

SUBSTITUTE FOR  
HOUSE BILL NO. 5336

A bill to amend 1978 PA 368, entitled  
"Public health code,"  
(MCL 333.1101 to 333.25211) by adding part 25.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

1                   PART 25 HEALTH INFORMATION TECHNOLOGY

2           SEC. 2501. AS USED IN THIS PART:

3           (A) "COMMISSION" MEANS THE HEALTH INFORMATION TECHNOLOGY  
4 COMMISSION CREATED UNDER SECTION 2503.

5           (B) "DEPARTMENT" MEANS THE DEPARTMENT OF COMMUNITY HEALTH.

6           SEC. 2503. (1) THE HEALTH INFORMATION TECHNOLOGY COMMISSION IS  
7 CREATED WITHIN THE DEPARTMENT TO FACILITATE AND PROMOTE THE DESIGN,  
8 IMPLEMENTATION, OPERATION, AND MAINTENANCE OF AN INTEROPERABLE  
9 HEALTH CARE INFORMATION INFRASTRUCTURE IN THIS STATE. THE

1 COMMISSION SHALL CONSIST OF 15 MEMBERS APPOINTED BY THE GOVERNOR IN  
2 ACCORDANCE WITH SUBSECTION (2) AS FOLLOWS:

3 (A) THE DIRECTOR OF THE DEPARTMENT OR HIS OR HER DESIGNEE.

4 (B) THE DIRECTOR OF THE DEPARTMENT OF INFORMATION TECHNOLOGY  
5 OR HIS OR HER DESIGNEE.

6 (C) ONE INDIVIDUAL REPRESENTING A NONPROFIT HEALTH CARE  
7 CORPORATION OPERATING PURSUANT TO THE NONPROFIT HEALTH CARE  
8 CORPORATION REFORM ACT, 1980 PA 350, MCL 550.1101 TO 550.1703.

9 (D) ONE INDIVIDUAL REPRESENTING HOSPITALS.

10 (E) ONE INDIVIDUAL REPRESENTING DOCTORS OF MEDICINE.

11 (F) ONE INDIVIDUAL REPRESENTING DOCTORS OF OSTEOPATHIC  
12 MEDICINE AND SURGERY.

13 (G) ONE INDIVIDUAL REPRESENTING PURCHASERS OR EMPLOYERS.

14 (H) ONE INDIVIDUAL REPRESENTING THE PHARMACEUTICAL INDUSTRY.

15 (I) ONE INDIVIDUAL REPRESENTING SCHOOLS OF MEDICINE IN  
16 MICHIGAN.

17 (J) ONE INDIVIDUAL REPRESENTING THE HEALTH INFORMATION  
18 TECHNOLOGY FIELD.

19 (K) ONE INDIVIDUAL REPRESENTING PHARMACISTS.

20 (L) ONE INDIVIDUAL REPRESENTING HEALTH PLANS OR OTHER THIRD  
21 PARTY PAYERS.

22 (M) ONE INDIVIDUAL REPRESENTING CONSUMERS.

23 (N) ONE INDIVIDUAL REPRESENTING NURSES.

24 (O) ONE INDIVIDUAL REPRESENTING OPTOMETRISTS.

25 (2) OF THE MEMBERS APPOINTED UNDER SUBSECTION (1), THERE SHALL  
26 BE REPRESENTATIVES FROM BOTH THE PUBLIC AND PRIVATE SECTORS. IN  
27 ORDER TO BE APPOINTED TO THE COMMISSION, EACH INDIVIDUAL SHALL HAVE

1 EXPERIENCE AND EXPERTISE IN AT LEAST 1 OF THE FOLLOWING AREAS:

2 (A) HEALTH INFORMATION TECHNOLOGY.

3 (B) ADMINISTRATION OF HEALTH SYSTEMS.

4 (C) RESEARCH OF HEALTH INFORMATION.

5 (D) HEALTH FINANCE, REIMBURSEMENT, AND ECONOMICS.

6 (E) HEALTH PLANS AND INTEGRATED DELIVERY SYSTEMS.

7 (F) PRIVACY OF HEALTH CARE INFORMATION.

8 (G) MEDICAL RECORDS.

9 (H) PATIENT CARE.

10 (I) DATA SYSTEMS MANAGEMENT.

11 (3) A MEMBER OF THE COMMISSION SHALL SERVE FOR A TERM OF 4  
12 YEARS OR UNTIL A SUCCESSOR IS APPOINTED. OF THE MEMBERS FIRST  
13 APPOINTED AFTER THE EFFECTIVE DATE OF THE AMENDATORY ACT THAT ADDED  
14 THIS PART, 3 SHALL BE APPOINTED FOR A TERM OF 1 YEAR, 4 SHALL BE  
15 APPOINTED FOR A TERM OF 2 YEARS, 4 SHALL BE APPOINTED FOR A TERM OF  
16 3 YEARS, AND 4 SHALL BE APPOINTED FOR A TERM OF 4 YEARS. IF A  
17 VACANCY OCCURS ON THE COMMISSION, THE GOVERNOR SHALL MAKE AN  
18 APPOINTMENT FOR THE UNEXPIRED TERM IN THE SAME MANNER AS THE  
19 ORIGINAL APPOINTMENT. THE GOVERNOR MAY REMOVE A MEMBER OF THE  
20 COMMISSION FOR INCOMPETENCY, DERELICTION OF DUTY, MALFEASANCE,  
21 MISFEASANCE, OR NONFEASANCE IN OFFICE, OR ANY OTHER GOOD CAUSE.

