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- Update: IDPH's 2014 Legislative Package IHIN Bill hits a snag in the Senate
- Lyme Disease Task Force advances
- Subcommittees attended: Alternative Vapor Products, Sleep Tech Licensure, Required reporting to IRIS
- Highlights for next week: HHS presentations by IDPH staff, IHIN Bill sub in the House

#### **The Third Week**

Here are some highlights from the week:

#### **IDPH Legislative Package**

- IDPH has three bills for the 2014 session:
  - One bill pertains to the Iowa Health Information Network (IHIN) that is administered by the IDPH Office of e-Health. The bill is proposing to expand eligibility for the query function service that the IHIN provides. The service is used to query participants (any entity that has signed a participation agreement with the Office of e-Health) in the IHIN for a patient's health information. Examples of when the service may be used include but are not limited to when the patient is unable to remember their full medical history or during an off-hour emergency. Each participant is vetted through a strict approval process before gaining access to the IHIN.

**UPDATE:** The subcommittee of Senators <u>Herman Quirmbach</u> (chair), <u>Mary Jo Wilhelm</u>, and <u>Nancy Boettger</u> held a meeting on <u>SSB 3042</u> on Thursday, January 30. The bill is unopposed and supported by entities like the Iowa Hospital Association and Iowa Medicaid. The subcommittee would like more information on how well patient health information is protected by electronic health records in general and in the methods of their exchange as they relate to the IHIN query tool. IDPH will provide more information as it relates to the IHIN's privacy and security policies and processes. For more information about the goals of this legislation please see the attached PowerPoint.

**UPDATE:** <u>HSB 526</u> has been assigned to a subcommittee of Representatives <u>Linda Miller</u> (chair), <u>Marti Anderson</u>, and <u>Stan Gustafson</u>. The subcommittee has been rescheduled for Tuesday, February 4 at 9:00 in the House Lobby Lounge.

- UPDATE: <u>SSB 3013</u> passed the <u>Senate Human Resources Committee</u> unanimously on Wednesday, January 29 and without amendments. The new bill number is SF 2083 and it will now be eligible for debate on the Senate floor. The change the Board of Dietetics (under the IDPH Bureau of Professional Licensure) is proposing is consistent with the change in name of the American Dietetic Association (ADA) to the Academy of Nutrition and Dietetics (AND), and includes the name of the AND credentialing agency, the Commission on Dietetic Registration. The bill is technical in nature.
- <u>HSB 528</u> is the House companion bill to the Board of Dietetics bill. It was introduced on January 22 and was assigned to the <u>House Human Resources Committee</u>. It has been assigned to a subcommittee of Representatives <u>Rob Bacon</u> (chair), <u>Marti Anderson</u>, and <u>Kevin Koester</u>. A subcommittee meeting has not been scheduled as of this writing.
- <u>SSB 3014</u> is the IDPH Omnibus Bill and was introduced in the Senate on January 15 and was referred to the Senate Human Resources Committee. The subcommittee of Senators <u>Mary Jo Wilhelm</u> (chair), <u>Bill Dotzler</u>, and <u>David Johnson</u> met on Thursday, January 23 and will recommend passage of the bill to the Senate Human Resources Committee. Amendments were introduced to the bill from outside stakeholders however it is not clear as of this writing what will be included in the subcommittee's recommendation.
- To understand how a bill moves through the legislative process, click here.

#### **Other Highlights**

• <u>SF 2009</u> An Act establishing a Lyme disease task force. This bill passed the <u>Senate Human Resources Committee</u> on Wednesday, January 29 with an amendment to narrow the scope of the focus of the task force to the topic of chronic Lyme disease. The new bill number is <u>SF 2090</u> and incorporates the amended language. For more information on Lyme disease please click <u>here</u>.

