

135.154 Definitions.

As used in this division, unless the context otherwise requires:

1. “*Advisory council*” means the electronic health information advisory council created in section 135.156.
2. “*Authorized*” means having met the requirements as a participant for access to and use of the Iowa health information network.
3. “*Board*” means the state board of health created pursuant to section 136.1.
4. “*Department*” means the department of public health.
5. “*Exchange*” means the authorized electronic sharing of health information between health care professionals, payors, consumers, public health agencies, the department, and other authorized participants utilizing the Iowa health information network and Iowa health information network services.
6. “*Executive committee*” means the executive committee of the electronic health information advisory council created in section 135.156.
7. “*Health care professional*” means a person who is licensed, certified, or otherwise authorized or permitted by the law of this state to administer health care in the ordinary course of business or in the practice of a profession.
8. “*Health information*” means health information as defined in 45 C.F.R. § 160.103 that is created or received by an authorized participant.
9. “*Health information technology*” means the application of information processing, involving both computer hardware and software, that deals with the storage, retrieval, sharing, and use of health care information, data, and knowledge for communication, decision making, quality, safety, and efficiency of clinical practice, and may include but is not limited to:
 - a. An electronic health record that electronically compiles and maintains health information that may be derived from multiple sources about the health status of an individual and may include a core subset of each care delivery organization’s electronic medical record such as a continuity of care record or a continuity of care document, computerized physician order entry, electronic prescribing, or clinical decision support.
 - b. A personal health record through which an individual and any other person authorized by the individual can maintain and manage the individual’s health information.
 - c. An electronic medical record that is used by health care professionals to electronically document, monitor, and manage health care delivery within a care delivery organization, is the legal record of the patient’s encounter with the care delivery organization, and is owned by the care delivery organization.
 - d. A computerized provider order entry function that permits the electronic ordering of diagnostic and treatment services, including prescription drugs.
 - e. A decision support function to assist physicians and other health care providers in making clinical decisions by providing electronic alerts and reminders to improve compliance with best practices, promote regular screenings and other preventive practices, and facilitate diagnoses and treatments.
 - f. Tools to allow for the collection, analysis, and reporting of information or data on adverse events, the quality and efficiency of care, patient satisfaction, and other health care-related performance measures.
10. “*Health Insurance Portability and Accountability Act*” means the federal Health Insurance Portability and Accountability Act of 1996, Pub. L. No. 104-191, including amendments thereto and regulations promulgated thereunder.
11. “*Hospital*” means licensed hospital as defined in section 135B.1.
12. “*Individually identifiable health information*” means individually identifiable health information as defined in 45 C.F.R. § 160.103 that is created or received by an authorized participant.
13. “*Interoperability*” means the ability of two or more systems or components to exchange information or data in an accurate, effective, secure, and consistent manner and to use the information or data that has been exchanged and includes but is not limited to:
 - a. The capacity to connect to a network for the purpose of exchanging information or data with other users.

b. The ability of a connected, authenticated user to demonstrate appropriate permissions to participate in the instant transaction over the network.

c. The capacity of a connected, authenticated user to access, transmit, receive, and exchange usable information with other users.

14. “*Iowa health information network*” or “*network*” means the statewide health information technology network created in this division.

15. “*Iowa Medicaid enterprise*” means the Iowa Medicaid enterprise as defined in section 249J.3.

16. “*Participant*” means an authorized health care professional, payor, patient, health care organization, public health agency, or the department that has agreed to authorize, submit, access, or disclose health information through the Iowa health information network in accordance with this chapter and all applicable laws, rules, agreements, policies, and standards.

17. “*Patient*” means a person who has received or is receiving health services from a health care professional.

18. “*Payor*” means a person who makes payments for health services, including but not limited to an insurance company, self-insured employer, government program, individual, or other purchaser that makes such payments.

19. “*Protected health information*” means protected health information as defined in 45 C.F.R. § 160.103 that is created or received by an authorized participant.

20. “*Public health agency*” means an entity that is governed by or contractually responsible to a local board of health or the department to provide services focused on the health status of population groups and their environments.

21. “*Purchaser*” means any individual, employer, or organization that purchases health insurance or services and includes intermediaries.

22. “*Recognized interoperability standard*” means interoperability standards recognized by the office of the national coordinator for health information technology of the United States department of health and human services.

2008 Acts, ch 1188, §23; 2012 Acts, ch 1080, §1, 17

[T] NEW subsections 1 and 2 and former subsections 1 and 2 renumbered as 3 and 4

[T] NEW subsections 5 and 6 and former subsection 3 renumbered as 7

[T] NEW subsection 8 and former subsection 4 renumbered as 9

[T] NEW subsections 10 – 12 and former subsection 5 renumbered as 13

[T] NEW subsections 14 – 21 and former subsection 6 renumbered as 22