

House Study Bill 623 - Introduced

HOUSE FILE _____

BY (PROPOSED COMMITTEE ON
HEALTH AND HUMAN SERVICES
BILL BY CHAIRPERSON MEYER)

A BILL FOR

1 An Act relating to the Iowa health information network and a
2 state-designated health data utility.
3 BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF IOWA:

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

3 **135D.1 Short title.**

4 This chapter shall be known and may be cited as the "*Iowa*
5 *Health Information Network and Health Data Utility Act*".

6 Sec. 2. Section 135D.2, Code 2024, is amended to read as
7 follows:

8 **135D.2 Definitions.**

9 As used in *this chapter*, unless the context otherwise
10 requires:

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

13 ~~2. 1. "Care coordination" means the management of all~~
14 ~~aspects of a patient's care to improve health care quality.~~

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

22 3. "Department" means the department of health and human
23 services.

24 4. "Designated entity" means the nonprofit corporation
25 designated by the department through a competitive process as
26 the entity responsible for administering and governing the Iowa
27 health information network and the state-designated health data
28 utility.

29 5. "Exchange" means the authorized electronic sharing of
30 health information and data between health care professionals,
31 payors, consumers, public health agencies, the designated
32 entity, the department, and other ~~authorized~~ participants
33 utilizing the Iowa health information network, and Iowa health
34 information network services, and the state-designated HDU.

35 6. "Federally qualified health center" means a health care

1 entity that receives grant funding under section 330 of the
2 federal Public Health Service Act, Pub. L. No. 78-410.

3 7. "Governing board" means the board of directors that
4 governs and administers the designated entity.

5 ~~6.~~ 8. "Health care professional" means a person who is
6 licensed, certified, or otherwise authorized or permitted by
7 the law of this state to administer health care in the ordinary
8 course of business or in the practice of a profession.

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

19 ~~7.~~ 10. "Health information" means health information as
20 defined in 45 C.F.R. §160.103 that is created or received by an
21 authorized a participant.

22 11. "Health information exchange" means participants
23 contributing to the sharing and movement of health information
24 electronically across participants within a state, region,
25 community, or health care delivery system.

26 12. "Health information network" means participants in the
27 health information exchange in the aggregate.

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

35 a. An electronic health record that electronically compiles

1 and maintains health information that may be derived from
2 multiple sources about the health status of an individual, and
3 may include a core subset of each care delivery organization's
4 electronic medical record such as a continuity of care record
5 or a continuity of care document, computerized physician order
6 entry, electronic prescribing, or clinical decision support.

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

10 **c.** An electronic medical record that is used by health care
11 professionals to electronically document, monitor, and manage
12 health care delivery within a care delivery organization, is
13 the legal record of the patient's encounter with the care
14 delivery organization, and is owned by the care delivery
15 organization.

16 **d.** A computerized ~~provider~~ health care professional
17 order entry function that permits the electronic ordering of
18 diagnostic and treatment services, including prescription
19 drugs.

20 **e.** A decision support function to assist physicians and
21 other health care ~~providers~~ professionals in making clinical
22 decisions by providing electronic alerts and reminders to
23 improve compliance with best practices, promote regular
24 screenings and other preventive practices, and facilitate
25 diagnosis and ~~treatments~~ treatment.

26 **f.** Tools to allow for the collection, analysis, and
27 reporting of information or data on adverse events, the quality
28 and efficiency of care, patient satisfaction, and other health
29 care-related performance measures.

30 ~~9-~~ 14. "*Health Insurance Portability and Accountability*
31 *Act*" or "*HIPAA*" means the federal Health Insurance Portability
32 and Accountability Act of 1996, Pub. L. No. 104-191, including
33 amendments thereto and regulations promulgated thereunder.

34 ~~10-~~ 15. "*Hospital*" means a licensed hospital as defined in
35 section 135B.1.

1 ~~11.~~ 16. "*Interoperability*" means the ability of two or more
2 systems or components to exchange information or data in an
3 accurate, effective, secure, and consistent manner and to use
4 the information or data that has been exchanged and includes
5 but is not limited to:

6 a. The capacity to connect to a network for the purpose of
7 exchanging information or data with other users.

8 b. The ability of a connected, ~~authenticated user~~
9 participant to demonstrate appropriate permissions to
10 participate in the instant transaction over the network or the
11 state-designated HDU.

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

15 ~~12.~~ 17. "*Iowa health information network*" or "*network*" means
16 the statewide health information technology network that is
17 the state-designated exchange and the sole statewide health
18 information network for Iowa pursuant to this chapter.

