

1 SENATE BILL 474

2 **52ND LEGISLATURE - STATE OF NEW MEXICO - FIRST SESSION, 2015**

3 INTRODUCED BY

4 Gerald Ortiz y Pino

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10 AN ACT

11 RELATING TO HEALTH; AMENDING SECTIONS OF THE HEALTH INFORMATION
12 SYSTEM ACT TO PROVIDE FOR THE SAFE DISCLOSURE OF CERTAIN
13 INFORMATION RELATED TO SPECIFICALLY IDENTIFIABLE DATA SOURCES;
14 ENACTING A NEW SECTION OF THE HEALTH INFORMATION SYSTEM ACT TO
15 ESTABLISH A HEALTH INFORMATION SYSTEM ADVISORY COMMITTEE.

16
17 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

18 SECTION 1. Section 24-14A-3 NMSA 1978 (being Laws 1989,
19 Chapter 29, Section 3, as amended) is amended to read:

20 "24-14A-3. HEALTH INFORMATION SYSTEM--CREATION--DUTIES OF
21 DEPARTMENT.--

22 A. The "health information system" is created for
23 the purpose of assisting the department, legislature and other
24 agencies and organizations in the state's efforts in
25 collecting, analyzing and disseminating health information to

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1 assist:

2 (1) in the performance of health planning and
3 policymaking functions, including identifying personnel,
4 facility, education and other resource needs and allocating
5 financial, personnel and other resources where appropriate;

6 (2) consumers in making informed decisions
7 regarding health care; and

8 (3) in administering, monitoring and
9 evaluating a statewide health plan.

10 B. In carrying out its powers and duties pursuant
11 to the Health Information System Act, the department shall not
12 duplicate databases that exist in the public sector or
13 databases in the private sector to which it has electronic
14 access. Every governmental entity shall provide the department
15 with access to its health-related data as needed by the
16 department. The department shall collect data from data
17 sources in the most cost-effective and efficient manner.

18 C. The department shall establish, operate and
19 maintain the health information system.

20 D. In establishing, operating and maintaining the
21 health information system, the department shall:

22 (1) obtain information on the following health
23 factors:

24 (a) mortality and natality, including
25 accidental causes of death;

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- 1 (b) morbidity;
- 2 (c) health behavior;
- 3 (d) disability;
- 4 (e) health system costs, availability,
5 utilization and revenues;
- 6 (f) environmental factors;
- 7 (g) health personnel;
- 8 (h) demographic factors;
- 9 (i) social, cultural and economic
10 conditions affecting health, including language preference;
- 11 (j) family status;
- 12 (k) medical and practice outcomes as
13 measured by nationally accepted standards and quality of care;
14 and
- 15 (1) participation in clinical research
16 trials;
- 17 (2) give the highest priority in data
18 gathering to information needed to implement and monitor
19 progress toward achievement of the state health policy,
20 including determining where additional health resources such as
21 personnel, programs and facilities are most needed, what those
22 additional resources should be and how existing resources
23 should be reallocated;
- 24 (3) standardize collection and specific
25 methods of measurement across databases and use scientific

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1 sampling or complete enumeration for collecting and reporting
2 health information;

3 (4) take adequate measures to provide health
4 information system security for all health data acquired under
5 the Health Information System Act and protect individual
6 patient and ~~[provider]~~ health care practitioner
7 confidentiality. The right to privacy for the individual shall
8 be a major consideration in the collection and analysis of
9 health data and shall be protected in the reporting of results;

10 (5) adopt and promulgate rules necessary to
11 establish and administer the provisions of the Health
12 Information System Act, including an appeals process for data
13 sources and procedures to protect data source proprietary
14 information from public disclosure;

15 (6) establish definitions, formats and other
16 common information standards for core health data elements of
17 the health information system in order to provide an integrated
18 financial, statistical and clinical health information system,
19 including a geographic information system, that allows data
20 sharing and linking across databases maintained by data sources
21 and federal, state and local public agencies;

22 (7) develop and maintain health and health-
23 related data inventories and technical documentation on data
24 holdings in the public and private sectors;

25 (8) collect, analyze and make available health

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1 data to support preventive health care practices and to
2 facilitate the establishment of appropriate benchmark data to
3 measure performance improvements over time;

4 (9) establish and maintain a systematic
5 approach to the collection and storage of health data for
6 longitudinal, demographic and policy impact studies;

7 (10) use expert system-based protocols to
8 identify individual and population health risk profiles and to
9 assist in the delivery of primary and preventive health care
10 services;

11 (11) collect health data sufficient for
12 consumers to be able to evaluate health care services, plans,
13 providers and payers, and to make informed decisions regarding
14 quality, cost and outcome of care across the spectrum of health
15 care services, providers and payers, including data on the
16 actual prices paid for health care;

17 (12) collect comprehensive information on
18 major capital expenditures for facilities, equipment by type
19 and by data source and significant facility capacity
20 reductions; provided that for the purposes of this paragraph
21 and Section 24-14A-5 NMSA 1978, "major capital expenditure"
22 means purchases of at least one million dollars (\$1,000,000)
23 for construction or renovation of facilities and at least five
24 hundred thousand dollars (\$500,000) for purchase or lease of
25 equipment, and "significant facility capacity reductions" means

