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SENATE BILL NO. 643

Offered January 20, 2012

A BILL to amend the Code of Virginia by adding a section numbered 32.1-276.9:1, relating to health information needs related to health care reform.

Patrons—Saslaw, McDougale, McWaters and Northam

Referred to Committee on Education and Health

Be it enacted by the General Assembly of Virginia:

1. That the Code of Virginia is amended by adding a section numbered 32.1-276.9:1 as follows:

§ 32.1-276.9:1. Health information needs related to reform; work group.

A. The Department of Health shall establish a work group to study continuing health information needs and to develop recommendations for design, development, and operation of systems and strategies to meet those needs. The work group shall include representatives of the Department of Medical Assistance Services; the Department of Health Professions; the State Corporation Commission's Bureau of Insurance; the Virginia Health Reform Initiative; the nonprofit organization with which the Commissioner of Health has entered into a contract or agreement for the compilation, storage, analysis, and evaluation of data submitted by health care providers pursuant to § 32.1-276.4; the Virginia Hospital and Healthcare Association; Virginia Association of Health Plans; the Medical Society of Virginia; health care providers; and other stakeholders and shall:

1. Identify various health information needs related to implementation of health care reform initiatives, including those associated with development and operation of an all-payer claims database, the Virginia Health Information Exchange, the Virginia Health Benefit Exchange, and any other health reform initiatives. In doing so, the work group shall identify the types of information required and the purposes for which information will be used;

2. Identify information systems and the types of health information currently available to meet needs associated with implementation of health care reform initiatives and develop recommendations for sharing of information and utilization of information systems in a manner that will maximize effectiveness and efficiency in the collection of health information necessary for implementation of health reform initiatives;

3. Identify gaps in the collection of information, specific information needs, and the types of information systems required to meet those needs;

4. Identify and periodically review the Commonwealth's existing health information collection and needs, and make recommendations to ensure efficiency and avoid unnecessary duplication of efforts in expanding data collection, as necessary; and

5. Develop specific recommendations for the implementation of systems and strategies to ensure collection of information sufficient to meet the Commonwealth's health information needs. Such recommendations shall include (i) methods for acquisition of required health information; (ii) use and integration of national reporting standards; (iii) issues associated with acquisition and use of proprietary data; (iv) the role of public, private, and nonprofit entities in the collection, reporting, and use of health information; (v) protection of patient privacy; and (vi) risks associated with implementation of systems and strategies for the collection of health information. In doing so, the work group shall identify opportunities for maximizing efficiency and effectiveness of health information systems, reducing duplication of effort related to collection of health information, and minimizing costs and risks associated with collection and use of health information. The work group shall also provide information related to the cost of implementing recommendations developed, including anticipated costs to the Commonwealth and private and nonprofit entities.

B. The work group shall report its activities, findings, and recommendations annually to the Governor and the General Assembly no later than December 1.

INTRODUCED

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