19 ~~13.~~ 18. "*Medicaid program*" means the medical assistance
20 program as defined in section 249A.2.

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

23 ~~14.~~ 20. "*Participant*" means an authorized ~~health care~~
24 ~~professional, payor, patient, health care organization, public~~
25 ~~health agency, or the department~~ entity described in section
26 135D.4 that has ~~agreed~~ entered into an agreement to authorize,
27 submit, access, or disclose health information and data through
28 the Iowa health information network or the state-designated HDU
29 in accordance with ~~this chapter~~ and all applicable laws, rules,
30 agreements, policies, and standards.

31 ~~15.~~ 21. "*Patient*" means a person who has received or is
32 receiving health services from a health care professional.

33 ~~16.~~ 22. "*Payor*" means a person who makes payments for
34 health services, including but not limited to an insurance
35 company, self-insured employer, government program, individual,

1 or other purchaser that makes such payments.

2 23. "Payor information exchange" means a large-scale
3 database that systematically collects health care claims data
4 from a variety of payor sources, including claims from health
5 care professionals.

6 24. "Pharmacy" means a pharmacy as defined in section
7 155A.3.

8 25. "Pharmacy information exchange" means the participants
9 contributing to the sharing and movement of dispensed pharmacy
10 information electronically across participants within a state,
11 region, community, or health care delivery system.

12 ~~17.~~ 26. "Protected health information" means protected
13 health information as defined in 45 C.F.R. §160.103 that is
14 created or received by an authorized a participant.

15 ~~18.~~ 27. "Public health activities" means actions taken by
16 a participant in its the participant's capacity as a public
17 health authority under the Health Insurance Portability and
18 Accountability Act or as required or permitted by other federal
19 or state law.

20 ~~19.~~ 28. "Public health agency" means an entity that is
21 governed by or contractually responsible to a local board of
22 health or the department to provide services focused on the
23 health status of population groups and their the population
24 groups' environments.

25 ~~20.~~ 29. "Record locator service" means the functionality of
26 the Iowa health information network that queries data sources
27 to locate and identify potential patient records.

28 30. "Rehabilitative services" means the same as defined in
29 section 135C.1.

30 31. "Social care" means any care, service, good, or supply
31 related to an individual's social needs. "Social care"
32 includes but is not limited to support and assistance for an
33 individual's food stability and nutritional needs, housing,
34 transportation, economic stability, employment, education
35 access and quality, childcare and family relationship needs,

1 and environmental and physical safety.

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

8 33. "State-designated health data utility" or
9 "state-designated HDU" means the health data utility designated
10 by the state under this chapter.

11 34. "State-designated health information exchange" or
12 "state-designated exchange" means the Iowa health information
13 network.

14 Sec. 3. Section 135D.3, subsection 1, paragraph c, Code
15 2024, is amended to read as follows:

16 ~~c. A health information network involves the secure~~
17 ~~electronic sharing of health information across the boundaries~~
18 ~~of individual practice and institutional health settings and~~
19 ~~with consumers. The broad use of health information technology~~
20 ~~and a health information network should improve~~ improves ~~health~~
21 ~~care quality and the overall health of the population, increase~~
22 increases ~~efficiencies in administrative health care, reduce~~
23 reduces ~~unnecessary health care costs, and help~~ helps ~~prevent~~
24 ~~medical errors.~~

25 Sec. 4. Section 135D.4, subsection 2, paragraph b, Code
26 2024, is amended to read as follows:

27 ~~b. The network provides a variety of services from which to~~
28 ~~choose in order to best fit the needs of the user~~ participant.

29 Sec. 5. Section 135D.4, subsection 3, paragraph b, Code
30 2024, is amended to read as follows:

31 ~~b. Participants~~ The opportunity for participants without an
32 electronic health records system to access health information
33 from the Iowa health information network.

34 Sec. 6. NEW SECTION. 135D.4A State-designated health data
35 utility — principles — intent — technical infrastructure

1 requirements.

