### Florida Senate - 2008

By Senator Ring

32-03301-08

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1	A bill to be entitled
2	An act relating to electronic health records; amending s.
3	395.3025, F.S.; expanding access to a patient's medical
4	records to facilitate electronic exchange of data between
5	certain health care facilities, practitioners, and
6	providers and attending physicians; revising terminology
7	regarding disclosure of patient records to conform to
8	changes made by the act; amending s. 408.05, F.S.;
9	removing responsibility of the Agency for Health Care
10	Administration for monitoring certain grants and health
11	care data; creating s. 408.051, F.S.; creating the
12	"Florida eHealth Initiative Act"; providing legislative
13	intent; providing definitions; requiring the agency to
14	award and monitor grants to certain health information
15	organizations; providing rulemaking authority regarding
16	establishment of eligibility criteria; establishing the
17	Electronic Medical Records System Adoption Loan Program;
18	providing eligibility criteria; providing rulemaking
19	authority regarding terms and conditions for the granting
20	of loans; creating the Florida Health Information Exchange
21	Advisory Council; providing for purpose, membership, terms
22	of office, and duties of the council; requiring the
23	Florida Center for Health Information and Policy Analysis
24	to provide staff support; requiring reports to the
25	Governor and Legislature; providing for future repeal of
26	s. 408.051, F.S., and abolition of the council; providing
27	duties of the agency with regard to availability of
28	specified information on the agency's Internet website;
29	requiring the agency to develop and implement a plan to

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30	promote participation in regional and statewide health
31	information exchanges; requiring the Office of Program
32	Policy Analysis and Government Accountability to complete
33	an independent evaluation of the grants program
34	administered by the agency and submit the report to the
35	Governor and Legislature; amending s. 408.062, F.S.;
36	removing responsibility of the agency for developing an
37	electronic health information network; amending s.
38	483.181, F.S.; expanding access to laboratory reports to
39	facilitate electronic exchange of data between certain
40	health care practitioners and providers; providing an
41	effective date.
42	
43	Be It Enacted by the Legislature of the State of Florida:
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45	Section 1. Paragraphs (a), (e), and (f) of subsection (4)
46	of section 395.3025, Florida Statutes, are amended to read:
47	395.3025 Patient and personnel records; copies;
48	examination
49	(4) Patient records are confidential and must not be
50	disclosed without the consent of the <u>patient or his or her legal</u>
51	representative person to whom they pertain, but appropriate
52	disclosure may be made without such consent to:
53	(a) Licensed facility personnel <u>,</u> and attending physicians <u>,</u>
54	or other health care practitioners and providers involved in the
55	care or treatment of the patient for use in connection with the
56	treatment of the patient.
57	(e) The <u>department</u> <del>agency</del> upon subpoena issued pursuant to
58	s. 456.071, but the records obtained thereby must be used solely

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59 for the purpose of the department agency and the appropriate 60 professional board in its investigation, prosecution, and appeal 61 of disciplinary proceedings. If the department agency requests 62 copies of the records, the facility shall charge no more than its 63 actual copying costs, including reasonable staff time. The 64 records must be sealed and must not be available to the public 65 pursuant to s. 119.07(1) or any other statute providing access to 66 records, nor may they be available to the public as part of the 67 record of investigation for and prosecution in disciplinary 68 proceedings made available to the public by the department agency 69 or the appropriate regulatory board. However, the department 70 agency must make available, upon written request by a 71 practitioner against whom probable cause has been found, any such 72 records that form the basis of the determination of probable 73 cause.

(f) The department of Health or its agent, for the purpose of establishing and maintaining a trauma registry and for the purpose of ensuring that hospitals and trauma centers are in compliance with the standards and rules established under ss. 395.401, 395.4015, 395.4025, 395.404, 395.4045, and 395.405, and for the purpose of monitoring patient outcome at hospitals and trauma centers that provide trauma care services.

