

House File 2623 - Introduced

HOUSE FILE 2623
BY COMMITTEE ON HEALTH AND
HUMAN SERVICES

(SUCCESSOR TO HSB 623)

A BILL FOR

1 An Act relating to the Iowa health information network
2 including functioning as the state-designated health data
3 utility.

4 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

1 Section 1. Section 135D.2, Code 2024, is amended to read as
2 follows:

3 **135D.2 Definitions.**

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

6 ~~1. "Board of directors" or "board" means the entity that~~
7 ~~governs and administers the Iowa health information network.~~

8 ~~2.~~ 1. "Care coordination" means the management of all
9 aspects of a patient's care to improve health care quality.

10 2. "Community information exchange" means an ecosystem
11 comprised of multidisciplinary network participants that
12 use standardized technical language, a resource database,
13 and an integrated technology platform to deliver enhanced
14 community care planning using care planning tools that enable
15 participants to integrate data from multiple sources and make
16 bidirectional referrals to create a shared longitudinal record.

17 3. "Department" means the department of health and human
18 services.

19 4. "Designated entity" means the nonprofit corporation
20 designated by the department through a competitive process as
21 the entity responsible for administering and governing the Iowa
22 health information network.

23 5. "Exchange" means the authorized electronic sharing of
24 health information and data between health care professionals,
25 payors, consumers, public health agencies, the designated
26 entity, the department, and other ~~authorized~~ participants
27 utilizing the Iowa health information network and Iowa health
28 information network services.

29 6. "Federally qualified health center" means a health care
30 entity that receives grant funding under section 330 of the
31 federal Public Health Service Act, Pub. L. No. 78-410.

32 7. "Governing board" means the board of directors that
33 governs and administers the designated entity.

34 ~~6.~~ 8. "Health care professional" means a person who is
35 licensed, certified, or otherwise authorized or permitted by

1 the law of this state to administer health care in the ordinary
2 course of business or in the practice of a profession.

3 9. "Health data utility" means a locally governed,
4 statewide, multifaceted resource that provides services for the
5 interchange of health data within the health care and public
6 health ecosystems for the purpose of advancing health care
7 and improving public health outcomes. A "health data utility"
8 combines, enhances, and exchanges electronic health data across
9 care and service settings for treatment, care coordination,
10 quality improvement, and public and community health purposes,
11 in accordance with applicable state and federal laws protecting
12 patient privacy.

13 ~~7.~~ 10. "Health information" means health information as
14 defined in 45 C.F.R. §160.103 that is created or received by an
15 authorized a participant.

16 11. "Health information exchange" means participants
17 contributing to the sharing and movement of health information
18 electronically across participants within a state, region,
19 community, or health care delivery system.

20 12. "Health information network" means participants in the
21 health information exchange in the aggregate.

22 ~~8.~~ 13. "Health information technology" means the
23 application of information processing, involving both computer
24 hardware and software, that deals with the storage, retrieval,
25 sharing, and use of health care information, data, and
26 knowledge for communication, decision making, quality, safety,
27 and efficiency of clinical practice, and may include but is not
28 limited to:

29 a. An electronic health record that electronically compiles
30 and maintains health information that may be derived from
31 multiple sources about the health status of an individual and
32 may include a core subset of each care delivery organization's
33 electronic medical record such as a continuity of care record
34 or a continuity of care document, computerized physician order
35 entry, electronic prescribing, or clinical decision support.

1 **b.** A personal health record through which an individual and
2 any other person authorized by the individual can maintain and
3 manage the individual's health information.

4 **c.** An electronic medical record that is used by health care
5 professionals to electronically document, monitor, and manage
6 health care delivery within a care delivery organization, is
7 the legal record of the patient's encounter with the care
8 delivery organization, and is owned by the care delivery
9 organization.

10 **d.** A computerized ~~provider~~ health care professional
11 order entry function that permits the electronic ordering of
12 diagnostic and treatment services, including prescription
13 drugs.

