

AMENDMENTS TO LB411

Introduced by Health and Human Services.

1           1. Strike the original sections and insert the following new  
2 sections:

3           Section 1. Section 81-6,125, Revised Statutes Cumulative Supplement,  
4 2020, is amended to read:

5           81-6,125 (1) The purpose of the Population Health Information Act  
6 is to designate a health information exchange to provide the data  
7 infrastructure needed to assist in creating a healthier Nebraska and  
8 operating the electronic health records initiative.

9           (2) The designated health information exchange shall:

10          (a) ~~(1)~~ Aggregate clinical information from health care entities  
11 needed to support the operation of the medical assistance program under  
12 the Medical Assistance Act;

13          (b) ~~(2)~~ Act as the designated entity for purposes of access to and  
14 analysis of health data;

15          (c) ~~(3)~~ Collect and analyze data for purposes of informing the  
16 Legislature, the department, health care providers, and health care  
17 entities as to the cost of, access to, and quality of health care in  
18 Nebraska;

19          (d) ~~(4)~~ Act as a collector and reporter of public health data for  
20 registry submissions, electronic laboratory reporting, immunization  
21 reporting, and syndromic surveillance from an electronic health record,  
22 which does not include claims data; and

23          (e) ~~(5)~~ Enable any health care provider or health care entity to  
24 access information available within the designated health information  
25 exchange to evaluate and monitor care and treatment of a patient in  
26 accordance with the privacy and security provisions set forth in the  
27 federal Health Insurance Portability and Accountability Act of 1996,

1 Public Law 104-191.

2 (3)(a) On or before September 30, 2021, each health care facility  
3 listed in subdivision (b) of this subsection shall participate in the  
4 designated health information exchange through sharing of clinical  
5 information. Such clinical information shall include the clinical data  
6 that the health care facility captured in their existing electronic  
7 health record as permitted by state and federal laws, rules, and  
8 regulations. Any patient health information shared with the designated  
9 health information exchange as determined by policies adopted by the  
10 Health Information Technology Board shall be provided in accordance with  
11 the privacy and security provisions set forth in the federal Health  
12 Insurance Portability and Accountability Act of 1996, Public Law 104-191,  
13 and regulations adopted under the act, including, but not limited to,  
14 specific provisions related to privacy under the medical assistance  
15 program.

16 (b) This subsection applies to an ambulatory surgical center, a  
17 center or group home for the developmentally disabled, a critical access  
18 hospital, a general acute hospital, a health clinic, a hospital, an  
19 intermediate care facility, an intermediate care facility for persons  
20 with developmental disabilities, a long-term care hospital, a mental  
21 health substance use treatment center, a PACE center, a pharmacy, a  
22 psychiatric or mental hospital, a public health clinic, or a  
23 rehabilitation hospital, as such terms are defined in the Health Care  
24 Facility Licensure Act. This subsection does not apply to an assisted-  
25 living facility, a nursing facility, or a skilled nursing facility, as  
26 such terms are defined in the Health Care Facility Licensure Act.

27 (c) Any connection established by July 1, 2021, between a health  
28 care facility and the designated health information exchange to  
29 facilitate such participation shall be at no cost to the participating  
30 health care facility.

31 (d) A health care facility may apply to the board for a waiver from

1 the requirement to participate under this subsection due to a  
2 technological burden. The board shall review the application and  
3 determine whether to waive the requirement. If the board waives the  
4 requirement for a health care facility, the board shall review the waiver  
5 annually to determine if the health care facility continues to qualify  
6 for the waiver.

7 (e) The board shall not require a health care facility to purchase  
8 or contract for an electronic records management system or service.

9 (4)(a) On or before January 1, 2022, each health insurance plan  
10 shall participate in the designated health information exchange through  
11 sharing of information. Such information shall be determined by policies  
12 adopted by the Health Information Technology Board.

13 (b) For purposes of this subsection:

14 (i) Health insurance plan includes any group or individual sickness  
15 and accident insurance policy, health maintenance organization contract,  
16 subscriber contract, employee medical, surgical, or hospital care benefit  
17 plan, or self-funded employee benefit plan to the extent not preempted by  
18 federal law; and

19 (ii) Health insurance plan does not include (A) accident-only,  
20 disability-income, hospital confinement indemnity, dental, hearing,  
21 vision, or credit insurance, (B) coverage issued as a supplement to  
22 liability insurance, (C) insurance provided as a supplement to medicare,  
23 (D) insurance arising from workers' compensation provisions, (E)  
24 automobile medical payment insurance, (F) insurance policies that provide  
25 coverage for a specified disease or any other limited benefit coverage,  
26 or (G) insurance under which benefits are payable with or without regard  
27 to fault and which is statutorily required to be contained in any  
28 liability insurance policy.

29 Sec. 2. Original section 81-6,125, Revised Statutes Cumulative  
30 Supplement, 2020, is repealed.

31 Sec. 3. Since an emergency exists, this act takes effect when

1 passed and approved according to law.