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SENATE BILL NO. 1561

Offered January 20, 2017

A BILL to amend the Code of Virginia by adding in Title 32.1 a chapter numbered 19, consisting of a section numbered 32.1-372, relating to Emergency Department Care Coordination Program.

Patron—Dunnavant

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 in Title 32.1 a chapter numbered 19, consisting of a section numbered 32.1-372, as follows:

CHAPTER 19.

EMERGENCY DEPARTMENT CARE COORDINATION PROGRAM.

§ 32.1-372. Emergency Department Care Coordination Program established; purpose.

A. The Emergency Department Care Coordination Program (the Program) is hereby created to provide a single, statewide technology solution that connects all hospital emergency departments in the Commonwealth to facilitate real-time communication and collaboration among physicians, other health care providers, and clinical and care management personnel for patients receiving services in hospital emergency departments, for the purpose of improving the quality of patient care services.

B. In developing and implementing the Program, the Commissioner shall ensure that the Program:

1. Receives real-time patient visit information from, and shares such information with, every hospital emergency department in the Commonwealth through integrations that enable receiving information from and delivering information into electronic health records systems utilized by such hospital emergency departments;

2. Requires that all participants in the program execute standard health care data exchange contracts that ensure that the secure and reliable exchange of patient information fully complies with patient privacy and security requirements of applicable state and federal laws and regulations, including the Health Insurance Portability and Accountability Act (42 U.S.C. § 1320d et seq.);

3. Allows hospital emergency departments in the Commonwealth to receive real-time alerts triggered by analytics to identify patient-specific risks, to create and share care coordination plans and other care recommendations, and to access other clinically beneficial information related to patients receiving services in hospital emergency departments in the Commonwealth;

4. Provides a patient's designated primary care physician and supporting clinical and care management personnel with treatment and care coordination information about a patient receiving services in a hospital emergency department in the Commonwealth, including care plans and hospital admissions, transfers, and discharges;

5. Provides a patient's designated managed care organization and supporting clinical and care management personnel with care coordination plans and discharge and other treatment and care coordination information about a member receiving services in a hospital emergency department in the Commonwealth; and

6. Is integrated with the Prescription Monitoring Program established pursuant to Chapter 25.2 (§ 54.1-2519 et seq.) of Title 54.1 and the Advance Health Care Directive Registry established pursuant to Article 9 (§ 54.1-2994 et eq.) of Chapter 29 of Title 54.1 to enable automated query and automatic delivery of relevant information from such sources into the existing work flow of health care providers in the emergency department.

C. The Commissioner may enter into a contract with a third party to create, operate, maintain, or administer the Program in accordance with this section, which shall include provisions for the protection of patient privacy and data security pursuant to state and federal law and regulations, including the Health Insurance Portability and Accountability Act (42 U.S.C. 1320d et seq.).

D. The Commissioner shall establish an advisory council, which shall consist of representatives of the Department, the Department of Medical Assistance Services, the Virginia Hospital and Healthcare Association, the Virginia Association of Health Plans, the Medical Society of Virginia, the Virginia College of Emergency Physicians, the Virginia Chapter of the American Academy of Pediatricians, and the Virginia Academy of Family Physicians, to advise the Commissioner regarding the establishment and operation of the Program, changes to the Program, and outcome measures for the Program.

E. Information submitted to the Program shall be confidential and shall be exempt from disclosure under the Virginia Freedom of Information Act (§ 2.2-3700 et seq.).

INTRODUCED

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