14 **e.** A decision support function to assist physicians and
15 other health care ~~providers~~ professionals in making clinical
16 decisions by providing electronic alerts and reminders to
17 improve compliance with best practices, promote regular
18 screenings and other preventive practices, and facilitate
19 diagnosis and ~~treatments~~ treatment.

20 **f.** Tools to allow for the collection, analysis, and
21 reporting of information or data on adverse events, the quality
22 and efficiency of care, patient satisfaction, and other health
23 care-related performance measures.

24 ~~9.~~ 14. "*Health Insurance Portability and Accountability*
25 *Act*" or "*HIPAA*" means the federal Health Insurance Portability
26 and Accountability Act of 1996, Pub. L. No. 104-191, including
27 amendments thereto and regulations promulgated thereunder.

28 ~~10.~~ 15. "*Hospital*" means a licensed hospital as defined in
29 section 135B.1.

30 ~~11.~~ 16. "*Interoperability*" means the ability of two or more
31 systems or components to exchange information or data in an
32 accurate, effective, secure, and consistent manner and to use
33 the information or data that has been exchanged and includes
34 but is not limited to:

35 **a.** The capacity to connect to a network for the purpose of

1 exchanging information or data with other users.

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

5 ~~c.~~ The capacity of a connected, ~~authenticated user~~
6 participant to access, transmit, receive, and exchange usable
7 information with other ~~users~~ participants.

8 ~~12.~~ 17. "*Iowa health information network*" or "*network*" means
9 the statewide health information technology network that is the
10 sole statewide health information network for Iowa pursuant to
11 this chapter.

12 ~~13.~~ 18. "*Medicaid program*" means the medical assistance
13 program as defined in [section 249A.2](#).

14 19. "*Nursing facility*" means a licensed nursing facility as
15 defined in section 135C.1.

16 ~~14.~~ 20. "*Participant*" means an authorized health care
17 ~~professional, payor, patient, health care organization, public~~
18 ~~health agency, or the department~~ entity described in section
19 135D.4, subsection 4, paragraph "d", that has agreed entered
20 into an agreement to authorize, submit, access, or disclose
21 health information and data through the Iowa health information
22 network in accordance with ~~this chapter~~ and all applicable
23 laws, rules, agreements, policies, and standards.

24 ~~15.~~ 21. "*Patient*" means a person who has received or is
25 receiving health services from a health care professional.

26 ~~16.~~ 22. "*Payor*" means a person who makes payments for
27 health services, including but not limited to an insurance
28 company, self-insured employer, government program, individual,
29 or other purchaser that makes such payments.

30 23. "*Payor information exchange*" means a large-scale
31 database that systematically collects health care claims data
32 from a variety of payor sources, including claims from health
33 care professionals.

34 24. "*Pharmacy*" means a pharmacy as defined in section
35 155A.3.

1 25. "Pharmacy information exchange" means the participants
2 contributing to the sharing and movement of dispensed pharmacy
3 information electronically across participants within a state,
4 region, community, or health care delivery system.

5 ~~17.~~ 26. "Protected health information" means protected
6 health information as defined in 45 C.F.R. §160.103 that is
7 created or received by an ~~authorized~~ a participant.

8 ~~18.~~ 27. "Public health activities" means actions taken by
9 a participant in ~~its~~ the participant's capacity as a public
10 health authority under the Health Insurance Portability and
11 Accountability Act or as required or permitted by other federal
12 or state law.

13 ~~19.~~ 28. "Public health agency" means an entity that is
14 governed by or contractually responsible to a local board of
15 health or the department to provide services focused on the
16 health status of population groups and ~~their~~ the population
17 groups' environments.

18 ~~20.~~ 29. "Record locator service" means the functionality of
19 the Iowa health information network that queries data sources
20 to locate and identify potential patient records.

21 30. "Rehabilitative services" means the same as defined in
22 section 135C.1.