- 2 1. *a.* A state-designated health data utility facilitates
3 the secure electronic sharing of health information and data
4 across a variety of settings including health care delivery
5 settings, payors, social care entities, and consumers.
- 6 *b.* A state-designated HDU is designed to achieve better
7 health care outcomes, improve the overall health and well-being
8 of the people of the state, and reduce the cost of health
9 care by creating a more seamless, transparent, and modernized
10 approach to the sharing of health information and data.
- 11 *c.* Utilization of health information and data requires
12 appropriate governance and policy leadership. The
13 state-designated HDU provides clear data governance, privacy,
14 and security policies to facilitate the sharing of health
15 information and data, ensuring that the health information and
16 data follow the patient and improve the health of all citizens
17 of the state.
- 18 *d.* Health care professionals and entities have been subject
19 to HIPAA since 1996, and HIPAA has driven initial efforts to
20 develop a culture and infrastructure of health information
21 governance. As holders of personal information, state agencies
22 have a responsibility to demonstrate to the public the state's
23 commitment to respecting personal privacy.
- 24 *e.* Health care entities have a duty to share health
25 information and data, in accordance with applicable law, with
26 other health care entities to ensure that optimal patient
27 and population health is achieved. To further demonstrate
28 the commitment to privacy, the state-designated HDU provides
29 opt-out policies and procedures to allow patients to opt out of
30 health information and data sharing.
- 31 2. The purposes of the state-designated HDU include all of
32 the following:
- 33 *a.* The transmittal, collection, aggregation, and analysis
34 of clinical information, public health data, and health
35 administrative and operations data to assist the department,

1 local health departments, health care professionals, patients,
2 policymakers, and the governing board in understanding the
3 population health of Iowa.

4 *b.* The enhancement and acceleration of the interoperability
5 of health information and data throughout the state, ensuring
6 compliance with all applicable privacy and security laws and
7 regulations.

8 *c.* The empowerment of patients in accessing and directing
9 their health information and data, health care costs, and
10 overall health to improve quality of life in the state.

11 3. It is the intent of the general assembly that the
12 state-designated HDU shall not constitute a health benefit
13 network or a health insurance network.

14 4. A state-designated HDU is created and shall operate
15 as a public-private partnership. The state-designated HDU
16 shall provide health information and data, in accordance with
17 applicable law, to patients and organizations involved in the
18 treatment and care coordination of patients, and shall support
19 the health goals of the community and the state.

20 5. The designated entity shall administer and govern
21 the state-designated HDU. The state-designated HDU shall be
22 comprised of all of the following data sources:

23 *a.* A health information exchange. The governing board
24 shall adopt health care information interoperability standards
25 for the health information exchange. The minimum standard of
26 sharing shall be the most recently approved version of the
27 United States core data of interoperability. The minimum
28 standard of sharing may be enhanced by the governing board.

29 *b.* A pharmacy information exchange.

30 (1) Unless otherwise prohibited by state or federal law,
31 each licensed pharmacy that dispenses prescription drugs to
32 patients in the state shall provide all dispensed prescription
33 information to the state-designated HDU in compliance with all
34 applicable state and federal rules.

35 (2) The governing board shall adopt interoperability

1 standards, data elements, and terminologies necessary to
2 provide data in as close to real time as possible to facilitate
3 data exchange.

4 *c.* A payor information exchange. The governing board shall
5 adopt the interoperability standards for claims data sharing by
6 all payors required to share data.

7 *d.* A community information exchange. The governing board
8 shall adopt the interoperability standards for data sharing by
9 social care entities specified by the governing board.

10 6. By December 31, 2024, all hospitals, critical access
11 hospitals, general acute care hospitals, rehabilitative
12 hospitals, provider clinics, ambulatory surgical centers,
13 mental health and substance use treatment centers, psychiatric
14 or mental hospitals, facilities providing rehabilitative
15 services, imaging centers, laboratories, federally qualified
16 health centers, and payors in the state shall be participants
17 with the state-designated HDU, and shall share all data in
18 accordance with standards, policies, and procedures adopted by
19 the governing board pursuant to this chapter.

20 7. By March 31, 2025, all entities utilizing digital
21 technology for the purposes of social care referral and
22 care coordination in the state, including but not limited to
23 community-based organizations, shall be participants with the
24 state-designated HDU, and shall share data in accordance with
25 federal interoperability guidance and policies adopted by the
26 governing board pursuant to this chapter.

27 8. By December 31, 2025, all health clinics, public health
28 clinics, urgent care facilities, nursing facilities, and
29 pharmacies shall be participants with the state-designated
30 HDU, and shall share all data in accordance with policies and
31 procedures adopted by the governing board pursuant to this
32 chapter.

