Committee Report

REGULAR CALENDAR

May 22, 2019

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Majority of the Committee on Health, Human Services and Elderly Affairs to which was referred SB 111,

AN ACT relative to the collection of health care data. Having considered the same, report the same with the recommendation that the bill OUGHT TO PASS.

Rep. Gary Woods

FOR THE MAJORITY OF THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

MAJORITY
COMMITTEE REPORT

Committee:	**Health, Human Services and Elderly Affairs**
Bill Number:	**SB 111**
Title:	**relative to the collection of health care data.**
Date:	**May 22, 2019**
Consent Calendar:	**REGULAR**
Recommendation:	**OUGHT TO PASS**

STATEMENT OF INTENT

This bill creates a more robust and useful healthcare database and makes it more widely available throughout the entire healthcare community, from researchers to public entities. The commissioner of the Department of Health and Human Services is charged with establishing rules as to the contact of the database as well as to whom it can be made available. The commissioner will also have the responsibility of insuring all confidentiality requirements are met. This bill, as amended, will help meet of the need for more data with which good decisions can be made in the healthcare arena. The majority considered the amendment proposed by the minority requiring an annual report on abortion data and believes the bill is complete as it came to us from the other chamber. The majority notes that this chamber has already rejected a different method of collecting data about abortion statistics and sees no reason to revisit the issue in the context of this bill.

Vote 13-7.

Rep. Gary Woods
FOR THE MAJORITY

Original: House Clerk
Cc: Committee Bill File

COMMITTEE REPORT

COMMITTEE: Health & Human Services & Elderly Affairs

BILL NUMBER: SBill ~~As Amended By the Senate~~

TITLE: Relative to the Collection of Health care data

DATE: 5/21/19 **CONSENT CALENDAR:** YES ☐ NO ☒

☒ **OUGHT TO PASS**

☐ **OUGHT TO PASS W/ AMENDMENT**

☐ **INEXPEDIENT TO LEGISLATE**

☐ **INTERIM STUDY** (Available only 2nd year of biennium)

Amendment No. _____

STATEMENT OF INTENT:

See attached

COMMITTEE VOTE: 13-7

RESPECTFULLY SUBMITTED,

Rep. Gary D. Wu

For the Committee

- Copy to Committee Bill File
- Use Another Report for Minority Report

Rev. 02/01/07 - Yellow

Lindsay Type please up and this hold it for me for one last review Thanks, Lug

SB 111 ~~as amended by the Senate~~ creates a more robust and useful health care data base and makes it more widely available throughout the entire health care community from researchers to public entities.

The Commissioner of Health and Human Services is charged with the establishing rules as to the content of the data base as well as to whom it can be made available. The Commissioner will also have the responsibility of insuring all confidentiality requirements are met.

~~This~~ SB 111 as amended will help meet the need for more data with which good decisions can be made in the health care arena.

The majority considered the amendment proposed by the minority and believe the bill is complete as it came to us from the other chamber. The majority notes that this chamber has already rejected a different method of collecting data about abortion statistics and sees no reason the issue in the context of this bill.

LBAO
19-1094
Amended 2/15/19

SB 252-FN- FISCAL NOTE
AS AMENDED BY THE SENATE (AMENDMENT #2019-0317s)

AN ACT relative to the detection and prevention of financial exploitation of vulnerable adults.

FISCAL IMPACT: [X] State [ ] County [ ] Local [ ] None

	Estimated Increase / (Decrease)			
STATE:	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**
Appropriation	$0	$0	$0	$0
Revenue	$0	$0	$0	$0
Expenditures	Indeterminable	Indeterminable	Indeterminable	Indeterminable
Funding Source:	[ ] General [ ] Education [ ] Highway [X] Other - Fee and Penalty Revenue			

METHODOLOGY:

This bill permits broker-dealers and investment advisors to delay disbursements from accounts of eligible individuals when such broker-dealers and investment advisors, or other qualified individuals, reasonably believe that the requested disbursement may result in financial exploitation.

The Bureau of Securities Regulation assumes an indeterminate number cases of financial exploitation of an eligible adult may be disclosed to the Bureau as a result of this bill. The Bureau indicates it is likely that it would be able to accommodate any additional activity within its current budget. However, since there is no way to determine how many such disclosures the Bureau would receive, it is not possible to provide an accurate estimate of the fiscal impact.

AGENCIES CONTACTED:

Department of State, Bureau of Securities Regulation

REGULAR CALENDAR

May 21, 2019

HOUSE OF REPRESENTATIVES

REPORT OF COMMITTEE

The Minority of the Committee on Health, Human Services and Elderly Affairs to which was referred SB 111,

AN ACT relative to the collection of health care data. Having considered the same, and being unable to agree with the Majority, report with the following amendment, and the recommendation that the bill OUGHT TO PASS WITH AMENDMENT.

