By Senator Harrell

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A bill to be entitled An act relating to data innovation; creating s. 11.52, F.S.; providing a short title; providing legislative intent; establishing the Office of Data Innovation and Governance for specified purposes; providing duties of the office; requiring the office to develop an interagency governance committee; providing committee membership; requiring the committee to develop operating guidelines; requiring the office to provide a certain recommendation to the Governor and the Legislature by a specified date; amending s. 408.051, F.S.; requiring certain health care providers to quarterly report their secure messaging direct addresses to the Agency for Health Care Administration; requiring the agency to publish a directory of such direct addresses in a certain format; creating s. 408.0522, F.S.; providing legislative intent; defining terms; requiring certain certified electronic health record (EHR) vendors conducting business in this state to provide interoperability and data integration; requiring such EHR vendors to make a certain attestation to the agency; requiring the agency to quarterly publish a certain list of EHR vendors; requiring licensed health care entities and licensed providers to report EHR vendor information blocking; requiring the agency to impose a specified fine on an EHR vendor for certain noncompliance or information blocking; providing for the distribution of collected fines; requiring any

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integrating partner to meet security requirements for EHR vendors; providing immunity from liability for an EHR vendor under certain circumstances; prohibiting discriminatory pricing; clarifying that the qualifying entity is responsible for integration; prohibiting EHR vendors from taking certain actions; providing an effective date.

Be It Enacted by the Legislature of the State of Florida:

Section 1. Section 11.52, Florida Statutes, is created to read:

11.52 Office of Data Innovation and Governance; interoperability; portfolio rationalization.—

(1) SHORT TITLE.—This section shall be known and may be cited as the "Legislature's Office of Data Innovation

Governance, Interoperability, and Portfolio Rationalization

Act."

(2) LEGISLATIVE INTENT.—The Legislature recognizes that no state agency or entity is tasked with ensuring that the state's data is interoperable. It is the intent of the Legislature to create the Office of Data Innovation and Governance to ensure that all state agencies collaborate and synthesize data securely through interoperability, and to create software and information technology (IT) application procurement with the intent of achieving interoperability, thereby reducing the number of standalone applications that do not communicate with each other. It is the intent of the Legislature to minimize the costs associated with areas of data management; to ensure accurate

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procedures around regulation and compliance activities; to increase transparency within any data-related activities; to institute better training and educational practices for the management of data assets; to increase the value of this state's data while providing standardized data systems, data policies, and data procedures; to aid in the resolution of past and current data issues; to facilitate improved monitoring and tracking mechanisms for data quality and other data-related activities; to increase overall state data standards, thereby translating data into actionable information and workable knowledge of this state's IT system; and to improve the health of all persons in this state. It is the intent of the Legislature to enable agencies to transform their use of technology to offer services in an effective, efficient, and secure manner.

- (3) OFFICE OF DATA INNOVATION AND GOVERNANCE.—The Office of Data Innovation and Governance is established to evaluate and execute interagency data—sharing agreements, to develop common data definitions across the executive and legislative branches of government, to provide interagency transparency, to create an assessment of all IT systems in this state, to create an IT software procurement process, and to recommend a software portfolio rationalization to the Governor, the President of the Senate, and the Speaker of the House of Representatives each fiscal year. The President of the Senate shall appoint a chief data officer to direct the office.
- (a) Data catalog.—The Office of Data Innovation and Governance shall identify all data elements contained within state agencies and publish a comprehensive data catalog.

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(b) Data dictionary.—The office shall develop common data definitions across state agencies and publish a data dictionary. Where data definitions are limited to agency functionality, the data dictionary shall define each data element, depending upon each agency's need.