23 31. "Social care" means any care, service, good, or supply
24 related to an individual's social needs. "Social care"
25 includes but is not limited to support and assistance for an
26 individual's food stability and nutritional needs, housing,
27 transportation, economic stability, employment, education
28 access and quality, child care and family relationship needs,
29 and environmental and physical safety.

30 32. "Social care referral system" means a system that shares
31 an individual's social care information for the purpose of
32 referrals among health care entities, public health agencies,
33 and community-based organizations. "Social care referral
34 system" includes but is not limited to a network, software, or
35 technology platform.

1 Sec. 2. Section 135D.3, subsection 1, paragraph c, Code
2 2024, is amended to read as follows:

3 ~~c. A health information network involves the secure~~
4 ~~electronic sharing of health information across the boundaries~~
5 ~~of individual practice and institutional health settings and~~
6 ~~with consumers.~~ The broad use of health information technology
7 and a health information network ~~should improve~~ improves health
8 care quality and the overall health of the population, ~~increase~~
9 increases efficiencies in administrative health care, ~~reduce~~
10 reduces unnecessary health care costs, and ~~help~~ helps prevent
11 medical errors.

12 Sec. 3. Section 135D.4, Code 2024, is amended to read as
13 follows:

14 **135D.4 Iowa health information network — principles**
15 **— technical infrastructure requirements — function as**
16 **state-designated health data utility.**

17 1. The Iowa health information network shall be
18 administered and governed by a designated entity using, at a
19 minimum, the following principles:

20 a. Be patient-centered and market-driven.

21 b. Comply with established national standards.

22 c. Protect the privacy of consumers and the security and
23 confidentiality of all health information.

24 d. Promote interoperability.

25 e. Increase the accuracy, completeness, and uniformity of
26 data.

27 f. Preserve the choice of the patient to have the patient's
28 health information available through the record locator
29 service.

30 g. Provide education to the general public and provider
31 communities on the value and benefits of health information
32 technology.

33 2. Widespread adoption of health information technology is
34 critical to a successful Iowa health information network and is
35 best achieved when all of the following occur:

1 *a.* The network, through the designated entity complying
2 with [chapter 504](#) and reporting as required under [this chapter](#),
3 operates in an entrepreneurial and businesslike manner in which
4 it is accountable to all participants utilizing the network's
5 products and services.

6 *b.* The network provides a variety of services from which to
7 choose in order to best fit the needs of the user participant.

8 *c.* The network is financed by all who benefit from the
9 improved quality, efficiency, savings, and other benefits that
10 result from use of health information technology.

11 *d.* The network is operated with integrity and freedom from
12 political influence.

13 3. The Iowa health information network technical
14 infrastructure shall provide a mechanism for all of the
15 following:

16 *a.* The facilitation and support of the secure electronic
17 exchange of health information between participants.

18 *b.* ~~Participants~~ The opportunity for the participants
19 without an electronic health records system to access health
20 information from the Iowa health information network.

21 4. *a.* Beginning July 1, 2024, the Iowa health information
22 network shall function as the state-designated health data
23 utility or state-designated HDU, operated and governed by the
24 designated entity. The state-designated HDU shall operate as a
25 public-private partnership to facilitate the secure electronic
26 sharing of health information and data across a variety of
27 settings including health care delivery settings, payors,
28 social care entities, and consumers.

29 (1) The state-designated HDU is designed to achieve better
30 health care outcomes, improve the overall health and well-being
31 of the people of the state, and reduce the cost of health
32 care by creating a more seamless, transparent, and modernized
33 approach to the sharing of health information and data.

34 (2) Utilization of health information and data requires
35 appropriate governance and policy leadership. The

1 state-designated HDU provides clear data governance, privacy,
2 and security policies to facilitate the sharing of health
3 information and data, ensuring that the health information and
4 data follow the patient and improve the health of all citizens
5 of the state.

