

**H.901 (HIT/HIE bill) - As Passed by House **showing markup** from  
Senate Health & Welfare and Senate Finance Committee amendments**

1 Sec. 1. HEALTH INFORMATION TECHNOLOGY; HEALTH INFORMATION  
2 EXCHANGE; PROGRESS REPORTS

3 (a) On or before May 1, 2018, the Department of Vermont Health Access and the Vermont  
4 Information Technology Leaders, Inc. (VITL) shall submit to the House Committees on  
5 Appropriations, on Health Care, and on Ways and Means; the Senate Committees on  
6 Appropriations, on Health and Welfare, and on Finance; and the Green Mountain Care Board  
7 a work plan detailing the process by which the Department and VITL shall implement the  
8 recommendations of the health information technology report submitted to the General  
9 Assembly in accordance with 2017 Acts and Resolves No. 73, Sec. 15 (Act 73 report). The  
10 work plan shall be informed by stakeholder and consumer input and by technology options  
11 and opportunities. The Plan shall identify potential steps for addressing issues of data  
12 ownership and issues of intellectual property. It shall also set forth both a timeline of tasks to  
13 be completed and a list of clear objectives to assist the General Assembly in evaluating the  
14 success or failure of the parties' work.

15 (b) On or before September 1, 2018, the Department of Vermont Health Access and VITL  
16 shall submit to the House Committees on Appropriations, on Health Care, and on Ways and  
17 Means; the Senate Committees on Appropriations, on Health and Welfare, and on Finance;  
18 the Health Reform Oversight Committee; **the Joint Information Technology Oversight**  
19 **Committee;** and the Green Mountain Care Board a contingency plan for health information

1 technology to be used if the Department and VITL are unable to implement the  
2 recommendations from the Act 73 report. The contingency plan shall contain the following:

3 (1) a description of the health information exchange services that would need to be  
4 replaced;

5 (2) a process for determining the manner in which the services would be replaced and  
6 the mechanism for acquiring the replacement services, such as a request for proposals;

7 (3) an assessment of the State's ownership interests in hardware systems, software  
8 systems, applications, data, and other physical and intellectual property that would need to be  
9 licensed to a future operator of Vermont's health information exchange;

10 (4) a plan for transitioning operations from VITL to the new operator or operators; and

11 (5) the impacts of the change on health care providers, health care consumers, State  
12 government, and Vermont's health care reform initiatives.

13 (c) On or before October 15, 2018, the Department of Vermont Health Access shall submit  
14 to the House Committees on Appropriations, on Health Care, and on Ways and Means; the  
15 Senate Committees on Appropriations, on Health and Welfare, and on Finance; the Health  
16 Reform Oversight Committee; **the Joint Information Technology Oversight Committee;**  
17 and the Green Mountain Care Board the results of an evaluation, which shall be conducted by  
18 an independent entity with expertise in health information technology, of the work plan, the  
19 contingency plan, and the Department's and VITL's progress toward implementing the  
20 recommendations in the Act 73 report.

21 (d) On or before May 1, July 1, September 1, and November 1, 2018 and January 1, 2019,  
22 the Department of Vermont Health Access and VITL shall provide to the House Committees

1 on Appropriations, on Health Care, and on Ways and Means; the Senate Committees on  
2 Appropriations, on Health and Welfare, and on Finance; the Health Reform Oversight  
3 Committee; **the Joint Information Technology Oversight Committee;** and the Green  
4 Mountain Care Board written updates on their progress toward implementing the  
5 recommendations contained in the Act 73 report.

6 (e) In addition to the written updates required by subsection (d) of this section, the  
7 Department of Vermont Health Access and VITL shall provide testimony on their progress  
8 toward implementing the recommendations contained in the Act 73 report at a meeting of the  
9 Health Reform Oversight Committee **and at a meeting of the Joint Information**  
10 **Technology Oversight Committee** at least once every two months or more frequently if so  
11 requested by **the a** Committee. The testimony at **the each** Committee's first meeting after the  
12 General Assembly has adjourned in 2018 shall also include information regarding the work  
13 plan required by subsection (a) of this section, and the testimony at **the each** Committee's  
14 first meeting after September 1, 2018 shall also include information regarding the contingency  
15 plan required by subsection (b) of this section.

