to carry out its duties. The statewide health information exchange will be responsible for the administration of the HIT Board. (Sec. 2(2).)

By November 15th of each year, the HIT Board shall submit an annual report to the HHS Committee regarding considerations undertaken, decisions made, accomplishments and other relevant information.

Other Language Changes

The language in the PDMP statutes is amended so that any prescription drug dispensed in this state is entered in the system daily after such prescription drug is "delivered" rather than "dispensed." (Sec. 3(2)(b), p. 5, lines 21-26.)

Section 3(3) adds information to be submitted electronically to the PDMP to include "the date the prescription is delivered to the patient" and any additional information as determined by the HIT Board or as published in the submitter guide for the PDMP. (Sec. 3(f) and (m), p. 6, line 26, and p. 7, lines 6-8.)

Language is also amended to allow either DHHS or the statewide health information exchange to release information in accordance with the policies adopted by the HIT Board. (Sec 3(5)(c), p. 8, lines 12-23.) Similarly, other language is amended to remove the requirement that the statewide health information exchange collaborate with DHHS before deciding to release information in accordance with the act. (Sec. 3(7), p. 9, line 2-3 and Sec. 3(8), p. 9, lines 23-24.)

Section 9 is amended to allow DHHS or the statewide health information exchange to release data for the purpose of quality measures, education, research, among others, as well as for patient quality improvement initiatives approved by the HIT Board. Such information can only be shared in accordance with policies adopted by the HIT Board. (Sec. 3(9), p. 10, lines 1-10.)

Section 3(12) is amended to allow DHHS to administer the necessary training in order to access the PDMP. It also adds language to allow a designated vendor of the statewide health information exchange to access the PDMP for training, operations, maintenance, and administrative purposes. (p. 10, lines 25-29.)

Explanation of amendments:

Explanation of Amendments

AM 2607 amends the green copy of LB 1183 and also incorporates LB 1058.

LB 1183 - Amendments

AM 2607 amends LB 1183 to increase the number of members on the HIT Board to 17. (AM 2607, p. 3, line 4.) The three additional members added are (1) a delegate under 71-2454; (2) a health care payor defined in 25-21,247; and (3) a credentialed health information management professional. (AM 2607, p. 4, lines 13-18.)

AM 2607 amends the appointment procedure so that all members of the HIT, except the members of the Legislature, shall be appointed by the Governor with the approval of the Legislature. (AM 2607, p. 3, line 5.) New language is also inserted to require a minimum of three members to be appointed from each congressional district. (AM 2607, p. 4, lines 26-27.)

A new provision is also added allowing the HIT Board to meet by telecommunication or electronic communication subject to the Open Meetings Act. (AM 2607, p. 6, lines 5-8.)

The language in the PDMP statutes is amended so that any prescription drug dispensed in this state is entered in the system daily after such prescription drug is "sold" rather than "dispensed." (AM 2607, p. 7, line 5 and p. 8, line 7.)

Several sections regarding the release and use of the data in the PDMP was amended to require compliance with the Health Insurance Portability and Accountability Act (HIPAA) as well as the policies adopted by the HIT Board. (AM 2607, p. 9, lines 27-31; p.10, lines 1-11, 13-14, 22-24; p. 11, lines 13-16 and 23-31; p. 12, lines 13-20.)

AM 2607 maintains the current statutory language requiring collaboration between the statewide health information exchange and DHHS with respect to the release of information which had been stricken in the green copy. (Pg. 9, line 29; p. 11, lines 15-16.)

Finally, the provision regarding the administration of the HIT Board is also moved to 71-2455 and allows DHHS to contract with the statewide health information exchange for the administration of the Board. (AM 2607, p. 14, lines 21-30.)

LB 1058 - Create the Population Health Information Act

LB 1058 creates the Population Health Information Act which provides a statutory framework for the operation of a state health information exchange, including the collection and reporting of public health data for registry submissions, immunization reporting, and syndromic surveillance.

Section 2 creates definitions for purposes of the Act. (AM 2607, p. 1, lines 5-22.)

Section 3 provides duties for operating an electronic health records initiative. The designated health information exchange shall aggregate clinical information; act as the designated entity for purposes of access to and analysis of health data; collect and analyze data for purposes of informing the Legislature, DHHS, health care providers, and health care entities as to the cost of, access to, and quality of health care in Nebraska; and be a collector and reporter of public health data. (AM 2607, p. 2, lines 1-18.)

Section 4 of AM 2607 provides that the Department of Health and Human Services shall work collaboratively with the designated health information exchange to access federal funding from the Centers for Medicaid and Medicare and other federal programs related to health information technology. (Sec. 4, p. 3, lines 8-15.)

Finally, section 4(2) also states that the Population Health Information Act shall not preclude the Department of Health and Human Services from working with any other entity for the purposes of collecting and analyzing data to inform the Legislature and other health care entities of the cost and value of health care in Nebraska. (AM 2607, p. 2, lines 29-31 and p. 3, lines 1-2.)

Motion was made to include LB 1058 as amended into the committee amendment AM2607.

Vote: 7-0-0-0

Voting Aye: Senators Howard, Arch, Cavanaugh, B. Hansen, Murman, Walz, Williams

Voting Nay: None

Absent: None

Present Not Voting: None

Public Hearing (February 13, 2020)

Proponents:

Senator Sara Howard - Introducer

Ann Polich - Nebraska Health Information Initiative; Nebraska Medical Association; and Methodist

Joy Doll - Creighton University

Eric Dunning - Blue Cross and Blue Shield of Nebraska

Robert Rhodes - WellCare of Nebraska

Margaret Woeppel - Nebraska Hospital Association

Michael Skoch - Nebraska Health Information Initiative; and Nebraska Total Care

Jaime Bland - Nebraska Health Information Initiative

Opponents:

Bob Rauner - Self

Dr. Gary Anthone - Department of Health and Human Services

Neutral:

None

Sara Howard, Chairperson