Rep. Walter Stapleton

FOR THE MINORITY OF THE COMMITTEE

Original: House Clerk
Cc: Committee Bill File

MINORITY
COMMITTEE REPORT

Committee:	**Health, Human Services and Elderly Affairs**
Bill Number:	**SB 111**
Title:	**relative to the collection of health care data.**
Date:	**May 21, 2019**
Consent Calendar:	**REGULAR**
Recommendation:	**OUGHT TO PASS WITH AMENDMENT 2019-1789h**

STATEMENT OF INTENT

This bill is a good, but is incomplete without data for pregnancy termination, especially given that New Hampshire collects statistics on virtually all other health care and health-affecting conditions, and publishes them in the aggregate and under strict privacy systems such as "NH Health WISDOM" without disclosure of either patient or provider identities. New Hampshire is one of only three states that does not report pregnancy termination statistics to the national Centers for Disease Control and Prevention. Under present law, the Department of Health and Human Services collects much of this data, and the minority amendment would enable an understanding of how health in New Hampshire is affected by this missing data component.

Rep. Walter Stapleton
FOR THE MINORITY

Original: House Clerk
Cc: Committee Bill File

REGULAR CALENDAR

Health, Human Services and Elderly Affairs
SB 111, relative to the collection of health care data. **OUGHT TO PASS WITH AMENDMENT.**
Rep. Walter Stapleton for the **Minority** of Health, Human Services and Elderly Affairs.
This bill is a good, but is incomplete without data for pregnancy termination, especially given that New Hampshire collects statistics on virtually all other health care and health-affecting conditions, and publishes them in the aggregate and under strict privacy systems such as "NH Health WISDOM" without disclosure of either patient or provider identities. New Hampshire is one of only three states that does not report pregnancy termination statistics to the national Centers for Disease Control and Prevention. Under present law, the Department of Health and Human Services collects much of this data, and the minority amendment would enable an understanding of how health in New Hampshire is affected by this missing data component.

Original: House Clerk
Cc: Committee Bill File

MINORITY REPORT

COMMITTEE: HHS-EA

BILL NUMBER: SB-111

TITLE: Clarifying the collection and availability of health care data.

DATE: 05/21/2019 **CONSENT CALENDAR:** YES ☐ NO ☐

☐ **OUGHT TO PASS**

☑ **OUGHT TO PASS W/ AMENDMENT**

Amendment No. 2019-1789h

☐ **INEXPEDIENT TO LEGISLATE**

☐ **INTERIM STUDY** (Available only 2nd year of biennium)

STATEMENT OF INTENT:

SB-111 is a good bill but is incomplete without data for pregnancy termination, especially given that New Hampshire collects statistics on virtually all other health care and health-affecting conditions and publishes them in the aggregate and under strict privacy pursuant HIPAA and NH statutes, for public view on systems such as "NHhealthWISDOM" without disclosure of either patient or provider identities! NH is one of only three states that do not report pregnancy termination statistics to the National CDC. Under present Law DHHS collects much of this data and Amdt. 1789h would enable an understanding of how health in NH is affected by this missing data component.

COMMITTEE VOTE: 13-7

• Copy to Committee Bill File

RESPECTFULLY SUBMITTED,

Rep. Walter A Stapleton

For the Minority

Walter A. Stapleton

Rev. 02/01/07 - Blue

Rep. Stapleton, Sull. 5
Rep. Marsh, Carr. 8
Rep. M. Pearson, Rock. 34
Rep. McMahon, Rock. 7
Rep. Guthrie, Rock. 13
Rep. Acton, Rock. 10
Rep. DeClercq, Rock. 8
Rep. Fothergill, Coos 1
May 2, 2019
2019-1789h
01/04

Amendment to SB 111

Amend RSA 126:28 as inserted by section 4 of the bill by replacing it with the following:

126:28 Availability of Data.

I. Notwithstanding any other provision of law, data collected under RSA 126:25 shall be made available:

(a) To the public upon request, provided that individual patients or health care practitioners shall not be directly or indirectly identifiable.

(b) To individuals or entities for research, public health, or health care operations as defined by HIPAA, or any other individual or entity as allowable by law, demonstrating a legitimate need for such information, if such disclosure is consistent with all applicable HIPAA standards and approved by the commissioner, or designee, in accordance with rules adopted under RSA 126:27. Use of data disclosed shall not be for marketing or fundraising targeted to individuals except such use or disclosure shall be permissible for market analysis.