16 Sec. 2. 18 V.S.A. § 9351 is amended to read:

17 § 9351. HEALTH INFORMATION TECHNOLOGY PLAN

18 (a)(1) ~~The Secretary of Administration or designee~~ Department of Vermont Health  
19 Access, in consultation with the Department's Health Information Exchange Steering  
20 Committee, shall be responsible for the overall coordination of Vermont's statewide Health  
21 Information Technology Plan. The Plan shall be revised annually and updated

1 comprehensively every five years to provide a strategic vision for clinical health information  
2 technology.

3 (2) The Department shall submit the proposed Plan to the Green Mountain Care Board  
4 annually on or before November 1. The Green Mountain Care Board shall approve, reject, or  
5 request modifications to the Plan within 45 days following its submission; if the Board has  
6 taken no action after 45 days, the Plan shall be deemed to have been approved.

7 (3) The Secretary or designee Department, in consultation with the Steering  
8 Committee, shall administer the Plan, which shall include the implementation of an integrated  
9 electronic health information infrastructure for the sharing of electronic health information  
10 among health care facilities, health care professionals, public and private payers, and patients.  
11 The Plan shall include standards and protocols designed to promote patient education, patient  
12 privacy, physician best practices, electronic connectivity to health care data, **access to**  
13 **advance care planning documents,** and, overall, a more efficient and less costly means of  
14 delivering quality health care in Vermont.

15 \* \* \*

16 (c) The Secretary of Administration or designee may update the Plan Department of  
17 Vermont Health Access, in consultation with the Steering Committee and subject to Green  
18 Mountain Care Board approval, may propose updates to the Plan in addition to the annual  
19 updates as needed to reflect emerging technologies, the State's changing needs, and such other  
20 areas as the Secretary or designee Department deems appropriate. The Secretary or designee  
21 Department shall solicit recommendations from Vermont Information Technology Leaders,  
22 Inc. (VITL) and other entities interested stakeholders in order to update propose updates to the

1 Health Information Technology Plan pursuant to subsection (a) of this section and to this  
2 subsection, including applicable standards, protocols, and pilot programs, and following  
3 approval of the proposed updates by the Green Mountain Care Board, may enter into a  
4 contract or grant agreement with ~~VITL or other~~ appropriate entities to update some or all of  
5 the Plan. Upon approval ~~by the Secretary~~ of the updated Plan by the Green Mountain Care  
6 Board, the Department of Vermont Health Access shall distribute the updated Plan shall be  
7 distributed to the Secretary of Administration; the **Commissioner of Information and**  
8 **Innovation Secretary of Digital Services**; the Commissioner of Financial Regulation; the  
9 ~~Commissioner of Vermont Health Access~~; the Secretary of Human Services; the  
10 Commissioner of Health; the Commissioner of Mental Health; the Commissioner of  
11 Disabilities, Aging, and Independent Living; the Senate Committee on Health and Welfare;  
12 the House Committee on Health Care; affected parties; and interested stakeholders. Unless  
13 major modifications are required, the ~~Secretary~~ Department may present updated information  
14 about the Plan to the ~~Green Mountain Care Board~~ and legislative committees of jurisdiction in  
15 lieu of creating a written report.

16 \* \* \*

17 Sec. 3. 18 V.S.A. § 9352 is amended to read:

18 § 9352. VERMONT INFORMATION TECHNOLOGY LEADERS

19 (a)(1) Governance. The Vermont Information Technology Leaders, Inc. (VITL) Board of  
20 Directors shall consist of no fewer than nine nor more than 14 members. The term of each  
21 member shall be two years, except that of the members first appointed, approximately one-  
22 half shall serve a term of one year and approximately one-half shall serve a term of two years,

1 and members shall continue to hold office until their successors have been duly appointed.

