STATE OF OKLAHOMA

2nd Session of the 47th Legislature (2000)

CONFERENCE COMMITTEE SUBSTITUTE
FOR ENGROSSED
SENATE BILL 1585

By: Monson of the Senate

and

Cox of the House

CONFERENCE COMMITTEE SUBSTITUTE

An Act relating to public health and safety; amending Sections 3, 4 and 5, Chapter 347, O.S.L. 1992 (63 O.S. Supp. 1999, Sections 1-702b, 1-117, 1-118 and 1-119), which relate to health care information; expanding legislative intent; modifying powers and duties of the Division of Health Care Information within the State Department of Health; requiring implementation of mechanisms for certain purpose and stating requirement; providing for implementation of a pilot program for voluntary submission of ambulatory care data from certain entities; imposing time limit for such submissions; deleting provisions related to access to the health care information system by certain entities; providing an effective date; and declaring an emergency.

BE IT ENACTED BY THE PEOPLE OF THE STATE OF OKLAHOMA:

SECTION 1. AMENDATORY Section 3, Chapter 347, O.S.L. 1992, as amended by Section 4, Chapter 389, O.S.L. 1998 (63 O.S. Supp. 1999, Section 1-117), is amended to read as follows:

Section 1-117. A. As a result of rising health care costs and concerns expressed by health care providers, health care consumers, third-party payors and the general public, and as a result of public health information showing that Oklahoma has a higher death rate than the national average, the Oklahoma Legislature finds that there is an urgent need to establish and maintain, for the purposes of accurately assessing the health of the public, health care planning and cost containment, an information base for the State of Oklahoma that will facilitate ongoing analysis and evaluation of patterns and

trends in the health status of Oklahomans, the utilization and costs of health care services, and the capability of the various components of the health care industry to provide needed services.

B. The Oklahoma Health Care Information System shall be responsible for the development and operation of a method for collecting, processing and disseminating health care data including, but not limited to, quality, expenditure and utilization data. It is the intent of the Legislature that a uniform set of data be periodically and routinely compiled that will make possible the ongoing analysis, comparison and evaluation of trends in the quality and delivery of health care services in this state for the purpose of effective health care planning by public and private entities ~~and~~, cost containment, health facility development, and improving access to and quality of care.

SECTION 2. AMENDATORY Section 4, Chapter 347, O.S.L. 1992, as last amended by Section 5, Chapter 389, O.S.L. 1998 (63 O.S. Supp. 1999, Section 1-118), is amended to read as follows:

Section 1-118. A. The Division of Health Care Information is hereby created within the State Department of Health.

B. The Division shall:

1. Collect from providers health care information ~~from information providers;~~ for which the Division has established a defined purpose and a demonstrated utility that is consistent with the intent of the provisions of Section 1-117 et seq. of this title;

2. Establish and maintain a uniform health care information system;

3. Analyze health care data submitted;

4. Provide for dissemination of health care data to users and consumers;

5. Provide for the training and education of information providers regarding processing and maintenance and methods of reporting required information;

6. Require that health care data be submitted to the Division or its agent by all information providers;

7. Provide for the exchange of information with other agencies or political subdivisions of this state, the federal government or other states, or agencies thereof;

8. Contract with other public or private entities for the purpose of collecting, processing or disseminating health care data; and

9. Build and maintain the data base.

C. 1. The State Board of Health shall adopt rules governing the acquisition, compilation and dissemination of all data collected pursuant to the Oklahoma Health Care Information System Act.

2. The rules shall include, but not be limited to:

a. adequate measures to provide system security for all data and information acquired pursuant to the Oklahoma Health Care Information System Act,

b. adequate procedures to ensure confidentiality of patient records,

c. charges for users for the cost of data preparation for information that is beyond the routine data disseminated by the office, and

d. time limits for the submission of data by information providers.

D. The Division shall adopt standard nationally recognized coding systems to ensure quality in receiving and processing data.

E. The Division <u>shall implement mechanisms to encrypt all personal identifiers contained in any health care data upon transmission to the State Department of Health, and all such data shall remain encrypted while maintained in the Department's database or while used by a contractor</u>.