6 (3) Health care professionals and entities have been
7 subject to HIPAA since 1996, and HIPAA has driven initial
8 efforts to develop a culture and infrastructure of health
9 information governance. As holders of personal information,
10 state agencies have a responsibility to demonstrate to the
11 public the state's commitment to respecting personal privacy.

12 (4) Health care entities have a duty to share health
13 information and data, in accordance with applicable law, with
14 other health care entities to ensure that optimal patient
15 and population health is achieved. To further demonstrate
16 the commitment to privacy, the state-designated HDU provides
17 opt-out policies and procedures to allow patients to opt out of
18 health information and data sharing.

19 b. The purposes of the state-designated HDU include all of
20 the following:

21 (1) The transmittal, collection, aggregation, and analysis
22 of clinical information, public health data, and health
23 administrative and operations data to assist the department,
24 local health departments, health care professionals, patients,
25 policymakers, and the governing board in understanding the
26 population health of Iowa.

27 (2) The enhancement and acceleration of the
28 interoperability of health information and data throughout the
29 state, ensuring compliance with all applicable privacy and
30 security laws and regulations.

31 (3) The empowerment of patients in accessing and directing
32 their health information and data, health care costs, and
33 overall health to improve quality of life in the state.

34 c. The state-designated HDU shall provide health information
35 and data, in accordance with applicable law, to patients and

1 organizations involved in the treatment and care coordination
2 of patients, and shall support the health goals of the
3 community and the state. The state-designated HDU shall be
4 comprised of all of the following data sources:

5 (1) A health information exchange. The governing board
6 shall adopt health care information interoperability standards
7 for the health information exchange. The minimum standard of
8 sharing shall be the most recently approved version of the
9 United States core data of interoperability. The minimum
10 standard of sharing may be enhanced by the governing board.

11 (2) A pharmacy information exchange.

12 (a) Unless otherwise prohibited by state or federal law,
13 each licensed pharmacy that dispenses prescription drugs to
14 patients in the state shall provide all dispensed prescription
15 information to the state-designated HDU in compliance with all
16 applicable state and federal rules.

17 (b) The governing board shall adopt interoperability
18 standards, data elements, and terminologies necessary to
19 provide data in as close to real time as possible to facilitate
20 data exchange.

21 (3) A payor information exchange. The governing board shall
22 adopt the interoperability standards for claims data sharing by
23 all payors required to share data.

24 (4) A community information exchange. The governing board
25 shall adopt the interoperability standards for data sharing by
26 social care entities specified by the governing board.

27 d. (1) By December 31, 2024, all hospitals, critical access
28 hospitals, general acute care hospitals, and rehabilitative
29 hospitals in the state shall be participants with the
30 state-designated HDU, and shall share all data in accordance
31 with standards, policies, and procedures adopted by the
32 governing board pursuant to this chapter.

33 (2) By December 31, 2025, all provider clinics, ambulatory
34 surgical centers, mental health and substance use treatment
35 centers, psychiatric or mental hospitals, facilities providing

1 rehabilitative services, imaging centers, laboratories,
2 federally qualified health centers, and payors in the state
3 shall be participants with the state-designated HDU, and shall
4 share all data in accordance with standards, policies, and
5 procedures adopted by the governing board pursuant to this
6 chapter.

7 (3) By December 31, 2025, all health clinics, public
8 health clinics, urgent care facilities, nursing facilities,
9 and pharmacies shall be participants with the state-designated
10 HDU, and shall share all data in accordance with policies and
11 procedures adopted by the governing board pursuant to this
12 chapter.

13 (4) By December 31, 2028, all entities utilizing digital
14 technology for the purposes of social care referral and
15 care coordination in the state, including but not limited to
16 community-based organizations, shall be participants with the
17 state-designated HDU, and shall share data in accordance with
18 federal interoperability guidance and policies adopted by the
19 governing board pursuant to this chapter.