81 Section 2. Subsection (4) of section 408.05, Florida
82 Statutes, is amended to read:

408.05 Florida Center for Health Information and PolicyAnalysis.--

85

(4) TECHNICAL ASSISTANCE.--

86 (a) The center shall provide technical assistance to
 87 persons or organizations engaged in health planning activities in

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88 the effective use of statistics collected and compiled by the 89 center. The center shall also provide the following additional 90 technical assistance services:

(a) 1. Establish procedures identifying the circumstances 91 92 under which, the places at which, the persons from whom, and the 93 methods by which a person may secure data from the center, 94 including procedures governing requests, the ordering of 95 requests, timeframes for handling requests, and other procedures 96 necessary to facilitate the use of the center's data. To the 97 extent possible, the center should provide current data timely in 98 response to requests from public or private agencies.

99 <u>(b)</u>2. Provide assistance to data sources and users in the 100 areas of database design, survey design, sampling procedures, 101 statistical interpretation, and data access to promote improved 102 health-care-related data sets.

103 <u>(c)</u><sup>3.</sup> Identify health care data gaps and provide technical 104 assistance to other public or private organizations for meeting 105 documented health care data needs.

106(d)4. Assist other organizations in developing statistical107abstracts of their data sets that could be used by the center.

108 <u>(e)</u> 5. Provide statistical support to state agencies with 109 regard to the use of databases maintained by the center.

110 <u>(f)</u> To the extent possible, respond to multiple requests 111 for information not currently collected by the center or 112 available from other sources by initiating data collection.

113 (g)7. Maintain detailed information on data maintained by 114 other local, state, federal, and private agencies in order to 115 advise those who use the center of potential sources of data 116 which are requested but which are not available from the center.

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117 (h)8. Respond to requests for data which are not available 118 in published form by initiating special computer runs on data 119 sets available to the center.

120 <u>(i)</u>9. Monitor innovations in health information technology, 121 informatics, and the exchange of health information and maintain 122 a repository of technical resources to support the development of 123 a health information exchange network.

124 (b) The agency shall administer, manage, and monitor grants 125 to not-for-profit organizations, regional health information 126 organizations, public health departments, or state agencies that 127 submit proposals for planning, implementation, or training 128 projects to advance the development of a health information 129 network. Any grant contract shall be evaluated to ensure the 130 effective outcome of the health information project.

131 (c) The agency shall initiate, oversee, manage, and 132 evaluate the integration of health care data from each state 133 agency that collects, stores, and reports on health care issues 134 and make that data available to any health care practitioner 135 through a state health information network.

136 Section 3. Section 408.051, Florida Statutes, is created to 137 read:

408.051 Florida eHealth Initiative Act.--

139(1) SHORT TITLE.--This section may be cited as the "Florida140eHealth Initiative Act."

141 (2) LEGISLATIVE INTENT.--The Legislature recognizes that
 142 the exchange of electronic medical records will benefit consumers
 143 by increasing the quality and efficiency of health care
 144 throughout the state. It is the intent of the Legislature that
 145 the state promote and coordinate the establishment of a secure,

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privacy-protected, and interconnected statewide health 146 147 information exchange. 148 (3) DEFINITIONS.--As used in this section, the term: "Electronic medical record" means a record of a 149 (a) 150 person's medical treatment created by a licensed health care 151 provider and stored in an interoperable and accessible digital 152 format. 153 (b) "Electronic medical record system" means an application 154 environment composed of at least two of the following systems: a 155 clinical data repository; clinical decision support; controlled 156 medical vocabulary; computerized provider order entry; pharmacy; 157 or clinical documentation. The application must be used by health 158 care practitioners to document, monitor, and manage health care 159 delivery within a health care delivery system and must be capable 160 of interoperability within a health information exchange. 161 (c) "Health information exchange" means an electronic 162 system used to acquire, process, and transmit electronic medical records that can be shared in real time among authorized health 163 164 care providers, health care facilities, health insurers, and 165 other recipients, as authorized by law, to facilitate the

166 provision of health care services.

(d) "Health information organization" means an entity with a formal structure and established policies and procedures that serves as a neutral convener of local stakeholders to enable the secure and reliable exchange of electronic medical records among authorized health care stakeholders within a defined geographic region to facilitate improvements in health care quality, safety, and coordination of care.

