

SENATE 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:

PART 25 HEALTH INFORMATION TECHNOLOGY

SEC. 2501. AS USED IN THIS PART:

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

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

SEC. 2503. (1) THE HEALTH INFORMATION TECHNOLOGY COMMISSION IS
CREATED WITHIN THE DEPARTMENT TO FACILITATE AND PROMOTE THE DESIGN,
IMPLEMENTATION, OPERATION, AND MAINTENANCE OF AN INTEROPERABLE
HEALTH CARE INFORMATION INFRASTRUCTURE IN THIS STATE. THE
COMMISSION SHALL CONSIST OF 13 MEMBERS APPOINTED BY THE GOVERNOR IN

House Bill No. 5336 as amended April 20, 2006

1 ACCORDANCE WITH SUBSECTION (2) AS FOLLOWS:

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

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

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

8 (D) ONE INDIVIDUAL REPRESENTING HOSPITALS.

9 (E) ONE INDIVIDUAL REPRESENTING DOCTORS OF MEDICINE.

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

12 (G) ONE INDIVIDUAL REPRESENTING PURCHASERS OR EMPLOYERS.

13 (H) ONE INDIVIDUAL REPRESENTING THE PHARMACEUTICAL INDUSTRY.

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

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

18 (K) ONE INDIVIDUAL REPRESENTING PHARMACISTS.

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

21 (M) ONE INDIVIDUAL REPRESENTING CONSUMERS.

22 (2) OF THE MEMBERS APPOINTED UNDER SUBSECTION (1), THERE SHALL
23 BE REPRESENTATIVES FROM BOTH THE PUBLIC AND PRIVATE SECTORS. IN
24 ORDER TO BE APPOINTED TO THE COMMISSION, EACH INDIVIDUAL SHALL HAVE
25 EXPERIENCE AND EXPERTISE IN AT LEAST 1 OF THE FOLLOWING AREAS <<AND EACH
OF THE FOLLOWING AREAS SHALL BE REPRESENTED ON THE COMMISSION>>:

26 (A) HEALTH INFORMATION TECHNOLOGY.

27 (B) ADMINISTRATION OF HEALTH SYSTEMS.

House Bill No. 5336 as amended April 20, 2006

1 (C) RESEARCH OF HEALTH INFORMATION.

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

3 (E) HEALTH PLANS AND INTEGRATED DELIVERY SYSTEMS.

4 (F) PRIVACY OF HEALTH CARE INFORMATION.

5 (G) MEDICAL RECORDS.

6 (H) PATIENT CARE.

7 (I) DATA SYSTEMS MANAGEMENT.

<<(J) MENTAL HEALTH.>>

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

19 (4) AT THE FIRST MEETING OF THE COMMISSION, A MAJORITY OF THE
20 MEMBERS SHALL ELECT FROM ITS MEMBERS A CHAIRPERSON AND OTHER
21 OFFICERS AS IT CONSIDERS NECESSARY OR APPROPRIATE. AFTER THE FIRST
22 MEETING, THE COMMISSION SHALL MEET AT LEAST QUARTERLY, OR MORE
23 FREQUENTLY AT THE CALL OF THE CHAIRPERSON OR IF REQUESTED BY A
24 MAJORITY OF THE MEMBERS. A MAJORITY OF THE MEMBERS OF THE
25 COMMISSION APPOINTED AND SERVING CONSTITUTE A QUORUM FOR THE
26 TRANSACTION OF BUSINESS AT A MEETING OF THE COMMISSION.

27 (5) ANY BUSINESS THAT THE COMMISSION MAY PERFORM SHALL BE

1 CONDUCTED AT A PUBLIC MEETING HELD IN COMPLIANCE WITH THE OPEN
2 MEETINGS ACT, 1976 PA 267, MCL 15.261 TO 15.275. THE COMMISSION
3 SHALL GIVE PUBLIC NOTICE OF THE TIME, DATE, AND PLACE OF THE
4 MEETING IN THE MANNER REQUIRED BY THE OPEN MEETINGS ACT, 1976 PA
5 267, MCL 15.261 TO 15.275.

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

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

19 (A) INTEROPERABILITY, FUNCTIONALITY, AND CONNECTIVITY,
20 INCLUDING, BUT NOT LIMITED TO, UNIFORM TECHNICAL STANDARDS, COMMON
21 POLICIES, AND COMMON VOCABULARY AND MESSAGING STANDARDS.

22 (B) SECURITY AND RELIABILITY.

23 (C) CERTIFICATION PROCESS.

24 (D) ELECTRONIC HEALTH RECORDS.

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

26 (8) MEMBERS OF THE COMMISSION SHALL SERVE WITHOUT
27 COMPENSATION.

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

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

7 (B) IDENTIFY CRITICAL TECHNICAL, SCIENTIFIC, ECONOMIC, AND
8 OTHER CRITICAL ISSUES AFFECTING THE PUBLIC AND PRIVATE ADOPTION OF
9 HEALTH INFORMATION TECHNOLOGY.

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

12 (D) INCREASE THE PUBLIC'S UNDERSTANDING OF HEALTH INFORMATION
13 TECHNOLOGY.

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

18 (F) IDENTIFY STRATEGIES TO IMPROVE THE ABILITY TO MONITOR
19 COMMUNITY HEALTH STATUS.

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

22 (H) ANNUALLY, REPORT AND MAKE RECOMMENDATIONS TO THE
23 CHAIRPERSONS OF THE STANDING COMMITTEES OF THE HOUSE OF
24 REPRESENTATIVES AND SENATE WITH JURISDICTION OVER ISSUES PERTAINING
25 TO COMMUNITY HEALTH AND INFORMATION TECHNOLOGY, THE HOUSE OF
26 REPRESENTATIVES AND SENATE APPROPRIATIONS SUBCOMMITTEES ON
27 COMMUNITY HEALTH AND INFORMATION TECHNOLOGY, AND THE SENATE AND

1 HOUSE FISCAL AGENCIES.

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

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

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

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

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

12 (D) MEASURES TO PROTECT THE PRIVACY AND SECURITY OF PERSONAL
13 HEALTH INFORMATION.

14 (E) MEASURES TO PREVENT UNAUTHORIZED ACCESS TO HEALTH
15 INFORMATION.

16 (F) MEASURES TO ENSURE ACCURATE PATIENT IDENTIFICATION.

17 (G) METHODS TO FACILITATE SECURE PATIENT ACCESS TO HEALTH
18 INFORMATION.

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

23 (I) INCORPORATING HEALTH INFORMATION TECHNOLOGY INTO THE
24 PROVISION OF CARE AND THE ORGANIZATION OF THE HEALTH CARE
25 WORKPLACE.

26 (J) THE ABILITY TO IDENTIFY PRIORITY AREAS IN WHICH HEALTH
27 INFORMATION TECHNOLOGY CAN PROVIDE BENEFITS TO CONSUMERS AND A

1 RECOMMENDED TIMELINE FOR IMPLEMENTATION.

2 (K) MEASURABLE OUTCOMES.

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