- (c) Interagency data-sharing agreements.—By the end of the 2018-2019 fiscal year, the office shall inventory all existing interagency data-sharing agreements, identify areas of data-sharing needs which are not currently addressed, and execute an interagency agreement.
- (d) Transparency.—The office shall inform state agencies of types of data collected by the agencies which are reported publicly or to the federal government for the purpose of identifying where interagency data sharing can create staff efficiencies and technology efficiencies.
- (e) Software procurement.—All state agency software procurement efforts must be reviewed by the office to ensure the procurement efforts and the solutions sought provide interoperability between the agencies. An agency procurement request may not be published without the approval of the office.
- (f) Portfolio rationalization.—The office shall report to the Executive Office of the Governor, the President of the Senate, and the Speaker of the House of Representatives an inventory of all technology currently being used by state agencies. This inventory of systems and applications must identify duplicate systems and make recommendations for reducing the number of legacy systems supporting each separate agency.
- (g) System of algorithms.—By the end of the 2019-2020 fiscal year, all agencies housing health-related data must

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implement a system of algorithms to continuously search for duplicate patient records in the databases of such agencies. The algorithms must scan for data elements within a patient's information, including, but not limited to, his or her name, address, medical record number, social security number, and insurance company or health care provider, to determine whether records belong to the same patient or if more research is needed. The system shall use both deterministic and probabilistic algorithms to match patient records.

- (h) Identity management.—The office shall implement an identity verification function capable of authenticating the digital identity of a person, organization, device, or application. The identity verification function must allow for the authentication across state agencies without the need to physically store protected health information or personal identifying information in order to ensure data connectivity and integration across all agency data sets.
- (i) Direct address directory.—The office shall develop a direct address directory for all relevant providers in this state and publish the directory in a format that can be digitally digested by qualified entities.
- (j) Security.—The digital front door recommended by the office:
- 1. Must enable the secure exchange of digital information with, and use of digital information from, other IT systems without special effort on the part of the user;
- 2. Must allow for complete access, exchange, and use of all electronically accessible information for authorized use under applicable state or federal law; and

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3. Does not constitute information blocking as defined in s. 408.0522(2).

- (4) INTERAGENCY GOVERNANCE COMMITTEE.—The Office of Data

 Innovation and Governance shall develop an interagency
 governance committee consisting of all of the following members:
- (a) One representative from each state agency that houses health-related data, appointed by the Governor.
- (b) One member from the health plan industry, appointed by the President of the Senate.
- (c) One member from the hospital industry, appointed by the President of the Senate.
- (d) One member from an ambulatory surgical center, appointed by the President of the Senate.
- (e) One member from the long-term care community, appointed by the President of the Senate.
- (f) Two members from the banking industry, one appointed by the President of the Senate and one appointed by the Speaker of the House of Representatives.
- (g) One member from the IT industry, appointed by the Speaker of the House of Representatives.
- (h) One member from the social services industry, appointed by the Speaker of the House of Representatives.
- (i) One member from the licensed practitioner community, appointed by the Speaker of the House of Representatives.
- (j) One member involved with promoting civil justice, appointed by the Speaker of the House of Representatives.
- (5) GUIDELINES.—The committee shall develop operating guidelines that must:
 - (a) Serve the best interests of the state;

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(b) Prioritize technology capabilities to improve delivery of mission-critical services;

- (c) Prioritize projects that can serve as common solutions or inspire reuse;
- (d) Abide by an open, transparent, and fair process for evaluating project proposals;
- (e) Implement a fair evaluation process based on consistent criteria that include a strong technical and security approach with an execution strategy led by a highly capable team;
- (f) Require agencies to articulate why they are requesting funds for IT software and provide assurance of sound project cost and savings estimates;
- (g) Accept proposals for new projects or ideas that require funding to implement and for ongoing projects that need an input of funds or technical expertise to improve project execution and produce stronger results;
- (h) Publish updates, success stories, funding recommendations, and additional information that allows agencies to learn from the office's operating model; and
- (i) Develop an agile project implementation process that supports the mission of the office.
- (6) RECOMMENDATION.—The Office of Data Innovation and Governance shall recommend to the Governor, the President of the Senate, and the Speaker of the House of Representatives by the 2020-2021 fiscal year a statewide framework for a digital front door for managing information throughout this state. The digital front door must address eligibility for state services, treatment by state-licensed practitioners, payment, policy research, patient outcomes improvement, and state and federal

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governmental reporting.

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Section 2. Subsection (6) is added to section 408.051, Florida Statutes, to read:

408.051 Florida Electronic Health Records Exchange Act.-

(6) SECURE MESSAGING DIRECT ADDRESS.—Each provider that uses an electronic health records company that has received certification by the federal Office of the National Coordinator shall quarterly report its secure messaging direct address to the agency. The direct address is the address at which the provider prefers to receive direct messages. The agency shall publish in an open-sourced and digestible format a dynamic directory of direct addresses for providers treating patients in this state, whether in person or remotely.