22 (4) AT THE FIRST MEETING OF THE COMMISSION, A MAJORITY OF THE  
23 MEMBERS SHALL ELECT FROM ITS MEMBERS A CHAIRPERSON AND OTHER  
24 OFFICERS AS IT CONSIDERS NECESSARY OR APPROPRIATE. AFTER THE FIRST  
25 MEETING, THE COMMISSION SHALL MEET AT LEAST QUARTERLY, OR MORE  
26 FREQUENTLY AT THE CALL OF THE CHAIRPERSON OR IF REQUESTED BY A  
27 MAJORITY OF THE MEMBERS. A MAJORITY OF THE MEMBERS OF THE

1 COMMISSION APPOINTED AND SERVING CONSTITUTE A QUORUM FOR THE  
2 TRANSACTION OF BUSINESS AT A MEETING OF THE COMMISSION.

3 (5) ANY BUSINESS THAT THE COMMISSION MAY PERFORM SHALL BE  
4 CONDUCTED AT A PUBLIC MEETING HELD IN COMPLIANCE WITH THE OPEN  
5 MEETINGS ACT, 1976 PA 267, MCL 15.261 TO 15.275. THE COMMISSION  
6 SHALL GIVE PUBLIC NOTICE OF THE TIME, DATE, AND PLACE OF THE  
7 MEETING IN THE MANNER REQUIRED BY THE OPEN MEETINGS ACT, 1976 PA  
8 267, MCL 15.261 TO 15.275.

9 (6) THE COMMISSION SHALL MAKE AVAILABLE A WRITING PREPARED,  
10 OWNED, USED, IN THE POSSESSION OF, OR RETAINED BY THE COMMISSION IN  
11 THE PERFORMANCE OF AN OFFICIAL FUNCTION AS THE COMMISSION TO THE  
12 PUBLIC IN COMPLIANCE WITH THE FREEDOM OF INFORMATION ACT, 1976 PA  
13 442, MCL 15.231 TO 15.246.

14 (7) THE COMMISSION SHALL ENSURE ADEQUATE OPPORTUNITY FOR THE  
15 PARTICIPATION OF HEALTH CARE PROFESSIONALS AND OUTSIDE ADVISORS  
16 WITH EXPERTISE IN HEALTH INFORMATION PRIVACY, HEALTH INFORMATION  
17 SECURITY, HEALTH CARE QUALITY AND PATIENT SAFETY, DATA EXCHANGE,  
18 DELIVERY OF HEALTH CARE, DEVELOPMENT OF HEALTH INFORMATION  
19 TECHNOLOGY STANDARDS, OR DEVELOPMENT OF NEW HEALTH INFORMATION  
20 TECHNOLOGY BY APPOINTING ADVISORY COMMITTEES, INCLUDING, BUT NOT  
21 LIMITED TO, ADVISORY COMMITTEES TO ADDRESS THE FOLLOWING:

22 (A) INTEROPERABILITY, FUNCTIONALITY, AND CONNECTIVITY,  
23 INCLUDING, BUT NOT LIMITED TO, UNIFORM TECHNICAL STANDARDS, COMMON  
24 POLICIES, AND COMMON VOCABULARY AND MESSAGING STANDARDS.

25 (B) SECURITY AND RELIABILITY.

26 (C) CERTIFICATION PROCESS.

27 (D) ELECTRONIC HEALTH RECORDS.

1 (E) CONSUMER SAFETY, PRIVACY, AND QUALITY OF CARE.

2 (8) MEMBERS OF THE COMMISSION SHALL SERVE WITHOUT  
3 COMPENSATION.

4 SEC. 2505. (1) THE COMMISSION SHALL DO EACH OF THE FOLLOWING:

5 (A) DEVELOP AND MAINTAIN A STRATEGIC PLAN IN ACCORDANCE WITH  
6 SUBSECTION (2) TO GUIDE THE IMPLEMENTATION OF AN INTEROPERABLE  
7 HEALTH INFORMATION TECHNOLOGY SYSTEM THAT WILL REDUCE MEDICAL  
8 ERRORS, IMPROVE QUALITY OF CARE, AND PRODUCE GREATER VALUE FOR  
9 HEALTH CARE EXPENDITURES.

10 (B) IDENTIFY CRITICAL TECHNICAL, SCIENTIFIC, ECONOMIC, AND  
11 OTHER CRITICAL ISSUES AFFECTING THE PUBLIC AND PRIVATE ADOPTION OF  
12 HEALTH INFORMATION TECHNOLOGY.