#### Subcommittees attended:

- HSB 530 is a bill that requires any entity or person administering a vaccine or immunization to report
  its administration directly to the statewide <u>Immunization Registry Information System</u> (IRIS) within 30
  days following the administration of the vaccine. After much discussion, it was decided that the bill
  was unnecessary at this time and will not move forward.
- HSB 566 and SSB 3101 are companion bills that relate to the regulation of alternative nicotine products and vapor products. The bills define "alternative nicotine products" and "vapor products" separately from cigarettes and tobacco products under lowa Code Chapter 453A. They also prohibit the sale and use of these products to minors under the age of eighteen. There was a healthy debate on the definitions provided for in the bill however all of the groups represented agreed on the age limitations. Each bill passed its respective subcommittee but conversations are occurring regarding possible amendments if consensus can be reached on the points of contention.
- <u>SSB 3057</u> is a bill that requires the licensure of polysomnographic technologists, sometimes referred to as sleep techs, under the purview of IDPH's Bureau of Professional Licensure. The sleep techs would be added to the Board of Respiratory Care to become the Board of Respiratory Care and Polysomnography. The bill passed the subcommittee level and will be recommended for passage to the Senate State Government Committee with an amendment.

#### **Highlights for Next Week:**

• Presentations. Gretchen Hageman, Chief for the Bureau of Family Health has been invited to present to the <u>Health and Human Services (HHS) Joint Appropriations Subcommittee</u> on the IDPH 1<sup>st</sup> Five Program on Tuesday, February 4. The presentation is one of several on children's mental health services in Iowa. The 1<sup>st</sup> Five Program received an increase in funding for FY 2014 to expand its coverage in current locations and to expand the program into unserved areas. IDPH is proud of the work that Gretchen, her staff, and our local partners have accomplished to date and look forward to the opportunity to share information with our legislative partners.

IDPH Interim Director Gerd Clabaugh will also appear again in front of the HHS Subcommittee on Thursday, February 6. He will be providing an update on the medical residency training program. This program is a priority of the Governor's and a new program in IDPH that received a \$2.0 million appropriation for in FY 2014. The Governor has recommended additional funding of \$1.0 million for FY 2015. This update is one of several program updates scheduled for that day. Others include the Regional Autism Services Program administered by the Child Health Specialty Clinics and the work of the Iowa Poison Control Center.

#### **Other Information**

- Mark Your Calendar. The <u>funnel dates</u> in each chamber have been <u>moved up two weeks</u> as part of
  the joint effort to end session early. First funnel is now scheduled for February 21 and the second
  funnel is now scheduled for March 14. To view the updated session timeline please click <u>here</u>.
- The lowa General Assembly website is a great source of legislative information. The address is www.legis.iowa.gov . Take a few minutes to check out the wealth of resources.

The Legislative Update is also posted on the IDPH website at <a href="http://www.idph.state.ia.us/adper/legislative\_updates.asp">http://www.idph.state.ia.us/adper/legislative\_updates.asp</a>. To subscribe to the IDPH Legislative Update, please send a blank email to <a href="mailto:join-IDPHLEGUPDATE@lists.ia.gov">join-IDPHLEGUPDATE@lists.ia.gov</a>.





## Extending the use of the IHIN Query functionality



#### Goal of LSB 5306

- Modify Iowa Code 135.154-156 to allow for expansion of the use of the IHIN query tool.
- Do so now because new models of care are requiring it.
- Do so in a way that's regulated.
- Do so in a way that every provider may participate while also supporting their need to protect their patients' information.
- Do so in a way that supports a patient's desire to not have their data exchanged.



## Two important distinctions to understand:

- Direct Based Exchange "Direct"
- Query Based Exchange "Query"



#### What is Direct?

A secure messaging tool that enables participants to send patient health information in a secure and encrypted way to recipients outside of their network. This is done using a Direct address (a special email address).

- Liability is the responsibility of the sender.
- Over 1000 users currently, from many of our 65+ participating organizations (260+ physical locations).
- A national tool with federal adoption beginning 2014
- Does not work to and from regular e-mail
- e-referral tool with many, many use cases.



