

HOUSE OF REPRESENTATIVES STAFF ANALYSIS

BILL #: CS/HB 877 Electronic Health Records
SPONSOR(S): Select Committee on Health Innovation, Overdorf
TIED BILLS: **IDEN./SIM. BILLS:** SB 668

REFERENCE	ACTION	ANALYST	STAFF DIRECTOR or BUDGET/POLICY CHIEF
1) Select Committee on Health Innovation	14 Y, 0 N, As CS	Guzzo	Calamas
2) Health Care Appropriations Subcommittee			
3) Health & Human Services Committee			

SUMMARY ANALYSIS

Health information exchange networks allow health care providers to access and securely share a patient's electronic health record. Health care facilities and providers use national health information exchange networks to securely share comprehensive clinical records with participating providers. These national networks use standardized approaches to sharing health information, share health information securely, and reduce the need for multiple connections.

The Florida Health Information Exchange (FHIE) facilitates the secure statewide exchange of health information between health care providers, hospital systems, and payers. The FHIE also offers an encounter notification service (ENS), which provides real-time notice of patient health encounters from acute and post-acute care facilities across Florida. These facilities send admit, discharge, and transfer data messages in real-time and ENS compares them to patient lists provided by subscribing health care organizations.

The Emergency Patient Look-Up System (E-Plus) is a HIPAA compliant, cloud-based software solution designed for public health officials and emergency responders to fill critical information gaps during times of disaster. AHCA administers E-PLUS for disaster response organizations and agencies throughout the state of Florida

CS/HB 877 requires all hospitals, including specialty hospitals, to connect to a national network directly or through a third-party vendor to support the exchange of patient medical records. The bill also requires all hospitals with certified electronic health records systems to share ADT data with the Florida ENS. The bill provides rulemaking authority to AHCA to implement these provisions.

The bill also requires community pharmacies that are enabled to accept electronic prescriptions to share pharmacy data with E-PLUS. This will allow medical personnel involved in disaster preparedness and response to have access to a patient's medication history to ensure they can provide patient care during declared emergencies.

The bill has no fiscal impact on state or local government.

The bill provides an effective date of July 1, 2024.

FULL ANALYSIS

I. SUBSTANTIVE ANALYSIS

A. EFFECT OF PROPOSED CHANGES:

Background

National Health Information Exchange Networks

Health information exchange (HIE) networks allow health care providers to access and securely share a patient's electronic health record (EHR). EHRs are real-time, patient-centered records that make information available instantly and securely to authorized users.

There are over 6,000 Florida provider organizations connected to the national networks. The national networks are made up of trusted exchange partners that securely share comprehensive clinical records across participating providers and across state lines. These national networks use standardized approaches to sharing health information, share health information securely, and reduce the need for multiple connections. The three largest networks, eHealth Exchange, Commonwell, and Carequality are working together to facilitate data exchange between each other.¹

The largest health care information network in the country is eHealth exchange. It is a nonprofit health information exchange network made up of 72 regional and state health information exchanges, five Federal Agencies, 75% of all U.S. hospitals, 70,000 medical groups, and 5,800 dialysis centers. Other provider types that are connected to the eHealth Exchange include pharmacies, academic institutions, provider collaboratives, and integrated delivery networks.²

Fees for participating in eHealth Exchange vary depending on how large a connecting entity's network is, the technical infrastructure they are connecting with, and other factors. The range of annual fees for providers and health information networks is based on their net patient revenue or total expenses. The range of annual fees starts at \$5,000 for providers with less than \$1 million in net patient revenue and up to \$41,000 for those with more than \$5 billion in net patient revenue.³

The Florida Health Information Exchange

The Florida Health Information Exchange (FHIE) facilitates the secure statewide exchange of health information between health care providers, hospital systems, and payers. The FHIE is governed by the Agency for Health Care Administration (AHCA) by establishing policy, convening stakeholders, providing oversight, engaging federal partners, and promoting the benefits of health information technology.⁴ AHCA uses a contracted vendor, Audacious Inquiry, to contribute innovative technology solutions and strategic insight, and manage the day-to-day operations of the FHIE.⁵

The FHIE electronically makes patient health information available to participating providers, including doctors, nurses, hospitals, and health care organizations. The exchange of patient information is protected through strict medical privacy and confidential procedures.⁶ The FHIE consists of two services, patient record exchange and encounter notification, to improve the speed, quality, safety, and cost of patient care.

