

HOUSE BILL 3527

By Maddox

AN ACT to amend Tennessee Code Annotated, Title 4;
Title 56 and Title 68, relative to health information
technology.

BE IT ENACTED BY THE GENERAL ASSEMBLY OF THE STATE OF TENNESSEE:

SECTION 1. Tennessee Code Annotated, Title 4, Chapter 3, Part 18, is amended by adding the following language as a new section:

Section 4-3-1805. The commissioner of health or the commissioner's designee shall serve as the state's representative, coordinator and liaison on all local, state and federal e-health related programs and initiatives unless specifically provided otherwise.

SECTION 2. Tennessee Code Annotated, Section 56-2-125, is amended by deleting subsection (c) in its entirety and by substituting instead the following:

(c) There is established a Tennessee health information committee, referred to as the "committee" in this section. The commissioner of health shall give all consideration to policies and recommendations formed by the committee, including those formed by the committee on any issues in response to a request of the commissioner of health the commissioner's discretion. Any recommendations developed by the committee shall, to the largest extent possible, be consistent with those of nationally recognized standard setting and accrediting bodies.

(1)

(A)

(i) The public release of any report utilizing data derived from the all payer claims database on quality, effectiveness, or cost of care of health care providers or provider shall require a

two-thirds (2/3) affirmative vote of the committee members present.

(ii) Health insurance issuers that contribute data to the all payer claims database and providers who are subjects of reports on quality, effectiveness or cost of care that utilize data derived from the all payer claims database shall be given access to the reports sixty (60) days prior to the public release of the reports for the review and submission of comments prior to the public release.

(B) Any other committee action shall require a simple majority affirmative vote of the committee members present.

(C) Neither the committee nor the commissioner is authorized to make public release of individual patient level claims data.

(2) The committee shall develop for the commissioner of health:

(A) A description of the data sets, based on national standards, if and when available, that will be included in the all payer claims database; and

(B) A method for submission of data.

(3) The committee shall develop for the commissioner of health security measures for ensuring compliance with:

(A) The federal requirements of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), compiled in 42 U.S.C. § 1320d et seq., and implementing federal regulations; and

(B) Other state and federal privacy laws.

(4) The committee shall regularly evaluate the integrity and accuracy of the all payer claims database.

(5) The committee shall develop policies to make reports from the all payer claims database available as a resource for insurers, employers, providers and purchasers of health care to continuously review health care utilization, expenditures and performance in this state. Such uses shall be subject to restrictions required by HIPAA and other applicable privacy laws and policies as well as to reasonable charges recommended by the committee and set by rule.

(6) The committee shall be chaired by the commissioner of health or the commissioner of health's designee and attached to the department of health for administrative purposes. The committee members shall serve without compensation and travel expenses.

(7)

(A) The committee shall include:

(i) The commissioner or the commissioner's designee;

(ii) The commissioner of health or the commissioner of health's designee;

(iii) The commissioner of mental health and developmental disabilities or the commissioner of mental health and developmental disabilities' designee;

(iv) The commissioner of finance and administration or the commissioner of finance and administration's designee;

(v) The director of the state division of health planning or equivalent;

(vi) The director of the office of e-health initiatives or equivalent; and

(vii) The deputy commissioner of the bureau of TennCare or the deputy commissioner of the bureau of TennCare's designee.

(B) The committee shall include the following members to be appointed by the commissioner of finance and administration prior to the effective date of this act and to be appointed or reappointed by the commissioner of health on and after the effective date of this act:

(i) Two (2) physician members. The Tennessee Medical Association is authorized to submit to the commissioner a list of nominees from which the physicians may be selected;

(ii) Two (2) members to represent hospitals. The Tennessee Hospital Association and the Hospital Alliance of Tennessee are authorized to submit to the commissioner a list of nominees from which the representatives may be selected;

(iii) One (1) pharmacist member. The Tennessee Pharmacists Association is authorized to submit to the commissioner a list of nominees from which the pharmacist may be selected;

(iv) Two (2) members to represent the health insurance industry;

(v) One (1) member to represent a hospital and medical service corporation;

(vi) One (1) member to represent a coalition of businesses who purchase health services;

(vii) One (1) member to represent a self-insured employer;

(viii) One (1) member to represent health care consumers;

and

(ix) One (1) member to represent ambulatory surgical treatment centers.

(8) The committee may appoint one (1) or more subcommittees to provide advice and recommendations related to the operations and use of the all payer claims database, including, but not limited to, advisory committees on:

(A) Research;

(B) Technology;

(C) Participation by health insurance issuers in the all payer claims database; and

(D) Such other matters as the committee may approve in its discretion.

(9) The members of the Tennessee health information committee appointed as provided in subdivision (b)(7)(B) shall serve one-year terms and shall be eligible for reappointment to subsequent terms; provided, however, that five (5) of the initial members shall serve an initial term of two (2) years.

Vacancies shall be filled for any unexpired terms, and members shall serve until their successors are appointed. The initial term of such members shall be deemed to commence on July 1, 2009.

(10) The committee shall terminate on June 30, 2011, pursuant to § 4-29-232(b). The committee may be continued, reestablished or restructured in accordance with title 4, chapter 29.

SECTION 3. This act shall take effect upon becoming a law, the public welfare requiring it.