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(4) MATCHING GRANTS.--

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175	(a) Subject to a specific appropriation, the agency shall
176	award and monitor matching grants to health information
177	organizations that submit proposals that advance the development
178	of a statewide health information exchange. Funds awarded under
179	this subsection shall be awarded on the basis of matching each $\$1$
180	of state funds with \$1 of local or private funds. Local or
181	private funds may be provided in the form of cash or in-kind
182	support or services. Grants may be awarded within the following
183	categories: development, operation, and collaboration.
184	(b) The agency shall, by rule, establish specific
185	eligibility criteria for a health information organization to
186	qualify for a grant under this subsection. These criteria shall
187	include, at a minimum, documentation of the following:
188	1. For development grants, the proposed organizational
189	structure, the level of community support, including a list of
190	key participants, a demonstration of available local or private
191	matching funds, a timeline for development of the health
192	information exchange, and proposed goals and metrics.
193	2. For operation grants, a demonstration of available local
194	or private matching funds and a detailed business plan, which
195	shall include a timeline for implementation of the health
196	information exchange, policies and procedures to protect the
197	privacy and security of electronic medical records, and proposed
198	goals and metrics.
199	3. For collaboration grants, a demonstration of available
200	local or private matching funds, memoranda of understanding
201	between at least two health information organizations for the
202	exchange of electronic medical records, a demonstration of
203	consistent utilization of the health information exchange by

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204	members within each participating health information
205	organization, and a detailed business plan, which shall include a
206	timeline for the implementation of the exchange of electronic
207	medical records between participating health information
208	organizations, policies and procedures to protect the privacy and
209	security of electronic medical records, and proposed goals and
210	metrics.
211	(c) Beginning July 1, 2008, the agency shall not award a
212	health information organization more than 2 years of funding
213	within each grant category.
214	(d) The agency shall award grants in consultation with the
215	Florida Health Information Exchange Advisory Council.
216	(5) ELECTRONIC MEDICAL RECORDS SYSTEM ADOPTION LOAN
217	PROGRAM
218	(a) There is created an Electronic Medical Records System
219	Adoption Loan Program within the agency for the purpose of
220	providing a one-time, no-interest loan to eligible physicians
221	licensed under chapter 458 or chapter 459 or to an eligible
222	business entity whose shareholders are licensed under chapter 458
223	or chapter 459 for the initial costs of implementing an
224	electronic medical records system.
225	(b) In order to be eligible for a loan under this
226	subsection, each physician must demonstrate that he or she has
227	practiced continuously within the state for the previous 3 years.
228	(c) The agency shall not provide a loan to a physician who
229	has or a business entity whose physician has:
230	1. Been found guilty of violating s. 456.072(1) or been
231	disciplined under the applicable licensing chapter in the
232	previous 5 years.

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233 2. Been found guilty of or entered a plea of guilty or nolo 234 contendere to a violation of s. 409.920 or s. 409.9201. 235 3. Been sanctioned pursuant to s. 409.913 for fraud or 236 abuse. 237 (d) A loan may be provided to an eligible physician or 238 business entity in a lump-sum amount to pay for the costs of 239 purchasing hardware and software, subscription services, professional consultation, and staff training. The agency shall 240 241 provide guidance to loan recipients by providing, at a minimum, a 242 list of electronic medical record systems recognized or certified 243 by national standards-setting entities as capable of being used 244 to communicate with a health information exchange. 245 The agency shall distribute a minimum of 25 percent of (e) 246 funds appropriated to this program to physicians or business 247 entities operating within a rural county as defined in s. 248 288.106(1)(r). (f) The agency shall, by rule, develop standard terms and 249 250 conditions for use in this program. At a minimum, these terms and 251 conditions shall require: 252 1. Loan repayment by the physician or business entity 253 within a reasonable period of time, which may not be longer than 254 72 months after the funding of the loan. 255 2. Equal periodic payments that commence within 3 months 256 after the funding of the loan. 257 3. The eligible physician or business entity to execute a 258 promissory note and a security agreement in favor of the state. 259 The security agreement shall be a purchase-money security 260 interest pledging as collateral for the loan the specific 261 hardware and software purchased with the loan proceeds. The