2 The Board of Directors shall comprise the following:

3 (A) ~~one member~~ two current members of the General Assembly, one of whom  
4 shall be a member of the House of Representatives appointed jointly by the Speaker of the  
5 House and the President Pro Tempore of the Senate one of whom shall be a member of  
6 the Senate appointed by the Committee on Committees, ~~who~~ and both of whom shall be  
7 entitled to the same per diem compensation and expense reimbursement of expenses  
8 pursuant to 2 V.S.A. § 406 as provided for attendance at sessions during adjournment of  
9 the General Assembly;

10 (B) one individual appointed by the Governor; and

11 (C) ~~one representative of the business community;~~

12 ~~(D) one representative of health care consumers;~~

13 ~~(E) one representative of Vermont hospitals;~~

14 ~~(F) one representative of Vermont physicians;~~

15 ~~(G) one practicing clinician licensed to practice medicine in Vermont;~~

16 ~~(H) one representative of a health insurer licensed to do business in Vermont;~~

17 ~~(I) the President of VTTL, who shall be an ex officio, nonvoting member;~~

18 ~~(J) two individuals familiar with health information technology, at least one of~~  
19 ~~whom shall be the chief technology officer for a health care provider; and~~

20 ~~(K) two at-large members~~ representatives of the business community, of health  
21 care consumers, of Vermont hospitals, of Vermont-licensed clinicians, and of health  
22 insurers licensed to offer plans in Vermont, as well as individuals familiar with health

1 **information technology, including, to the extent practicable, one or more individuals**  
2 **who are or have served as the chief technology officer for a health care facility.**

3 (2) Except for the members appointed pursuant to subdivisions (1)(A) and (B) of this  
4 subsection, whenever a vacancy on the Board occurs, the members of the Board of Directors  
5 then serving shall appoint a new member who shall meet the same criteria as the member he  
6 or she replaces.

7 \* \* \*

8 (c)(1) Health information exchange operation. VITL shall be designated in the Health  
9 Information Technology Plan approved by the Green Mountain Care Board pursuant to  
10 section 9351 of this title to operate the exclusive statewide health information exchange  
11 network for this State. ~~After the~~ The Plan shall determine the manner in which Vermont's  
12 health information exchange network shall be managed. ~~The~~ Green Mountain Care Board  
13 ~~approves~~ shall have the authority to approve VITL's ~~core activities and~~ budget pursuant to  
14 chapter 220 of this title, ~~the Secretary of Administration or designee shall enter into~~  
15 ~~procurement grant agreements with VITL pursuant to 8 V.S.A. § 4089k.~~ Nothing in this  
16 chapter shall impede local community providers from the exchange of electronic medical data.

17 (2) Notwithstanding any provision of 3 V.S.A. § 2222 or 2283b to the contrary, upon  
18 request of the Secretary of Administration, the **Department of Information and Innovation**  
19 **Agency of Digital Services** shall review VITL's technology for security, privacy, and  
20 interoperability with State government information technology, consistent with the State's  
21 health information technology plan required by section 9351 of this title.

1 (d) Privacy. The standards and protocols implemented by VITL shall be consistent with  
2 those adopted by the statewide Health Information Technology Plan pursuant to subsection  
3 9351(e) of this title.

4 (e) Report. ~~No later than~~ On or before January 15 of each year, VITL shall file a report  
5 with the Green Mountain Care Board; the Secretary of Administration; the **Commissioner of**  
6 **Information and Innovation Secretary of Digital Services**; the Commissioner of Financial  
7 Regulation; the Commissioner of Vermont Health Access; the Secretary of Human Services;  
8 the Commissioner of Health; the Commissioner of Mental Health; the Commissioner of  
9 Disabilities, Aging, and Independent Living; the Senate Committee on Health and Welfare;  
10 and the House Committee on Health Care. The report shall include an assessment of progress  
11 in implementing health information technology in Vermont and recommendations for  
12 additional funding and legislation required. In addition, VITL shall publish minutes of VITL  
13 meetings and any other relevant information on a public website. The provisions of 2 V.S.A.  
14 § 20(d) (expiration of required reports) shall not apply to the report to be made under this  
15 subsection.