20 e. Any entity specified in paragraph "d" that does not own
21 or has not contracted for an electronic records management
22 system or service on or before July 1, 2024, shall not be
23 required to purchase or contract for an electronic records
24 management system or service in order to comply with paragraph
25 "d".

26 f. Paragraph "d" shall not apply to any of the following:

27 (1) A facility or institution controlled, managed,
28 directed, or operated under the jurisdiction of the department
29 of health and human services, including the state mental health
30 institutes.

31 (2) Medicaid fee-for-service programs under the Medicaid
32 program.

33 ~~4.~~ 5. Nothing in this chapter shall be interpreted to
34 impede or preclude the formation and operation of regional,
35 population-specific, or local health information networks

1 or the participation of such networks in the Iowa health
2 information network.

3 6. The Iowa health information network shall not constitute
4 a health benefit network or a health insurance network.

5 Sec. 4. Section 135D.5, Code 2024, is amended to read as
6 follows:

7 **135D.5 Designated entity — selection, administration, and**
8 **governance.**

9 1. The Iowa health information network shall be
10 administered and governed by a designated entity selected by
11 the department through a competitive process. The designated
12 entity shall be established as a nonprofit corporation
13 organized under **chapter 504**. Unless otherwise provided in
14 this chapter, the corporation is subject to the provisions of
15 chapter 504. ~~The designated entity shall be established for~~
16 ~~the purpose of administering and governing the statewide Iowa~~
17 ~~health information network.~~

18 2. The designated entity shall collaborate with the
19 department, but the designated entity shall not be considered,
20 in whole or in part, an agency, department, or administrative
21 unit of the state.

22 a. The designated entity shall not be required to comply
23 with any requirements that apply to a state agency, department,
24 or administrative unit and shall not exercise any sovereign
25 power of the state.

26 b. The designated entity does not have authority to pledge
27 the credit of the state. The assets and liabilities of
28 the designated entity shall be separate from the assets and
29 liabilities of the state and the state shall not be liable
30 for the debts or obligations of the designated entity. All
31 debts and obligations of the designated entity shall be payable
32 solely from the designated entity's funds. The state shall
33 not guarantee any obligation of or have any obligation to the
34 designated entity.

35 3. The articles of incorporation of the designated entity

1 shall provide for ~~its~~ the designated entity's governance and
2 its efficient management. In providing for ~~its~~ the designated
3 entity's governance, the articles of incorporation of the
4 designated entity shall address the following:

5 a. A governing board ~~of directors~~ to govern the designated
6 entity.

7 b. The appointment of a chief executive officer by the
8 governing board to manage the designated entity's daily
9 operations.

10 c. The delegation of such powers and responsibilities to the
11 chief executive officer as may be necessary for the designated
12 entity's efficient operation.

13 d. The employment of personnel necessary for the efficient
14 performance of the duties assigned to the designated entity.
15 ~~All such personnel shall be considered employees of a private,~~
16 ~~nonprofit corporation and shall be exempt from the personnel~~
17 ~~requirements imposed on state agencies, departments, and~~
18 ~~administrative units.~~

19 e. The financial operations of the designated entity
20 including the authority to receive and expend funds from public
21 and private sources and to use its property, money, or other
22 resources for the purpose of the designated entity.

23 Sec. 5. Section 135D.6, Code 2024, is amended to read as
24 follows:

25 **135D.6 ~~Board of directors~~ Governing board — composition —**
26 **duties.**

27 1. The designated entity shall be administered by a
28 governing board ~~of directors~~.

29 2. A single industry shall not be disproportionately
30 represented as voting members of the governing board. The
31 governing board shall include at least one member who is a
32 consumer of health services and a majority of the voting
33 members of the governing board shall be representative of
34 participants in the Iowa health information network. The
35 director of health and human services or the director's

1 designee and the director of the Medicaid program or the
2 director's designee shall act as voting members of the
3 governing board. The commissioner of insurance shall act
4 as an ex officio, nonvoting member of the governing board.
5 Individuals serving in an ex officio, nonvoting capacity shall
6 not be included in the total number of individuals authorized
7 as members of the governing board.