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262	agency shall prepare and record a financing statement under
263	chapter 679. The physician or business entity shall be
264	responsible for paying the cost of recording the financing
265	statement. The security agreement shall further require that the
266	physician or business entity pay all collection costs, including
267	attorney's fees.
268	(g) The agency shall further require the physician or
269	business entity to provide additional security under one of the
270	following subparagraphs:
271	1. An irrevocable letter of credit, as defined in chapter
272	675, in an amount equal to the amount of the loan.
273	2. An escrow account consisting of cash or assets eligible
274	for deposit in accordance with s. 625.52 in an amount equal to
275	the amount of the loan. If the escrow agent is responsible for
276	making the periodic payments on the loan, the required escrow
277	balance may be diminished as payments are made.
278	3. A pledge of the accounts receivables of the physician or
279	business entity. This pledge shall be reflected on the financing
280	statement.
281	(h) All payments received from or on behalf of a physician
282	or business entity under this program shall be deposited into the
283	agency's Administrative Trust Fund to be used to fund new loans.
284	(i) If a physician or business entity that has received a
285	loan under this section ceases to provide care or services to
286	patients, or if the physician or business entity defaults in any
287	payment and the default continues for 30 days, the entire loan
288	balance shall be immediately due and payable and shall bear
289	interest from that point forward at the rate of 18 percent
290	annually. Upon default, the agency may offset any moneys owed to

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291	the physician or business entity from the state and apply the
292	offset against the outstanding balance.
293	(j) If a physician defaults in any payment and if the
294	default continues for 30 days, the default shall constitute
295	grounds for disciplinary action under chapter 458 or chapter 459
296	and s. 456.072(1)(k).
297	(6) FLORIDA HEALTH INFORMATION EXCHANGE ADVISORY COUNCIL
298	(a) The Florida Health Information Exchange Advisory
299	Council is created as an adjunct to the agency. The council is
300	subject to the requirements of s. 20.052, except that only state
301	officers and employees shall be reimbursed for per diem and
302	travel expenses pursuant to s. 112.061.
303	(b) The purpose of the council is to:
304	1. Promote participation in regional and statewide health
305	information exchanges and adoption of health information
306	technology to support the infrastructure capacity for regional
306 307	technology to support the infrastructure capacity for regional and statewide health information exchanges.
307	and statewide health information exchanges.
307 308	and statewide health information exchanges. 2. Conduct outreach and convene forums to educate
307 308 309	and statewide health information exchanges. 2. Conduct outreach and convene forums to educate stakeholders regarding the benefits of utilizing a health
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307 308 309 310 311	and statewide health information exchanges. 2. Conduct outreach and convene forums to educate stakeholders regarding the benefits of utilizing a health information exchange. 3. Provide guidance to stakeholders regarding the effective
307 308 309 310 311 312	and statewide health information exchanges. 2. Conduct outreach and convene forums to educate stakeholders regarding the benefits of utilizing a health information exchange. 3. Provide guidance to stakeholders regarding the effective use of health information exchanges and standards for protecting
307 308 309 310 311 312 313	and statewide health information exchanges. 2. Conduct outreach and convene forums to educate stakeholders regarding the benefits of utilizing a health information exchange. 3. Provide guidance to stakeholders regarding the effective use of health information exchanges and standards for protecting the privacy and security of electronic medical records.
307 308 309 310 311 312 313 314	and statewide health information exchanges. 2. Conduct outreach and convene forums to educate stakeholders regarding the benefits of utilizing a health information exchange. 3. Provide guidance to stakeholders regarding the effective use of health information exchanges and standards for protecting the privacy and security of electronic medical records. (c) The council shall consist of the following members:
307 308 309 310 311 312 313 314 315	and statewide health information exchanges. 2. Conduct outreach and convene forums to educate stakeholders regarding the benefits of utilizing a health information exchange. 3. Provide guidance to stakeholders regarding the effective use of health information exchanges and standards for protecting the privacy and security of electronic medical records. (c) The council shall consist of the following members: 1. The Secretary of Health Care Administration, or his or
307 308 309 310 311 312 313 314 315 316	and statewide health information exchanges. 2. Conduct outreach and convene forums to educate stakeholders regarding the benefits of utilizing a health information exchange. 3. Provide guidance to stakeholders regarding the effective use of health information exchanges and standards for protecting the privacy and security of electronic medical records. (c) The council shall consist of the following members: 1. The Secretary of Health Care Administration, or his or her designee.
307 308 309 310 311 312 313 314 315 316 317	and statewide health information exchanges. 2. Conduct outreach and convene forums to educate stakeholders regarding the benefits of utilizing a health information exchange. 3. Provide guidance to stakeholders regarding the effective use of health information exchanges and standards for protecting the privacy and security of electronic medical records. (c) The council shall consist of the following members: 1. The Secretary of Health Care Administration, or his or her designee. 2. The State Surgeon General, or his or her designee.