(c) To the insurance department, the department of justice, or any other state or federal agency, and any agency's contractors, for review of health care matters within the agency's respective jurisdictional authority. An agency or contractor receiving health care data under this section shall comply with all state and federal confidentiality, privacy, and security protections.

II. The commissioner of the department of health and human services shall publish an annual report relative to pregnancy terminations, commencing with data to be reported as of January 1, 2020, to be posted on the department's website not later than June 30 of the subsequent year, based on an aggregate summary of all data collected through the uniform healthcare facility discharge data set (UHFDDS), and data collected from facilities pursuant to RSA 126:25, relative to pregnancy terminations as contained in current procedural terminology (CPT) codes 59840 thru 59857 or healthcare common procedure coding system (HCPCS) codes S01999, S2260 thru S2267 and S8055. In preparing this report, the bureau of public health statistics and informatics shall collect, review, and utilize relevant data from available resources, including statistical data from the insurance department, and shall publish aggregate results at New Hampshire Health WISDOM

system, and provide in annual reporting to the National Centers for Disease Control and Prevention. No data shall be released by the department that may personally identify either the health care provider who performed an induced termination of pregnancy or the patient on whom it was performed.

Voting Sheets

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on SB 111

BILL TITLE: relative to the collection of health care data.

DATE: May 21, 2019

LOB ROOM: 205

MOTIONS: **OUGHT TO PASS**

Moved by Rep. Woods Seconded by Rep. MacKay Vote: 13-7

CONSENT CALENDAR: NO

Statement of Intent: Refer to Committee Report

Respectfully submitted,

Susan Ticehurst

Rep Susan Ticehurst, Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

EXECUTIVE SESSION on SB 111

BILL TITLE: relative to the collection of health care data.

DATE: 5-21-19

LOB ROOM: 205

MOTION: (Please check one box)

☒ OTP ☐ ITL ☐ Retain (1st year) ☐ Interim Study (2nd year) ☐ Adoption of Amendment # ________ *(if offered)*

Moved by Rep. Woods Seconded by Rep. ~~Carr~~ McKay Vote: 13-7

MOTION: (Please check one box)

☐ OTP ☐ OTP/A ☐ ITL ☐ Retain (1st year) ☐ Interim Study (2nd year) ☐ Adoption of Amendment # ________ *(if offered)*

Moved by Rep. ________ Seconded by Rep. ________ Vote: ________

MOTION: (Please check one box)

☐ OTP ☐ OTP/A ☐ ITL ☐ Retain (1st year) ☐ Interim Study (2nd year) ☐ Adoption of Amendment # ________ *(if offered)*

Moved by Rep. ________ Seconded by Rep. ________ Vote: ________

MOTION: (Please check one box)

☐ OTP ☐ OTP/A ☐ ITL ☐ Retain (1st year) ☐ Interim Study (2nd year) ☐ Adoption of Amendment # ________ *(if offered)*

Moved by Rep. ________ Seconded by Rep. ________ Vote: ________

CONSENT CALENDAR: ____ **YES** ✓ **NO**

Minority Report? ✓ Yes ____ No If yes, author, Rep: Stapleton Motion OTPA

Respectfully submitted: Susan Ticehurst

Rep Susan Ticehurst, Clerk

STATE OF NEW HAMPSHIRE
OFFICE OF THE HOUSE CLERK

2019 SESSION

2/7/2019 12:10:51 PM
Roll Call Committee Registers Report

Health, Human Services and Elderly Affairs

Bill #: SB 111 Motion: OTP AM #: _____ Exec Session Date: 5-21-19

Members	YEAS	Nays	NV
Weber, Lucy M. Chairman	✓		
Campion, Polly Kent Vice Chairman	✓		
MacKay, James R.	✓		
Snow, Kendall A.	✓		
~~Freitas, Mary C.~~ Schultz	✓		
Ticehurst, Susan J. Clerk	✓		
Knirk, Jerry L.	✓		
Salloway, Jeffrey C.	✓		
Cannon, Gerri D.	✓		
utter-Upham, Frances E.	✓		
Osborne, Richard G.	✓		
Schapiro, Joe	✓		
Woods, Gary L.	✓		
McMahon, Charles E.		✓	
Nelson, Bill G.		✓	
Guthrie, Joseph A.		✓	
Fothergill, John J.	✓		
Marsh, William M.		✓	
Pearson, Mark A.		✓	
Acton, Dennis F.		✓	
DeClercq, Edward			
apleton, Walter A.		✓	
TOTAL VOTE:	13	7	

Sub-Committee Actions

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

SUBCOMMITTEE WORK SESSION on SB 111

BILL TITLE: relative to the collection of health care data.