<u>F. The Division</u> may contract with an organization for the purpose of data analysis. Any contract or renewal thereof shall be

based on the need for, and the feasibility, cost and performance of, services provided by the organization. The Division shall require any data analyzer at a minimum to:

1. Analyze the information; ~~and~~

2. Prepare policy-related and other analytical reports as determined necessary for purposes of this act; and

3. Protect the encryption and confidentiality of the data.

~~F.~~ G. The Board shall have the authority to set fees and charges with regard to the collection and compilation of data requested for special reports, and for the dissemination of data. These funds shall be deposited in the Oklahoma Health Care Information System Revolving Fund account.

~~G.~~ H. The Division may accept grants or charitable contributions for use in carrying out the functions set forth in the Oklahoma Health Care Information System Act from any source. These funds shall be deposited in the Oklahoma Health Care Information System Revolving Fund.

SECTION 3. AMENDATORY Section 5, Chapter 347, O.S.L. 1992, as last amended by Section 6, Chapter 389, O.S.L. 1998 (63 O.S. Supp. 1999, Section 1-119), is amended to read as follows:

Section 1-119. A. 1. The Division of Health Care Information within the State Department of Health shall, with the advice of the Health Care Information Advisory Committee and in accordance with the rules of the State Board of Health, collect health care information from information providers.

2. The information to be collected about information providers may include, but shall not be limited to:

a. financial information including, but not limited to, consumption of resources to provide services, reimbursement, costs of operation, revenues, assets, liabilities, fund balances, other income, rates, charges, units of service, wage and salary data,

b. service information including, but not limited to, occupancy, capacity, and special and ancillary services,

c. physician profiles in the aggregate by clinical specialties and nursing services,

d. discharge data including, but not limited to, completed discharge data sets or comparable information for each patient discharged from the facility after the effective date of this act, and

e. ambulatory care data including, but not limited to, provider-specific and encounter data.

3. The Division shall implement a demonstration project for the voluntary submission of ambulatory care data, including, but not limited to, submissions from federally qualified health centers, migrant health programs and rural health clinics as defined in Title 3 of the Federal Public Health Service Act (PL 104-299), and the Oklahoma Health Care Authority. The Division shall complete the demonstration project by January 1, 2002.

4. The Division shall establish a phase-in schedule for the collection of health care data. The phase-in schedule shall provide that prior to January 1, 1994, only data currently collected shall be required to be submitted to the Division. Thereafter, in the collection of health care data, the Division shall whenever possible utilize existing health data resources and avoid duplication in the collection of health care data.

~~4.~~ 5. Except as provided by Section 1-120 of this title and as otherwise authorized by the provisions of the Oklahoma Health Care Information System Act, the provisions of the Oklahoma Health Care Information System Act shall not be construed to lessen or reduce the responsibility of the information provider with regard to:

a. the accuracy of the data or information submitted,

b. liability for release of the data or information to the Division, data processor or as otherwise authorized by this section, or

c. the preservation of confidentiality of such data or information until submitted to the Division.

B. Upon the request of the State Department of Health, every state agency, board or commission shall provide the Division of Health Care Information with the health care data and other health care information requested at no charge to the Department or the Division. Except as otherwise provided by the Health Care Information System Act for the purpose of statistical and similar reports, information which is required by state or federal law to be confidential shall not be transferred to any entity by the Division unless a separate written agreement for such transfer has been executed with the state agency, board or commission providing the information to the Division.

~~C. The University of Oklahoma College of Public Health, the Department of Human Services, the Department of Mental Health and Substance Abuse Services and the Oklahoma Health Care Authority are hereby authorized to have access to the health care information system established pursuant to the Oklahoma Health Care Information System Act, in accordance with a mutual interagency agreement between the State Department of Health and each specified entity on an individual basis.~~

SECTION 4. This act shall become effective July 1, 2000.

SECTION 5. It being immediately necessary for the preservation of the public peace, health and safety, an emergency is hereby declared to exist, by reason whereof this act shall take effect and be in full force from and after its passage and approval.

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