8 3. The governing board ~~of directors~~ shall do all of the
9 following:

10 a. Ensure that the designated entity enters into contracts
11 with each state agency necessary for state reporting
12 requirements.

13 b. Develop, implement, and enforce the following:

14 (1) A single patient identifier or alternative mechanism
15 to share secure patient health information and data that is
16 utilized by all health care professionals.

17 (2) Standards, requirements, policies, and procedures for
18 access to, use, secondary use, privacy, and security of health
19 information and data, including clinical information, exchanged
20 through the Iowa health information network, consistent with
21 applicable federal and state standards and laws.

22 c. Direct a public and private collaborative effort to
23 promote the adoption and use of health information technology
24 in the state to improve health care quality, increase patient
25 safety, reduce health care costs, enhance public health,
26 and empower individuals and health care professionals with
27 comprehensive, real-time medical information to provide
28 continuity of care and make the best health care decisions.

29 d. Educate the public and the health care sector about
30 the value of health information technology in improving
31 patient care, and methods to promote increased support and
32 collaboration of state and local public health agencies,
33 health care professionals, and consumers in health information
34 technology initiatives.

35 e. Work to align interstate and intrastate interoperability

1 standards in accordance with national health information
2 exchange standards.

3 *f.* Provide an annual budget and fiscal report for the Iowa
4 health information network to the governor, the department
5 ~~of health and human services~~, the department of management,
6 ~~the chairs and ranking members of the legislative government~~
7 ~~oversight standing committees~~, and the legislative services
8 agency. The report shall also include information about the
9 services provided through the network and information on the
10 participant usage of the network.

11 *g.* Ensure any health information and data within the Iowa
12 health information network is shared and accessed according to
13 all applicable state and federal laws and standards, including
14 HIPAA, to uphold the privacy and security of a patient's
15 protected health information.

16 Sec. 6. Section 135D.7, Code 2024, is amended to read as
17 follows:

18 **135D.7 Legal and policy — liability — confidentiality.**

19 1. The governing board shall implement industry-accepted
20 security standards, policies, and procedures to protect the
21 transmission and receipt of protected health information and
22 data exchanged through the Iowa health information network,
23 which shall, at a minimum, comply with HIPAA and shall include
24 all of the following:

25 *a.* A secure and traceable electronic audit system to
26 document and monitor the sender and recipient of health
27 information exchanged through the Iowa health information
28 network.

29 *b.* A required standard participation agreement which
30 defines the minimum privacy and security obligations of all
31 participants using the Iowa health information network and
32 services available through the Iowa health information network.

33 *c.* The opportunity for a patient to decline exchange of the
34 patient's health information or data through the record locator
35 service of the Iowa health information network.

1 (1) A patient shall not be denied care or treatment for
2 declining to exchange the patient's health information or data,
3 in whole or in part, through the network.

4 (2) The governing board shall provide the means and process
5 by which a patient may decline participation. The means and
6 process utilized shall minimize the burden on patients and
7 health care professionals.

8 (3) Unless otherwise authorized by law or rule, a patient's
9 decision to decline participation means that none of the
10 patient's health information or data shall be accessible
11 through the record locator service function of the Iowa health
12 information network. A patient's decision to decline having
13 health information or data shared through the record locator
14 service function shall not limit a health care professional
15 with whom the patient has or is considering a treatment
16 relationship from sharing health information concerning the
17 patient through the secure messaging function of the Iowa
18 health information network.

19 (4) A patient who declines participation in the Iowa health
20 information network may later decide to have the patient's
21 health information or data shared through the network. A
22 patient who is participating in the network may later decline
23 participation in the network.

