

**Michigan Office of Administrative Hearings and Rules
Administrative Rules Division (ARD)**

MOAHR-Rules@michigan.gov

REQUEST FOR RULEMAKING (RFR)

1. Department:

Health and Human Services

2. Bureau:

Bureau Of Epidemiology And Population Health

3. Promulgation type:

Full Process

4. Title of proposed rule set:

Chronic Disease Reporting

5. Rule numbers or rule set range of numbers:

R 330.131 - R 330.150

6. Estimated time frame:

6 months

Name of person filling out RFR:

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7. Describe the general purpose of these rules, including any problems the changes are intended to address.

These new rules are intended to address reporting requirements for chronic conditions. Establishing this requirement is necessary for MDHHS to leverage electronic health record (EHR) data that is already shared between Michigan health systems and health information exchanges (HIEs). The ADT messages will populate the 'Chronic Disease Registry Leveraging Electronic Health Record Data' (CHRONICLE) housed within the Michigan Disease Surveillance System (MDSS).

Chronic conditions impact the quality of life for millions of Michigan residents. In 2018, more than 60,000 Michigan deaths, among all ages, could be attributed to chronic diseases (MDHHS Vital Records). Currently, MDHHS relies on dated and siloed data systems for chronic disease surveillance that limit our understanding of population health and our evaluation and intervention capacity for addressable chronic conditions. CHRONICLE will leverage existing electronic health record data passed between our health systems to produce timelier and more reliable chronic disease data while consolidating data systems and establishing a valuable source of longitudinal records for Michigan's populations with disparate disease burden. These rules will establish a MDHHS board entrusted to review and grant proposals for requiring the reporting of various chronic conditions. Proposed chronic conditions, such as stroke events, diagnosed hypertension, and diabetes, will be assessed by this MDHHS led review board on a case-by-case basis. With approval, MDHHS will have the authority to receive real-time EHR data for a given condition that are exchanged between our health systems and facilitated by our HIEs. With the institution of reporting requirements for chronic conditions, CHRONICLE is expected to significantly improve chronic disease surveillance capacity for MDHHS and our partners and will have other public health applications as the system is further expanded or additional conditions are approved.

8. Please cite the specific promulgation authority for the rules (i.e. department director, commission, board, etc.).

Department Director.

A. Please list all applicable statutory references (MCLs, Executive Orders, etc.).

By authority conferred on the department of health and human services by sections 2221, 2226, and 2233 of the public health code, 1978 PA 368, MCL 333.2221, 333.2226, and 333.2233, and Executive Reorganization Order No. 2015-1, MCL 400.227.

B. Are the rules mandated by any applicable constitutional or statutory provision? If so, please explain.

The rules are not mandated by any applicable constitutional or statutory provision.

9. Please describe the extent to which the rules conflict with or duplicate similar rules, compliance requirements, or other standards adopted at the state, regional, or federal level.

The rules do not conflict or duplicate similar rules, compliance requirements, or other standards adopted at the state, regional, or federal level.

10. Is the subject matter of the rules currently contained in any guideline, handbook, manual, instructional bulletin, form with instructions, or operational memoranda?

The subject matter of the proposed rules is not currently contained in any guideline, handbook, manual, instructional bulletin, form with instructions, or operational memoranda.

11. Are the rules listed on the department's annual regulatory plan as rules to be processed for the current year?

The rules are on the annual regulatory plan for 2022-23.

12. Will the proposed rules be promulgated under Section 44 of the Administrative Procedures Act, 1969 PA 306, MCL 24.244, or under the full rulemaking process?

Full Process

13. Please describe the extent to which the rules exceed similar regulations, compliance requirements, or other standards adopted at the state, regional, or federal level.

The rules do not exceed any similar rules, compliance requirements, or other standards adopted at the state, regional, or federal level.

14. Do the rules incorporate the recommendations received from the public regarding any complaints or comments regarding the rules? If yes, please explain.

These rules have not yet been presented to the public for comment. However, the modernization of chronic disease surveillance and chronic disease reporting aligns with the strategic initiatives planned in the 2022 MDHHS Health IT Roadmap of enhancing health data utility and protecting public health. A comprehensive, statewide EHR-based chronic disease registry will provide valuable information on Michigan's health and support our programs and improve their efficacy. Other states, such as Massachusetts and Utah, have demonstrated the success of utilizing chronic disease EHR data for longitudinal population health surveillance. By introducing a reporting rule for chronic conditions and leveraging our state's HIE infrastructure, we can avoid common scalability barriers faced when developing an EHR-based chronic disease registry.

With the introduction of these rules, we anticipate some concerns from clinical practices and the public about data privacy, security, and confidentiality. The literature on EHR-based population health registries often notes the importance of addressing these issues before reaching public acceptance. CHRONICLE will conform to HIPAA security and confidentiality standards with the information protected by the same system security protocols and role defined access utilized by MDSS. We want to ensure security of patient's information collected within CHRONICLE while producing valuable data that can improve population health management and chronic disease prevention.

15. If amending an existing rule set, please provide the date of the last evaluation of the rules and the degree, if any, to which technology, economic conditions, or other factors have changed the regulatory activity covered by the rules since the last evaluation.

This is a new rule set.

16. Are there any changes or developments since implementation that demonstrate there is no continued need for the rules, or any portion of the rules?

This is a new rule set.

17. Is there an applicable decision record (as defined in MCL 24.203(6) and required by MCL 24.239(2))? If so, please attach the decision record.

No