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1 those reductions in facility capacities as defined by the
2 department;

3 (13) serve as a health information
4 clearinghouse, including facilitating private and public
5 collaborative, coordinated data collection and sharing and
6 access to appropriate data and information, maintaining patient
7 and client confidentiality in accordance with state and federal
8 requirements;

9 (14) collect data in the most cost-efficient
10 and effective method feasible and adopt rules that place a
11 limit on the maximum amount of unreimbursed costs that a data
12 source can incur in any year for the purposes of complying with
13 the data requirements of the Health Information System Act; and

14 (15) identify disparities in health care
15 access and quality by aggregating the information collected
16 pursuant to Paragraph (1) of this subsection by population
17 subgroups to include race, ethnicity, gender and age."

18 **SECTION 2.** Section 24-14A-6 NMSA 1978 (being Laws 1989,
19 Chapter 29, Section 6, as amended) is amended to read:

20 "24-14A-6. HEALTH INFORMATION SYSTEM--ACCESS.--

21 A. Access to data in the health information system
22 shall be provided in accordance with regulations adopted by the
23 department pursuant to the Health Information System Act.

24 B. A data provider may obtain data it has submitted
25 to the system, as well as aggregate data, but, except as

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1 provided in Subsection D of this section, it shall not have
2 access to data submitted by another provider that is limited
3 only to that provider unless that data is aggregated data and
4 publicly disseminated by the department. Except as provided in
5 Subsection D of this section, in no event may a data provider
6 obtain data regarding an individual patient except in instances
7 where the data were originally submitted by the requesting
8 provider. Prior to the release of any data, in any form, data
9 sources shall be permitted the opportunity to verify the
10 accuracy of the data pertaining to that data source. Data
11 identified in writing as inaccurate shall be corrected prior to
12 the data's release. Time limits shall be set for the
13 submission and review of data by data sources, and penalties
14 shall be established for failure to submit and review the data
15 within the established time.

16 C. Any person may obtain any aggregate data
17 publicly disseminated by the department.

18 D. Through a secure delivery or transmission
19 process, the department may share record-level data with a
20 federal agency that is authorized to collect, analyze or
21 disseminate health information. The department shall remove
22 identifiable individual or provider information from the
23 record-level data prior to its disclosure to the federal
24 agency. In providing hospital information under an agreement
25 or arrangement with a federal agency, the department shall

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1 ensure that any identifiable hospital information disclosed is
2 necessary for the agency's authorized use and that its
3 disclosure meets with state and federal privacy and
4 confidentiality laws, rules and regulations."

5 SECTION 3. Section 24-14A-8 NMSA 1978 (being Laws 1989,
6 Chapter 29, Section 8, as amended) is amended to read:

7 "24-14A-8. HEALTH INFORMATION SYSTEM--CONFIDENTIALITY.--

8 A. Health information collected and disseminated
9 pursuant to the Health Information System Act is strictly
10 confidential and shall not be a matter of public record or
11 accessible to the public except as provided in this section and
12 Sections 24-14A-6 and 24-14A-7 NMSA 1978. No data source shall
13 be liable for damages to any person for having furnished the
14 information to the department.

15 B. Record-level data provided to the department
16 pursuant to Section 24-14A-6 NMSA 1978 are confidential. The
17 agency that receives record-level data shall not disclose the
18 data except to the extent that they are included in a
19 compilation of aggregate data.

20 C. The individual forms, electronic information or
21 other forms of data collected by and furnished for the health
22 information system shall not be public records subject to
23 inspection pursuant to Section 14-2-1 NMSA 1978. [~~Compilations~~
24 ~~of~~] The department may release or disseminate aggregate data
25 [~~prepared for release or dissemination from the data collected~~

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1 ~~except for a report prepared for an individual data provider or~~
2 ~~the provider's designee containing information concerning only~~
3 ~~its transactions], including those data that pertain to a~~
4 specifically identified hospital or other type of health
5 facility. These data shall be public records if the release of
6 these data does not violate state or federal law relating to
7 the privacy and confidentiality of individually identifiable
8 health information."

9 SECTION 4. A new section of the Health Information System
10 Act is enacted to read:

11 "[NEW MATERIAL] ADVISORY COMMITTEE.--The secretary of
12 health shall appoint a health information system advisory
13 committee to advise the department in carrying out the
14 provisions of the Health Information System Act. The secretary
15 shall establish the membership and duties of the committee by
16 rule."

17 SECTION 5. A new section of the Health Information System
18 Act is enacted to read:

19 "[NEW MATERIAL] WEB SITE--PUBLIC ACCESS--PRICE AND QUALITY
20 DATA.--By January 1, 2017, the department shall ensure that the
21 public is provided with access, free of charge, to a user-
22 friendly, searchable and easily accessible web site. At a
23 minimum, the web site shall post data about the prices and
24 quality of frequently provided health care services or
25 procedures at New Mexico hospitals. The department shall

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1 update the data on a regular basis. The department shall adopt
2 and promulgate rules for the establishment and administration
3 of the web site pursuant to this section."

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