#### What is Query?

- Allows an authorized participant user to query the IHIN (search the network) for information on one specific patient.
- The user initiates the query functionality through their compliant Electronic Health Record (EHR) or a web based portal screen.
- Unattended but connected participant systems respond to the request.
- The requesting participant then chooses the relevant information provided to use.



#### What is Query?

Only patient health information which is stored electronically in an EHR and made available to the IHIN query is affected by the proposed TPO change.

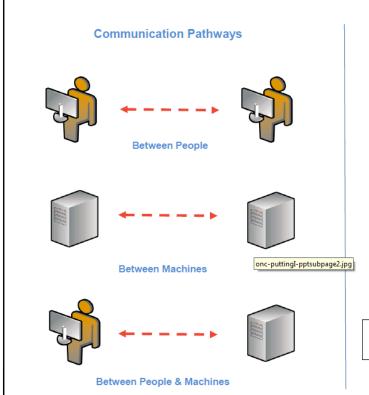


#### **Direct**

One to One

VS

Query
One to Many



#### Communication Content

I've attached the study of Mr. Author. Thanks for seeing him.



#### Readable by People

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PID|||000197245^^NationalPN&2.16.840.1.113883.19.3&ISO^PN~4532^^

#### Readable by Machines

I've attached an x-ray and electronic record for Mr. Author.



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Readable by People and/or Machines



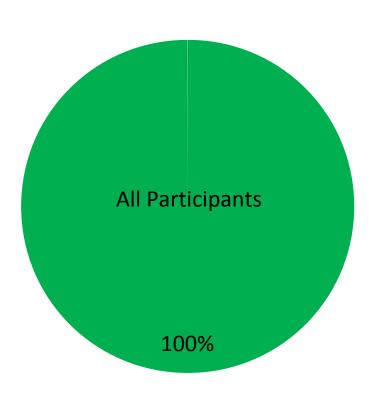
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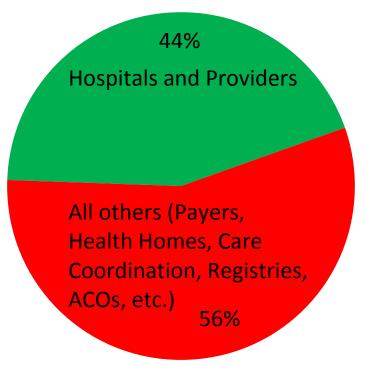


### Allow for the expansion of the use of the IHIN query tool – equal to Direct

**Participants Able to Use Direct Today** 



Potential Participants Able to Use Query Today



Unattended Response to requester



## Do so now because new models of care are requiring it.

- Care coordination efforts require exchange of information.
- Accountable Care Organizations (ACO) are expected to provide quality care at lower costs and more visibility of the patients entire care helps to do so.
- Payers are heavily vested in total care costs.



#### Do so in a way that's regulated.

No Participant type ever gets access to use query without express approval of need and method by the stakeholders.

# Do so in a way that every provider may participate while also supporting their need to protect their patients' information.

- Providers with systems having specially protected health information which cannot be segmented should still participate using the Directed Exchange method.
- Providers that have EHRs that support redacting or flagging of specially protected information may connect once adequate testing has proven that functionality but should still participate using the Directed Exchange method.

# Do so in a way that every provider may participate while also supporting their need to protect their patients' information.

- Providers that can segregate the federally protected health information and support patient based Opt Out could implement a consent model.
- As it always has, IHIN participation still remains voluntary.



## Do so in a way that supports a patient's desire to not have their data exchanged.

- Iowa is an Opt out state so patients will always have Choice.
- Concerned patients can opt out of exchange of health information at a statewide level.
- Where applicable and desired, more granular patient choice might be established.
- Patients can always give a provider special consent allowing the use of Direct to share all health information, including federally protected.