DATE: April 25, 2019

Subcommittee Members: Reps. Weber, Campion, Freitas, Knirk, Salloway, R. Osborne, Woods, McMahon, M. Pearson, Stapleton and Nelson

Comments and Recommendations:

MOTIONS: **OUGHT TO PASS WITH AMENDMENT**

Moved by Rep. Stapleton Seconded by Rep. Nelson AM Vote: 4-7

Amendment # 2019-1633 h

MOTIONS: **OUGHT TO PASS**

Moved by Rep. Rep. Woods Seconded by Rep. Rep. Freitas Vote: 10-1

Respectfully submitted,

Rep. Lucy Weber
Subcommittee Chairman

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

SUBCOMMITTEE WORK SESSION on SB 111

BILL TITLE: relative to the collection of health care data.

DATE:

Subcommittee Members: Reps. Weber, Campion, McMahon, Nelson, M. Pearson, Knirk, Freitas, R. Osborne, Woods, DeClercq, Salloway and Stapleton

Comments and Recommendations:

_____

_____

_____

MOTIONS: (OTP), OTP/A, ITL, Retained (1st Yr), Interim Study (2nd Yr) 10 — 1
(Please circle one)

Moved by Rep. Woods Seconded by Rep. Freitas AM Vote: _____

Adoption of Amendment # 1633h

Moved by Rep. Stapleton Seconded by Rep. Nelson Vote: 4-7

_____ Amendment Adopted ✓ Amendment Failed

MOTIONS: OTP, OTP/A, ITL, Retained (1st Yr), Interim Study (2nd Yr)
(Please circle one)

Moved by Rep. _____ Seconded by Rep. _____ AM Vote: _____

Adoption of Amendment # _____

Moved by Rep. _____ Seconded by Rep. _____ Vote: _____

_____ Amendment Adopted _____ Amendment Failed

Respectfully submitted,

Rep. _____
Subcommittee Chairman/Clerk

In case you are asked, these are the code definitions:

CPT 59850 Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;

CPT 59851 Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation

CPT 59852 Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)

CPT 59855 Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;

CPT 59856 Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation

CPT 59857 Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)

HCPCS S0199 Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by hcg, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs

HCPCS S2260 Induced abortion, 17 to 24 weeks

HCPCS S2262 ABORTION FOR MATERNAL INDICATION, 25 WEEKS OR GREATER

HCPCS S2265 Induced abortion, 25 to 28 weeks

HCPCS S2266 Induced abortion, 29 to 31 weeks

HCPCS S2267 Induced abortion, 32 weeks or greater

HCPCS S8055 Ultrasound guidance for multifetal pregnancy reduction(s), technical component (only to be used when the physician doing the reduction procedure does not perform the ultrasound, guidance is included in the cpt code for multifetal pregnancy reduction - 59866)

*CPT and HCPCS Pregnancy Termination Codes

CPT 59850 Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines;

CPT 59851 Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation

CPT 59852 Induced abortion, by one or more intra-amniotic injections (amniocentesis-injections), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed intra-amniotic injection)

CPT 59855 Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines;

CPT 59856 Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with dilation and curettage and/or evacuation

CPT 59857 Induced abortion, by one or more vaginal suppositories (eg, prostaglandin) with or without cervical dilation (eg, laminaria), including hospital admission and visits, delivery of fetus and secundines; with hysterotomy (failed medical evacuation)

HCPCS S0199 Medically induced abortion by oral ingestion of medication including all associated services and supplies (e.g., patient counseling, office visits, confirmation of pregnancy by hcg, ultrasound to confirm duration of pregnancy, ultrasound to confirm completion of abortion) except drugs

HCPCS S2260 Induced abortion, 17 to 24 weeks

HCPCS S2262 ABORTION FOR MATERNAL INDICATION, 25 WEEKS OR GREATER

HCPCS S2265 Induced abortion, 25 to 28 weeks

HCPCS S2266 Induced abortion, 29 to 31 weeks

HCPCS S2267 Induced abortion, 32 weeks or greater

HCPCS S8055 Ultrasound guidance for multifetal pregnancy reduction(s), technical component (only to be used when the physician doing the reduction procedure does not perform the ultrasound, guidance is included in the cpt code for multifetal pregnancy reduction - 59866)