24 2. A participant shall not be compelled by subpoena, court
25 order, or other process of law to access health information or
26 data through the Iowa health information network in order to
27 gather records or information not created by the participant.

28 3. A participant exchanging health information and data
29 through the Iowa health information network shall grant to
30 other participants of the network a nonexclusive license to
31 retrieve and use that health information or data in accordance
32 with applicable state and federal laws, and the policies and
33 standards established by the governing board.

34 4. A health care professional who relies reasonably and
35 in good faith upon any health information or data provided

1 through the Iowa health information network in the treatment of
2 a patient who is the subject of the health information or data
3 shall be immune from criminal or civil liability arising from
4 the damages caused by such reasonable, good-faith reliance.
5 Such immunity shall not apply to acts or omissions constituting
6 negligence, recklessness, or intentional misconduct.

7 5. A participant who has disclosed health information or
8 data through the Iowa health information network in compliance
9 with applicable law and the standards, requirements, policies,
10 procedures, and agreements of the Iowa health information
11 network shall not be subject to criminal or civil liability
12 for the use or disclosure of the health information or data by
13 another participant.

14 6. The following records shall be confidential records
15 pursuant to [chapter 22](#), unless otherwise ordered by a court or
16 consented to by the patient or by a person duly authorized to
17 release such information:

18 a. The health information contained in, stored in, submitted
19 to, transferred or exchanged by, or released from the Iowa
20 health information network.

21 b. Any health information or data in the possession of the
22 governing board due to its administration and governance of the
23 Iowa health information network.

24 7. Unless otherwise provided in [this chapter](#), when
25 sharing health information or data through the Iowa health
26 information network or through a private health information
27 network maintained in this state that complies with the privacy
28 and security requirements of [this chapter](#) for the purposes
29 of patient treatment, payment or health care operations,
30 as such terms are defined in HIPAA, or for the purposes of
31 public health activities or care coordination, a participant
32 authorized by the designated entity to use the record locator
33 service is exempt from any other state law that is more
34 restrictive than HIPAA that would otherwise prevent or hinder
35 the exchange of patient information or data by the participant.

1 8. A patient aggrieved or adversely affected by the
2 designated entity's failure to comply with subsection 1,
3 paragraph "c", may bring a civil action for equitable relief as
4 the court deems appropriate.

5 Sec. 7. NEW SECTION. 135D.8 **Funding.**

6 The department may expend funds appropriated to or received
7 by the department for the purposes of this chapter to carry out
8 the requirements of this chapter.

9 EXPLANATION

10 The inclusion of this explanation does not constitute agreement with
11 the explanation's substance by the members of the general assembly.

12 This bill relates to the Iowa health information network
13 (IHIN) under Code chapter 135D (Iowa health information
14 network) and the functioning of the IHIN as a state-designated
15 health data utility (state-designated HDU).

16 The bill includes definitions used in the bill.

17 The bill requires the designated entity to administer
18 and govern the IHIN and thereby, also operate and govern the
19 state-designated HDU for the state. "Health data utility" is
20 defined under the bill as a locally governed, multifaceted
21 resource that provides services for the interchange of health
22 data within the health care and public health ecosystems for
23 the purpose of advancing health care and improving public
24 health outcomes. A "health data utility" combines, enhances,
25 and exchanges electronic health data across care and service
26 settings for treatment, care coordination, quality improvement,
27 and public and community health purposes, in accordance with
28 applicable state and federal laws protecting patient privacy.

29 The bill provides the principles, purposes, and composition
30 requirements for the state-designated HDU, including that the
31 state-designated HDU include information and data from a health
32 information exchange, a pharmacy information exchange, a payor
33 information exchange, and a community information exchange.

34 The bill requires certain entities to participate with the
35 state-designated HDU by specified dates.

1 The bill provides that the department of health and human
2 services (HHS) may expend funds appropriated to or received by
3 HHS for the purposes of the bill to carry out the requirements
4 of the bill.