16 (f) Funding authorization. VITL is authorized to seek matching funds to assist with  
17 carrying out the purposes of this section. In addition, it may accept any and all donations,  
18 gifts, and grants of money, equipment, supplies, materials, and services from the federal or  
19 any local government, or any agency thereof, and from any person, firm, foundation, or  
20 corporation for any of its purposes and functions under this section and may receive and use  
21 the same, subject to the terms, conditions, and regulations governing such donations, gifts,  
22 and grants. VITL shall not use any State funds for health care consumer advertising,

1 marketing, or similar services unless necessary to comply with the terms of a contract or grant  
2 that requires a contribution of State funds.

3 (g) Waivers. The Secretary of ~~Administration~~ Human Services or designee, in  
4 consultation with VITL, may seek any waivers of federal law, of rule, or of regulation that  
5 might assist with implementation of this section.

6 (h) [Repealed.]

7 (i) Certification of meaningful use and connectivity.

8 (1) To the extent necessary to support Vermont's health care reform goals or as  
9 required by federal law, VITL shall be authorized to certify the meaningful use of health  
10 information technology and electronic health records by health care providers licensed in  
11 Vermont.

12 (2) VITL, in consultation with health care providers and health care facilities, shall  
13 establish criteria for creating or maintaining connectivity to the State's health information  
14 exchange network. VITL shall provide the criteria annually ~~by~~ on or before March 1 to the  
15 Green Mountain Care Board established pursuant to chapter 220 of this title.

16 (j) Scope of activities. VITL and any person who serves as a member, director, officer, or  
17 employee of VITL with or without compensation shall not be considered a health care  
18 provider as defined in subdivision 9432 of this title for purposes of any action taken in good  
19 faith pursuant to or in reliance upon provisions of this section relating to VITL's:

20 (1) governance;

1 (2) electronic exchange of health information and operation of the statewide Health  
2 Information Exchange Network as long as nothing in such exchange or operation constitutes  
3 the practice of medicine pursuant to 26 V.S.A. chapter 23 or 33;

4 (3) implementation of privacy provisions;

5 (4) funding authority;

6 (5) application for waivers of federal law;

7 (6) establishment and operation of a financing program providing electronic health  
8 records systems to providers; or

9 (7) certification of health care providers' meaningful use of health information  
10 technology.

11 Sec. 4. 18 V.S.A. § 9375(b) is amended to read:

12 (b) The Board shall have the following duties:

13 \* \* \*

14 (2)(A) Review and approve Vermont's statewide Health Information Technology Plan  
15 pursuant to section 9351 of this title to ensure that the necessary infrastructure is in place to  
16 enable the State to achieve the principles expressed in section 9371 of this title. ~~In performing~~  
17 ~~its review, the Board shall consult with and consider any recommendations regarding the plan~~  
18 ~~received from the Vermont Information Technology Leaders, Inc. (VITL).~~

19 (B) Review and approve the criteria required for health care providers and health  
20 care facilities to create or maintain connectivity to the State's health information exchange as  
21 set forth in section 9352 of this title. Within 90 days following this approval, the Board shall  
22 issue an order explaining its decision.

1 (C) Annually review ~~the budget and all activities of VITL~~ and approve the budget,  
 2 consistent with available funds, ~~and the core activities associated with public funding, which~~  
 3 ~~shall include establishing the interconnectivity of electronic medical records held by health~~  
 4 ~~care professionals and the storage, management, and exchange of data received from such~~  
 5 ~~health care professionals, for the purpose of improving the quality of and efficiently providing~~  
 6 ~~health care to Vermonters~~ of the Vermont Information Technology Leaders, Inc. (VITL).  
 7 This review shall take into account VITL's responsibilities pursuant to section 9352 of this  
 8 title and the availability of funds needed to support those responsibilities.

9 \* \* \*

10 Sec. 5. 2013 Acts and Resolves No. 73, Sec. 60(10), as amended by 2017 Acts and Resolves  
 11 No. 73, Sec. 14, is further amended to read:

12 (10) Secs. 48-51 (health claims tax) shall take effect on July 1, 2013 and 52 and 53  
 13 (health claims tax revenue; Health IT-Fund; sunset) shall take effect on July 1, 2018 2019.