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32-03301-08 20081998 320 a. One member must be from the health insurance industry. 321 b. One member must be a consumer who is a resident of the 322 state. 323 4. Four members appointed by and serving at the pleasure of the President of the Senate, of which: 324 325 a. One member must be from a public hospital utilizing an 326 electronic medical records system. 327 b. One member must be a physician utilizing an electronic 328 medical records system in his or her practice. 329 c. One member must be a representative of an operating 330 health information organization in the state. d. One member must be from a federally qualified health 331 332 center or other rural health organization utilizing an electronic 333 medical records system. 334 5. Four members appointed by and serving at the pleasure of 335 the Speaker of the House of Representatives, of which: 336 a. One member must be from a public hospital utilizing an 337 electronic medical records system. 338 b. One member must be a physician utilizing an electronic 339 medical records system in his or her practice. 340 c. One member must be a representative of an operating 341 health information organization in the state. 342 d. One member must be from a federally qualified health 343 center or other rural health organization utilizing an electronic medical records system. 344 345 (d) A member who is a representative of an operating health 346 information organization in the state must recuse himself or 347 herself during discussion, evaluation, or recommendation of a 348 grant application.

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349	(e) Each member of the council subject to appointment shall
350	be appointed to serve for a term of 4 years following the date of
351	appointment. A vacancy shall be filled by appointment for the
352	remainder of the term. Appointments shall be made within 45 days
353	after the effective date of this section.
354	(f) The council may meet at the call of the chair or at the
355	request of a majority of its membership, but the council must
356	meet at least quarterly. Meetings of the council may be held via
357	teleconference or other electronic means.
358	(g) Members shall elect a chair and vice chair annually.
359	(h) A majority of the members constitutes a quorum and the
360	affirmative vote of a majority of a quorum is necessary to take
361	action.
362	(i) The council's duties and responsibilities include, but
363	are not limited to, developing recommendations to:
364	1. Establish standards for all state-funded health
365	information exchange efforts. Such standards shall include, but
366	are not limited to, policies and procedures to protect the
367	privacy and security of electronic medical records.
368	2. Remove barriers, including, but not limited to,
369	technological, regulatory, and financial barriers, that limit
370	participation by health care providers, health care facilities,
371	and health insurers in a health information exchange.
372	3. Remove barriers that prevent consumers from having
373	access to their electronic medical records.
374	4. Provide incentives to promote participation by health
375	care providers, health care facilities, and health insurers in
376	health information exchanges.

