

Possible VHIE/VITL language for HHC discussion

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

2 § 9351. HEALTH INFORMATION TECHNOLOGY PLAN

3 (a)(1) The Department of Vermont Health Access, in consultation with the Department's
4 Health Information Exchange Steering Committee, shall be responsible for the overall
5 coordination of Vermont's statewide Health Information Technology Plan. The Plan shall be
6 revised annually and updated comprehensively every five years to provide a strategic vision
7 for clinical health information technology.

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

12 (3)(A) The Department, in consultation with the Steering Committee, shall administer
13 the Plan, ~~which shall~~

14 (B) The Plan shall include the implementation of an integrated electronic health
15 information infrastructure for the sharing of electronic health information among health care
16 facilities, health care professionals, public and private payers, and patients. The Plan shall
17 provide for each patient's electronic health information to be accessible to health care
18 facilities, health care professionals, and public and private payers to the extent permitted
19 under federal law unless the patient has affirmatively elected not to have the patient's
20 electronic health information shared in that manner.

21 (C) The Plan shall include standards and protocols designed to promote patient
22 education, patient privacy, physician best practices, electronic connectivity to health care data,

1 access to advance care planning documents, and, overall, a more efficient and less costly
2 means of delivering quality health care in Vermont.

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4 Sec. B. VERMONT HEALTH INFORMATION EXCHANGE; OPT-OUT CONSENT
5 POLICY; IMPLEMENTATION

6 (a) The Department of Vermont Health Access, in consultation with its Health Information
7 Exchange Steering Committee, shall administer a robust stakeholder process to develop an
8 implementation strategy for the consent policy for the sharing of patient health information
9 through the Vermont Health Information Exchange (VHIE), as revised pursuant to Sec. A of
10 this act. The implementation strategy shall:

11 (1) include substantial opportunities for public input;

12 (2) focus on the creation of patient education mechanisms and processes that:

13 (A) combine new information on the consent policy with existing patient education
14 obligations, such as disclosure requirements under the Health Insurance Portability and
15 Accountability Act of 1996 (HIPAA);

16 (B) aim to address diverse needs, abilities, and learning styles with respect to
17 information delivery;

18 (C) clearly explain:

19 (i) the purpose of the VHIE;

20 (ii) the way in which health information is currently collected;

21 (iii) how and with whom health information may be shared using the VHIE;

22 (iv) the purposes for which health may be shared using the VHIE;

23 (v) how to opt out of having health information shared using the VHIE; and

1 (vi) how patients can change their participation status in the future;

2 (D) enable patients to fully understand their rights regarding the sharing of their
3 health information and provide them with ways to find answers to associated questions;

4 (3) include plans for developing or supplementing consent management processes at
5 the VHIE to reflect the needs of patients and providers;

6 (4) include multi-sector communication strategies to inform all Vermonters about the
7 VHIE, the consent policy, and their ability to opt out of having their health information shared
8 through the VHIE; and

9 (5) identify a methodology for evaluating the extent to which the public outreach
10 regarding the VHIE, consent policy, and opt-out processes has been successful.

11 (b)(1) The Department of Vermont Health Access shall provide updates on the stakeholder
12 engagement process and the consent policy implementation strategy to the House Committee
13 on Health Care, the Senate Committee on Health and Welfare, the Health Reform Oversight
14 Committee, and the Green Mountain Care Board on or before August 1 and November 1,
15 2019.

16 (2) The Department of Vermont Health Access shall provide a final report on the
17 outcomes of the stakeholder engagement process and the consent policy implementation
18 strategy to the House Committee on Health Care, the Senate Committee on Health and
19 Welfare, and the Green Mountain Care Board on or before January 15, 2020.

20 Sec. C. EFFECTIVE DATES

21 (a) **Sec. A** (18 V.S.A. § 9351) shall take effect on July 1, 2020.

22 (b) **Sec. B** (Vermont Health Information Exchange; opt-out consent policy;
23 implementation) and this section shall take effect on passage.