FHIE Services

¹ Agency for Health Care Administration, Agency Analysis of 2024 House Bill 877 (Oct. 20, 2023).

² *Id.*

³ eHealth Exchange, Pricing, Annual Fees for Providers and Health Information Networks, available at <https://ehealthexchange.org/pricing/> (last visited January 11, 2024).

⁴ Agency for Health Care Administration, Florida HIE Services, *What is the Florida HIE?*, available at <https://florida-hie.net/about/> (last visited January 11, 2024).

⁵ *Id.*

⁶ *Id.*

Patient Record Exchange

Currently, Florida hospitals are not required to connect to national health information exchange networks. The FHIE encourages health care organizations to connect to one of three national exchanges — eHealth exchange, Carequality, or CommonWell — or to regional HIEs. Currently, 236 of the 323 licensed hospitals in Florida are connected to a national network.⁷

Encounter Notification Service

The FHIE also offers an encounter notification service (ENS), which provides real-time notice of patient health encounters from acute and post-acute care facilities across Florida. These facilities send patient admission, discharge, and transfer data messages in real-time and ENS compares them to patient lists provided by subscribing health care organizations. When a listed patient receives care at a participating facility, paid subscribers receive an alert containing details about that patient's health encounter.

Currently, over 10 million monthly alerts are being sent and more than 800 data sources are supported by ENS. Of the 800, 236 are Florida hospitals with 87 hospitals not currently connected. The data subscription agreements, made up in part by 551 data sources, include the following:⁸

- 95% of licensed acute care hospitals;
- 225 skilled nursing facilities;
- 64 urgent care centers;
- 22 hospice providers;
- 5 crisis stabilization units;
- Statewide emergency medical services treat-and-release providers; and
- All 67 county health departments.

There are no costs to connect to ENS as a data source. There may be some cost to the hospital from their EHR vendor to integrate into the ENS.⁹ ENS as a data source provides patient information that gets matched with a subscriber's patient list.

While there are no costs to connect to ENS as a data source, providers do have to pay a fee if they wish to subscribe to receive alerts on their patients. The annual fee ranges from \$500 up to \$7,500.¹⁰ The benefit of this type of subscription is that they receive real-time admission, discharge, and transfer alerts on their patients for follow-up and care coordination. Additionally, providers can target specific diagnoses and/or conditions, such as asthma, behavioral health conditions, and other conditions at higher risk for potential hospital readmissions.

Additionally, ENS supports public health activities including real-time reporting of inpatient hospital stays for syndromic surveillance, data sharing with county health departments, emergency medical services, and health care registries. Although data sharing has grown and improved over time, AHCA indicates that several providers do not share complete data sets. This is due to various reasons such as workflow issues or staff turnover. The incomplete data limits the ability for subscribers of ENS to have a complete picture of patient care.¹¹

Hospitals that receive Low Income Pool funding are required to participate in the Florida HIE's Encounter Notification Service and Medicaid Managed Care Plans also participate as a contractual requirement.

⁷ *Supra* note 1.

⁸ *Id.*

⁹ *Id.* at pg. 3. Vendor costs are approximately \$5,000 for integration.

¹⁰ *Supra* note 1. See also AHCA, Florida HIE Services, Pricing Guide for ENS, available at https://floridahie.wpengine.com/wp-content/uploads/2022/05/Pricing_Guide_for_ENS_2022.pdf (last visited January 11, 2024).

¹¹ *Supra* note 1.

Emergency Patient Look-Up System (E-PLUS)

E-PLUS is a HIPAA compliant, cloud-based software solution designed for public health officials and emergency responders to fill critical information gaps during times of disaster. AHCA administers E-PLUS for disaster response organizations and agencies throughout the state of Florida. At the county level, organizations utilizing E-PLUS include county health departments, emergency management authorities, health systems, and law enforcement agencies. At the regional and state level, users include Department of Health regional planners and special needs shelter consultants, state emergency operations center Emergency Support Function 8 (ESF-8) staff, and disaster response organizations such as End Stage Renal Disease (ESRD) Network 7 and the Florida chapter of the Red Cross.¹²

The system includes the ability to electronically track patients entering and leaving a special needs shelter and adds this to the ENS, thereby improving care coordination by alerting providers and health plans that their patients or members have been evacuated to a special needs shelter. E-PLUS also allows users to search for missing persons by loading lists of missing people which are bounced against the ENS to see if a recent encounter has occurred.¹³

The system also allows authorized users to query patient clinical records and medication fill histories via the national health information exchange networks. E-PLUS is connected to two national networks, the eHealth Exchange and Surescripts. Surescripts is a national network which connects pharmacies and supplies E-PLUS with a 12-month medication fill history, meaning the medications were filled and paid for at a pharmacy. For example, Medicaid prescription filling histories are fed into Surescripts directly by the pharmacy or through claims data held by a plan's pharmacy benefit manager.