Section 3. Section 408.0522, Florida Statutes, is created to read:

408.0522 Florida Health Data Interoperability Act.-

- (1) It is the intent of the Legislature to create a robust interoperability between health systems and to ensure that health care providers are able to leverage their EHR investments to achieve their unique desired outcomes.
 - (2) As used in this section, the term:
- (a) "Agency" means the Agency for Health Care Administration.
 - (b) "DCF" means the Department of Children and Families.
 - (c) "Department" means the Department of Health.
 - (d) "DOEA" means the Department of Elder Affairs.
 - (e) "EHR" means an electronic health record, a digital version of a patient's paper chart which presents information in real-time and allows information to be made available instantly

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233 and securely to authorized users. The term may include a
234 patient's medical history, diagnoses, medications, treatment
235 plans, immunization dates, allergies, radiology images, and
236 laboratory and test results.

- (f) "EHR vendor" means a company that develops and creates for sale an EHR system.
- (g) "Information blocking" means a practice that is likely to interfere with, prevent, or materially discourage access, exchange, or use of electronic health information that is conducted by an EHR vendor or provider who knows, or should know, that such practice is likely to interfere with, prevent, or materially discourage the access, exchange, or use of electronic health information.
- (h) "Interoperable" means the ability of two or more systems or components to exchange information and to use the information that has been exchanged.
- (i) "Licensed health care entity" means a licensed health care facility regulated by the agency.
- (j) "Provider" means a licensed health care practitioner whose practice is regulated by the department.
- (k) "Qualified entity" means a third party that meets the security requirements necessary to securely integrate with an EHR vendor that received certification by the federal Office of the National Coordinator.
- (3) An EHR vendor certified by the federal Office of the National Coordinator for Health Information Technology, or qualified entities conducting business in this state with a licensed health care entity or a provider, shall provide interoperability and data integration at the direction of a

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qualified entity or a provider.

- (4) An EHR vendor doing business in this state must attest to the agency whether it has the required functionality to support interoperability and seamless third-party integrations. The attestation must list all the types of integrations supported, if any.
- (5) The agency shall quarterly publish an open-sourced and dynamic list of EHR vendors that support interoperability. The list must include:
- a. Each EHR vendor's name and the location of its headquarters;
- b. The name and contact information of each EHR vendor's registered agent; and
- $\underline{\text{c. The name of each EHR vendor's software and version}}$ number.
- (6) Licensed health care entities and licensed providers shall report to the agency any instance of an EHR vendor conducting business in a way that creates information blocking that results in a lack of interoperability.
- (7) The agency shall impose a fine on an EHR vendor that fails to comply with the interoperability standards or that creates information blocking in an amount equal to the greatest amount, whether expressed as a fixed sum or a proportion of revenue generated, charged to a third party for integration times the revenue generated from business in this state.

 Proceeds of any such settlement shall be distributed as:
- (a) Thirty percent to fund clinical trials, as deemed appropriate by the Office of Data Innovation and Governance;
 - (b) Forty percent to fund pilot programs that include cost-

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based, rather than fee schedule-based, reimbursements;

- (c) Twenty percent to fund unreimbursed care in this state on a cost basis, rather than on a fee schedule basis, via the Medicaid low-income pool; and
- (d) Ten percent to the whistleblower hospital, practice, or provider that discovers and reports the information blocking.
- (8) A qualified entity must meet the security requirements that EHR vendors are held accountable for in both federal and state regulations. EHR vendors are immune from liability when the qualified entity is denied integration because the data integration partner does not meet the security requirements necessary or does not have the necessary technical capacities to integrate.
- (9) There are no pricing mandates for integration and data costs. EHR vendors may not use price to discriminate in a manner that hinders data integration and innovation.
- (10) This section does not require an EHR vendor to develop technological capabilities to meet the needs of qualified entities. The qualified entity is responsible for integrating the use of existing, uninteroperable digitized electronic medical records.
- cal (11) EHR vendors may not use existing technological resources to discriminate against qualified entities. EHR vendors may not publish an application programming interface to one qualified entity and require another qualified entity needing the same functionality to use the interoperability standards of Health Level Seven International.
 - Section 4. This act shall take effect July 1, 2019.