20081998 377 5. Identify health care data held by state agencies and 378 remove barriers to making that data available to authorized 379 recipients through health information exchanges in a private and 380 secure manner. 381 6. Increase state agency participation in health 382 information exchanges. 383 7. Partner with other state, regional, and federal entities 384 to promote and coordinate health information exchange efforts. 385 8. Create a long-term plan for an interoperable statewide 386 network of health information organizations. 387 388 The council shall establish ad hoc issue-oriented technical 389 workgroups on an as-needed basis to make recommendations to the 390 council. 391 (j) The Florida Center for Health Information and Policy 392 Analysis within the agency shall provide, within existing 393 resources, staff support to enable the council to carry out its 394 responsibilities under this section. 395 (k) Beginning July 1, 2009, the council shall annually provide a report to the Governor, the President of the Senate, 396 397 the Speaker of the House of Representatives, and the chairs of 398 the appropriate substantive committees of the Senate and the 399 House of Representatives that includes, but is not limited to, 400 the recommendations regarding the council's duties and 401 responsibilities. In addition, by July 1, 2012, the council shall 402 recommend a long-term plan to create an interoperable statewide 403 network of health information organizations to the Governor, the 404 President of the Senate, the Speaker of the House of

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405	Representatives, and the chairs of the appropriate substantive
406	committees of the Senate and the House of Representatives.
407	(1) This section is repealed and the council shall stand
408	abolished July 1, 2012, unless reviewed and saved from repeal
409	through reenactment by the Legislature.
410	(7) AGENCY FOR HEALTH CARE ADMINISTRATION; DUTIES
411	(a) The agency shall develop and maintain on its Internet
412	website the following information:
413	1. Federal and private sector health information exchange
414	funding programs, including analyses of successful local and
415	state recipients of the programs, as well as unsuccessful local
416	and state applicants of the programs.
417	2. A clearinghouse of state and national legislative,
418	regulatory, and public awareness activities related to health
419	information exchanges.
420	(b) The agency shall develop and implement a plan that
421	promotes, at a minimum, participation in regional and statewide
422	health information exchanges and the adoption of electronic
423	medical record systems by physicians through the Electronic
424	Medical Records System Adoption Loan Program, in consultation
425	with the Florida Health Information Exchange Advisory Council,
426	organizations representing allopathic and osteopathic practicing
427	physicians, the Board of Medicine, and the Board of Osteopathic
428	Medicine.
429	(8) PROGRAM EVALUATION; REPORT The Office of Program
430	Policy Analysis and Government Accountability shall complete an
431	independent evaluation of the grants program administered by the
432	agency. The evaluation must include, at a minimum, assessments of
433	the grant evaluation and distribution process; the way in which

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434 grant dollars are spent; the level of participation by entities 435 within each grantee's project; the extent of clinical data 436 exchange among entities within each grantee's project; the 437 sources of funding for each grantee; and the feasibility of each 438 grantee achieving long-term sustainability without state grant 439 funding. The evaluation must assess the level at which the 440 current grants program is advancing the development of a 441 statewide health information exchange and recommend other 442 programs that may accomplish the same goal. The report shall be 443 submitted to the Governor, the President of the Senate, the 444 Speaker of the House of Representatives, and the chairs of the 445 relevant committees in the Senate and the House of 446 Representatives no later than July 1, 2009. 447 Section 4. Subsection (5) of section 408.062, Florida 448 Statutes, is amended to read: 408.062 Research, analyses, studies, and reports.--449 450 (5) The agency shall develop and implement a strategy for 451 the adoption and use of electronic health records, including the 452 development of an electronic health information network for the 453 sharing of electronic health records among health care 454 facilities, health care providers, and health insurers. The 455 agency may develop rules to facilitate the functionality and 456 protect the confidentiality of electronic health records. The 457 agency shall report to the Governor, the Speaker of the House of Representatives, and the President of the Senate on legislative 458 459 recommendations to protect the confidentiality of electronic 460 health records. Section 5. Subsection (2) of section 483.181, Florida 461

462 Statutes, is amended to read:

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483.181 Acceptance, collection, identification, and 463 464 examination of specimens. --

465 (2) The results of a test must be reported directly to the 466 licensed practitioner or other authorized person who requested 467 it, and appropriate disclosure may be made by the clinical 468 laboratory without a patient's consent to other health care 469 practitioners and providers involved in the care or treatment of 470 the patient for use in connection with the treatment of the 471 patient. The report must include the name and address of the 472 clinical laboratory in which the test was actually performed, 473 unless the test was performed in a hospital laboratory and the 474 report becomes an integral part of the hospital record.

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Section 6. This act shall take effect upon becoming a law.