E-PLUS was activated on September 24, 2022, following the governor's emergency declaration, Executive Order 22-218 related to Hurricane Ian. During that activation, Publix Pharmacy was requested on behalf of Lee County to assist in performing medication reconciliations at shelters still in operation during the week after landfall. AHCA discovered that not all pharmacies that share data with Surescripts have opted to share data with E-PLUS during declared disasters. As of the end of 2022, 97.1 percent of all Florida pharmacies were connected to the Surescripts network, but AHCA cannot determine which pharmacies are and are not sharing data through Surescripts.¹⁴

The E-PLUS activation for Hurricane Ian resulted in the following:

- 234 queries for clinical documents and 386 medication searches;
- 10 shelters had access to search for patients;
- 131 people were checked into special needs shelters;
- 42 subscribers received alerts originating from the special needs shelters; and
- 47 percent of the dialysis patients reported missing by ESRD Network 7 were located.

Effect of the Bill

CS/HB 877 requires all hospitals, including specialty hospitals, to connect to a national network directly or via another health information exchange provider to support the exchange of patient medical records.

The bill also requires all hospitals with certified electronic health records systems to share ADT data with the Florida ENS. The bill provides rulemaking authority to AHCA to implement these provisions.

The bill also requires community pharmacies that are enabled to accept electronic prescriptions to share pharmacy data with E-PLUS. This will allow medical personnel involved in disaster preparedness and response to have access to a patient's medication history to ensure they can provide patient care during declared emergencies.

¹² *Id.*

¹³ *Id.*

¹⁴ *Id.*

The bill provides an effective date of July 1, 2024.

B. SECTION DIRECTORY:

Section 1: Amends s. 408.051, F.S., relating to Florida electronic health records exchange act.

Section 2: Amends s. 465.018, F.S., relating to community pharmacies; permits.

Section 3: Provides an effective date of July 1, 2024.

II. FISCAL ANALYSIS & ECONOMIC IMPACT STATEMENT

A. FISCAL IMPACT ON STATE GOVERNMENT:

1. Revenues:

None.

2. Expenditures:

None.

B. FISCAL IMPACT ON LOCAL GOVERNMENTS:

1. Revenues:

None.

2. Expenditures:

None.

C. DIRECT ECONOMIC IMPACT ON PRIVATE SECTOR:

For those hospitals that are not currently connected to a national network, there would be some connectivity costs depending on how their electronic health records systems are structured and the services that those vendors offer. The known costs for connecting to the largest national network, the eHealth Exchange, would be based on their net patient revenue or total expenses. The range of annual fees starts at \$5,000 for providers with less than \$1 million in net patient revenue and up to \$41,000 for those with more than \$5 billion in net patient revenue.

There are no costs for a hospital to connect to ENS as a data source.

There are also no costs for community pharmacies to participate in E-PLUS.

D. FISCAL COMMENTS:

None.

III. COMMENTS

A. CONSTITUTIONAL ISSUES:

1. Applicability of Municipality/County Mandates Provision:

Not applicable. The bill does not appear to affect county or municipal governments.

2. Other:

None.

B. RULE-MAKING AUTHORITY:

The bill provides sufficient rule-making authority to AHCA to implement the provisions of the bill.

C. DRAFTING ISSUES OR OTHER COMMENTS:

None.

IV. AMENDMENTS/COMMITTEE SUBSTITUTE CHANGES

On January 16, 2024, the Select Committee on Health Innovation adopted an amendment and reported the bill favorably as a committee substitute. The amendment:

- Required a hospital that maintains a certified electronic health records program to make patient electronic health records available through “an established national health information.
- Removed a provision that would inadvertently create a perpetual loophole to exempt community pharmacies from ever having to participate in the Emergency Patient Look-Up System.
- Removed duplicative rule-making authority relating to provider reporting requirements.

The analysis is drafted to the committee substitute as passed by the Select Committee on Health Innovation.