

135D.2 Definitions.

As used in [this chapter](#), unless the context otherwise requires:

1. “*Care coordination*” means the management of all aspects of a patient’s care to improve health care quality.

2. “*Department*” means the department of health and human services.

3. “*Designated entity*” means the corporation selected by the department through a competitive process as the entity responsible for administering the Iowa health information network.

4. “*Director*” means the director of health and human services.

5. “*Exchange*” means the authorized electronic sharing of health information between health care professionals, payors, consumers, public health agencies, the designated entity, the department, and other authorized participants utilizing the Iowa health information network and Iowa health information network services.

6. “*Exchange advisory committee*” or “*advisory committee*” means the exchange advisory committee appointed by the director pursuant to [section 135D.6](#).

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 diagnosis 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*” or “*HIPAA*” 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 a licensed hospital as defined in [section 135B.1](#).

12. “*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.

13. “*Iowa health information network*” or “*network*” means the statewide health information technology network that is the sole statewide network for Iowa pursuant to [this chapter](#).

14. “*Medicaid program*” means the medical assistance program as defined in [section 249A.2](#).

15. “*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.

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

17. “*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.

18. “*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.

19. “*Public health activities*” means actions taken by a participant in its capacity as a public health authority under the Health Insurance Portability and Accountability Act or as required or permitted by other federal or state law.

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. “*Record locator service*” means the functionality of the Iowa health information network that queries data sources to locate and identify potential patient records.

[2015 Acts, ch 73, §2, 9](#); [2023 Acts, ch 19, §180](#); [2025 Acts, ch 120, §73 – 75](#)

Referred to in [§228.2, 249A.4A](#)

Subsection 1 stricken and former subsections 2 and 3 renumbered as 1 and 2

Former subsection 4 amended and renumbered as 3

NEW subsections 4 and 6 and former subsections 6 – 20 renumbered as 7 – 21