13 (C) PROVIDE RECOMMENDATIONS ON POLICIES AND MEASURES NECESSARY  
14 TO ACHIEVE WIDESPREAD ADOPTION OF HEALTH INFORMATION TECHNOLOGY.

15 (D) INCREASE THE PUBLIC'S UNDERSTANDING OF HEALTH INFORMATION  
16 TECHNOLOGY.

17 (E) PROMOTE MORE EFFICIENT AND EFFECTIVE COMMUNICATION AMONG  
18 MULTIPLE HEALTH CARE PROVIDERS, INCLUDING, BUT NOT LIMITED TO,  
19 HOSPITALS, PHYSICIANS, PAYERS, EMPLOYERS, PHARMACIES, LABORATORIES,  
20 AND ANY OTHER HEALTH CARE ENTITY.

21 (F) IDENTIFY STRATEGIES TO IMPROVE THE ABILITY TO MONITOR  
22 COMMUNITY HEALTH STATUS.

23 (G) DEVELOP OR DESIGN ANY OTHER INITIATIVES IN FURTHERANCE OF  
24 THE COMMISSION'S PURPOSE.

25 (H) ANNUALLY, REPORT AND MAKE RECOMMENDATIONS TO THE  
26 CHAIRPERSONS OF THE STANDING COMMITTEES OF THE HOUSE OF  
27 REPRESENTATIVES AND SENATE WITH JURISDICTION OVER ISSUES PERTAINING

1 TO COMMUNITY HEALTH AND INFORMATION TECHNOLOGY, THE HOUSE OF  
2 REPRESENTATIVES AND SENATE APPROPRIATIONS SUBCOMMITTEES ON  
3 COMMUNITY HEALTH AND INFORMATION TECHNOLOGY, AND THE SENATE AND  
4 HOUSE FISCAL AGENCIES.

5 (I) PERFORM ANY AND ALL OTHER ACTIVITIES IN FURTHERANCE OF THE  
6 ABOVE OR AS DIRECTED BY THE DEPARTMENT OR THE DEPARTMENT OF  
7 INFORMATION TECHNOLOGY, OR BOTH.

8 (2) THE STRATEGIC PLAN DEVELOPED PURSUANT TO SUBSECTION (1)(A)  
9 SHALL INCLUDE, AT A MINIMUM, EACH OF THE FOLLOWING:

10 (A) THE DEVELOPMENT OR ADOPTION OF HEALTH CARE INFORMATION  
11 TECHNOLOGY STANDARDS AND STRATEGIES.

12 (B) THE ABILITY TO BASE MEDICAL DECISIONS ON THE AVAILABILITY  
13 OF INFORMATION AT THE TIME AND PLACE OF CARE.

14 (C) THE USE OF EVIDENCE-BASED MEDICAL CARE.

15 (D) MEASURES TO PROTECT THE PRIVACY AND SECURITY OF PERSONAL  
16 HEALTH INFORMATION.

17 (E) MEASURES TO PREVENT UNAUTHORIZED ACCESS TO HEALTH  
18 INFORMATION.

19 (F) MEASURES TO ENSURE ACCURATE PATIENT IDENTIFICATION.

20 (G) METHODS TO FACILITATE SECURE PATIENT ACCESS TO HEALTH  
21 INFORMATION.

22 (H) MEASURES TO REDUCE HEALTH CARE COSTS BY ADDRESSING  
23 INEFFICIENCIES, REDUNDANCY IN DATA CAPTURE AND STORAGE, MEDICAL  
24 ERRORS, INAPPROPRIATE CARE, INCOMPLETE INFORMATION, AND  
25 ADMINISTRATIVE, BILLING, AND DATA COLLECTION COSTS.

26 (I) INCORPORATING HEALTH INFORMATION TECHNOLOGY INTO THE  
27 PROVISION OF CARE AND THE ORGANIZATION OF THE HEALTH CARE

1   WORKPLACE.

2           (J) THE ABILITY TO IDENTIFY PRIORITY AREAS IN WHICH HEALTH  
3   INFORMATION TECHNOLOGY CAN PROVIDE IMMEDIATE BENEFITS TO CONSUMERS  
4   AND A RECOMMENDED TIMELINE FOR IMPLEMENTATION.

5           (K) MEASURABLE OUTCOMES.

6           SEC. 2507. THE COMMISSION OR A MEMBER OF THE COMMISSION SHALL  
7   NOT BE PERSONALLY LIABLE FOR ANY ACTION AT LAW FOR DAMAGES  
8   SUSTAINED BY A PERSON BECAUSE OF AN ACTION PERFORMED OR DONE BY THE  
9   COMMISSION OR A MEMBER OF THE COMMISSION IN THE PERFORMANCE OF  
10  THEIR RESPECTIVE DUTIES IN THE ADMINISTRATION AND IMPLEMENTATION OF  
11  THIS PART.