33 Sec. 7. Section 135D.5, Code 2024, is amended to read as
34 follows:

35 **135D.5 Designated entity — selection, administration, and**

1 **governance.**

2 1. The Iowa health information network and the
3 state-designated HDU shall be administered and governed
4 by a designated entity selected by the department through
5 a competitive process. The designated entity shall be
6 established as a nonprofit corporation organized under
7 chapter 504. Unless otherwise provided in this chapter, the
8 corporation is subject to the provisions of chapter 504.
9 ~~The designated entity shall be established for the purpose~~
10 ~~of administering and governing the statewide Iowa health~~
11 ~~information network.~~

12 2. The designated entity shall collaborate with the
13 department, but the designated entity shall not be considered,
14 in whole or in part, an agency, department, or administrative
15 unit of the state.

16 a. The designated entity shall not be required to comply
17 with any requirements that apply to a state agency, department,
18 or administrative unit and shall not exercise any sovereign
19 power of the state.

20 b. The designated entity does not have authority to pledge
21 the credit of the state. The assets and liabilities of
22 the designated entity shall be separate from the assets and
23 liabilities of the state and the state shall not be liable
24 for the debts or obligations of the designated entity. All
25 debts and obligations of the designated entity shall be payable
26 solely from the designated entity's funds. The state shall
27 not guarantee any obligation of or have any obligation to the
28 designated entity.

29 3. The articles of incorporation of the designated entity
30 shall provide for ~~its~~ the designated entity's governance and
31 ~~its~~ efficient management. In providing for ~~its~~ the designated
32 entity's governance, the articles of incorporation of the
33 designated entity shall address the following:

34 a. A governing board ~~of directors~~ to govern the designated
35 entity.

1 **b.** The appointment of a chief executive officer by the
2 governing board to manage the designated entity's daily
3 operations.

4 **c.** The delegation of such powers and responsibilities to the
5 chief executive officer as may be necessary for the designated
6 entity's efficient operation.

7 **d.** The employment of personnel necessary for the efficient
8 performance of the duties assigned to the designated entity.
9 ~~All such personnel shall be considered employees of a private,~~
10 ~~nonprofit corporation and shall be exempt from the personnel~~
11 ~~requirements imposed on state agencies, departments, and~~
12 ~~administrative units.~~

13 **e.** The financial operations of the designated entity
14 including the authority to receive and expend funds from public
15 and private sources and to use its property, money, or other
16 resources for the purpose of the designated entity.

17 Sec. 8. Section 135D.6, Code 2024, is amended to read as
18 follows:

19 **135D.6 ~~Board of directors~~ Governing board — composition —**
20 **duties.**

21 1. The designated entity shall be administered by a
22 governing board ~~of directors~~.

23 2. A single industry shall not be disproportionately
24 represented as voting members of the governing board. The
25 governing board shall include at least one member who is a
26 consumer of health services and a majority of the voting
27 members of the governing board shall be representative of
28 participants in the Iowa health information network and
29 the state-designated HDU. The director of health and human
30 services or the director's designee and the director of the
31 Medicaid program or the director's designee shall act as
32 voting members of the governing board. The commissioner of
33 insurance shall act as an ex officio, nonvoting member of
34 the governing board. Individuals serving in an ex officio,
35 nonvoting capacity shall not be included in the total number of

1 individuals authorized as members of the governing board.

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

4 a. Ensure that the designated entity enters into contracts
5 with each state agency necessary for state reporting
6 requirements.

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

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

11 (2) Standards, requirements, policies, and procedures
12 for access to, use, secondary use, privacy, and security of
13 health information and data, including clinical information,
14 exchanged through the Iowa health information network and the
15 state-designated HDU, consistent with applicable federal and
16 state standards and laws.

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

24 d. Educate the public and the health care sector about
25 the value of health information technology in improving
26 patient care, and methods to promote increased support and
27 collaboration of state and local public health agencies,
28 health care professionals, and consumers in health information
29 technology initiatives.

30 e. Work to align interstate and intrastate interoperability
31 standards in accordance with national health information
32 exchange standards.

33 f. Provide an annual budget and fiscal report for the Iowa
34 health information network and the state-designated HDU to the
35 governor, the department ~~of health and human services~~, the

1 ~~department of management, the chairs and ranking members of the~~
 2 ~~legislative government oversight standing committees,~~ and the
 3 legislative services agency. The report shall also include
 4 information about the services provided through the network and
 5 the state-designated HDU and information on the participant
 6 usage of the network and the state-designated HDU.