14 **Sec. 6. PROSPECTIVE REPEAL OF VITL STATUTE**

15 **In order to ensure successful implementation of the Act 73 report recommendations**  
 16 **as set forth in the work plan developed pursuant to Sec. 1 of this act, and in the absence**  
 17 **of 2019 legislative action to the contrary, 18 V.S.A. § 9352 is repealed on July 1, 2019.**

18 **Sec. 7. 32 V.S.A. § 10301 is amended to read:**

19 **§ 10301. HEALTH IT-FUND**

20 **(a) The Vermont Health IT-Fund is established in the State Treasury as a special**  
 21 **fund to be a source of funding for Medical Health Care Information Technology**  
 22 **Programs and initiatives such as those outlined in the Vermont Health Information**



1 ~~IT Fund for the upcoming fiscal year. The expenditure plan shall be included within the~~  
2 ~~context of the entity's overall budget, including all revenue and expenditures.~~

3 \* \* \*

4 ~~(h) VITL and any other Any beneficiary receiving funding shall submit quarterly~~  
5 ~~expenditure reports to the Secretary of Administration and to the Green Mountain Care~~  
6 ~~Board, including a year-end report by on or before August 1.~~

7 ~~(i) Any primary care practitioner receiving an electronic health information system,~~  
8 ~~or practice management system, or both, pursuant to subdivision (a)(1) of this section~~  
9 ~~shall maximize usage of such system in accordance with the guidelines developed by~~  
10 ~~VITL. A practitioner who is determined by VITL to be using the system to less than its~~  
11 ~~full capacity shall be provided with an opportunity for additional instruction as needed~~  
12 ~~to enable full usage of the system. If a practitioner is unwilling or unable to utilize the~~  
13 ~~system to its full capacity, such practitioner shall refund to VITL the State the fair~~  
14 ~~market value of the system.~~

## 15 **Sec. 6. FUTURE OF HEALTH INFORMATION EXCHANGE NETWORK;**

### 16 **LEGISLATIVE INTENT**

17 It is essential to the future of health information technology and health information  
18 exchange in Vermont that the recommendations of the health information technology  
19 report submitted to the General Assembly in accordance with 2017 Acts and Resolves  
20 No. 73, Sec. 15 are successfully implemented in a thorough and timely manner. If they  
21 are not successfully implemented pursuant to the timeline adopted in the work plan  
22 described in Sec. 1 of this act, it is the intent of the General Assembly to eliminate the

1 designation of Vermont Information Technology Leaders, Inc. to operate the exclusive  
2 statewide health information exchange network for Vermont pursuant to 18 V.S.A.  
3 § 9352.

4 **Sec. 7. HEALTH INFORMATION EXCHANGE; CONSENT POLICY;**  
5 **REPORT**

6 The Department of Vermont Health Access, in consultation with Vermont  
7 Information Technology Leaders, Inc., the Office of the Health Care Advocate, and  
8 other interested stakeholders, shall provide recommendations to the House Committees  
9 on Health Care and on Energy and Technology and the Senate Committee on Health  
10 and Welfare on or before January 15, 2019 regarding whether individual consent to the  
11 exchange of health care information through the Vermont Health Information Exchange  
12 should be on an opt-in or opt-out basis.

13 **Sec. 8. IMPROVING INTEROPERABILITY OF ELECTRONIC HEALTH**  
14 **RECORDS SYSTEMS; REPORT**

15 The Department of Vermont Health Access, in consultation with Vermont  
16 Information Technology Leaders, Inc. and other interested stakeholders, shall provide  
17 recommendations to the House Committees on Health Care and on Energy and  
18 Technology and the Senate Committee on Health and Welfare on or before January 15,  
19 2019 regarding ways to improve the utility and interoperability of electronic health  
20 records and health information exchange in Vermont.

21 **Sec. 9. EFFECTIVE DATES**

22 (a) Secs. 1-6 and this section This act shall take effect on passage.

- 1 ~~(b) Sec. 7 (32 V.S.A. § 10301) shall take effect on July 1, 2019, but only if the repeal of~~
- 2 ~~18 V.S.A. § 9352 occurs as set forth in Sec. 6.~~