7 g. Ensure any health information and data within the
 8 state-designated HDU is shared and accessed according to all
 9 applicable state and federal laws and standards, including
 10 HIPAA, to uphold the privacy and security of a patient's
 11 protected health information.

12 Sec. 9. Section 135D.7, Code 2024, is amended to read as
 13 follows:

14 **135D.7 Legal and policy — liability — confidentiality.**

15 1. The governing board shall implement industry-accepted
 16 security standards, policies, and procedures to protect the
 17 transmission and receipt of protected health information and
 18 data exchanged through the Iowa health information network and
 19 the state-designated HDU, which shall, at a minimum, comply
 20 with HIPAA and shall include all of the following:

21 a. A secure and traceable electronic audit system to
 22 document and monitor the sender and recipient of health
 23 information exchanged through the Iowa health information
 24 network.

25 b. A required standard participation agreement which
 26 defines the minimum privacy and security obligations of all
 27 participants using the Iowa health information network or the
 28 state-designated HDU, and services available through the Iowa
 29 health information network and the state-designated HDU.

30 c. The opportunity for a patient to decline exchange of the
 31 patient's health information or data through the record locator
 32 service of the Iowa health information network or through the
 33 state-designated HDU.

34 (1) A patient shall not be denied care or treatment for
 35 declining to exchange the patient's health information or

1 data, in whole or in part, through the network or through the
2 state-designated HDU.

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

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

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

26 2. A participant shall not be compelled by subpoena, court
27 order, or other process of law to access health information or
28 data through the Iowa health information network or through the
29 state-designated HDU in order to gather records or information
30 not created by the participant.

31 3. A participant exchanging health information and data
32 through the Iowa health information network or through the
33 state-designated HDU shall grant to other participants of the
34 network or the state-designated HDU a nonexclusive license to
35 retrieve and use that health information or data in accordance

1 with applicable state and federal laws, and the policies and
2 standards established by the governing board.

3 4. A health care professional who relies reasonably and
4 in good faith upon any health information or data provided
5 through the Iowa health information network or through the
6 state-designated HDU in the treatment of a patient who is the
7 subject of the health information or data shall be immune
8 from criminal or civil liability arising from the damages
9 caused by such reasonable, good-faith reliance. Such immunity
10 shall not apply to acts or omissions constituting negligence,
11 recklessness, or intentional misconduct.

12 5. A participant who has disclosed health information or
13 data through the Iowa health information network or through the
14 state-designated HDU in compliance with applicable law and the
15 standards, requirements, policies, procedures, and agreements
16 of the Iowa health information network or the state-designated
17 HDU shall not be subject to criminal or civil liability for the
18 use or disclosure of the health information or data by another
19 participant.

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

24 a. The health information contained in, stored in, submitted
25 to, transferred or exchanged by, or released from the Iowa
26 health information network or the state-designated HDU.

27 b. Any health information or data in the possession of the
28 governing board due to its administration and governance of the
29 Iowa health information network or the state-designated HDU.

30 7. Unless otherwise provided in [this chapter](#), when sharing
31 health information or data through the Iowa health information
32 network ~~or~~, through the state-designated HDU, or through a
33 private health information network maintained in this state
34 that complies with the privacy and security requirements of
35 this chapter for the purposes of patient treatment, payment,

1 or health care operations, as such terms are defined in
2 HIPAA, or for the purposes of public health activities or care
3 coordination, a participant authorized by the designated entity
4 to use the record locator service or the state-designated HDU
5 is exempt from any other state law that is more restrictive
6 than HIPAA that would otherwise prevent or hinder the exchange
7 of patient information or data by the participant.

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

12 Sec. 10. NEW SECTION. 135D.8 Funding.

13 The department may expend funds appropriated to or received
14 by the department for the purposes of this chapter to carry out
15 the requirements of this chapter.

16 EXPLANATION

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

19 This bill relates to the Iowa health information network
20 (IHIN) under Code chapter 135D (Iowa health information
21 network) and a state-designated health data utility (HDU).

22 The bill includes definitions used in the bill.

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

35 The bill provides the principles, intent, and technical

1 infrastructure requirements for the state-designated HDU,
2 including that the state-designated HDU include data from a
3 health information exchange, a pharmacy information exchange,
4 a payor information exchange, and a community information
5 exchange.

6 The bill requires certain entities to participate in the
7 state-designated HDU by specified dates.

8 The bill provides that the department of health and human
9 services (HHS) may expend funds appropriated to or received by
10 HHS for the purposes of the bill to carry out the requirements
11 of the bill.