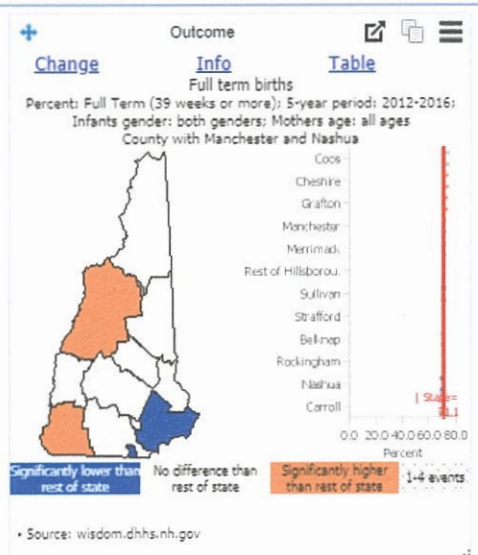
* CPT - Current Procedural Terminology

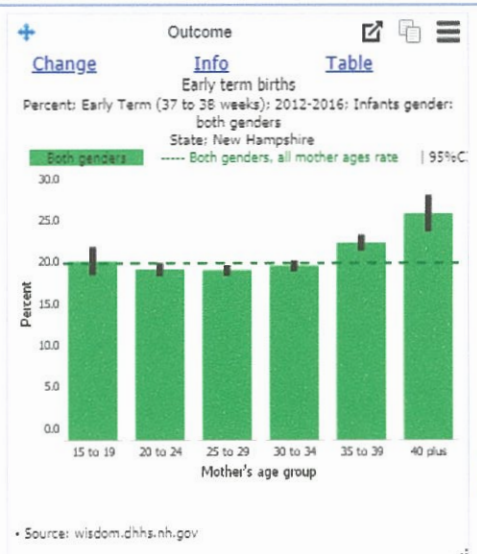
HCPCS - Healthcare Common Procedure Coding System

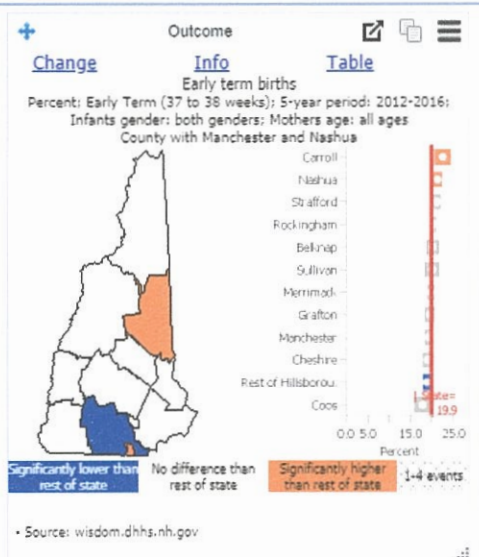
Birth outcomes

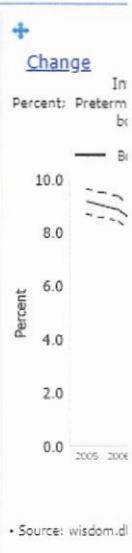
- Best birth outcomes result from a delivery that results from a full term gestation
- Full term delivery is one that occurs after at least 39 weeks gestation
- Many organ systems, including the brain, lungs, and liver need the final weeks of pregnancy to fully develop
- Babies of low birth weight (< 2500 grams or 5.5 pounds) may be at increased risk for long term consequences of impaired development such as delayed motor and social development or learning disabilities
- Mortality risk is lowest for infants born weighing 3500-4500 grams (or approximately 7.7-9.9 pounds)
- In 2015 in New Hampshire 6.7% of its newborns were of low birth weight which is <2500 grams (or approximately 5.5 pounds) and 7.8% were born prematurely (<37 weeks gestation)
- Reduction of non-medically indicated early (less than 39 weeks gestation) elective deliveries has resulted in a shift in distribution of gestational age in NH

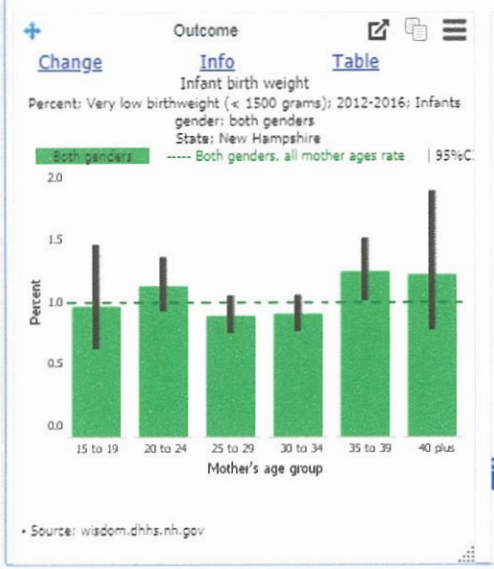
...show more ...show less

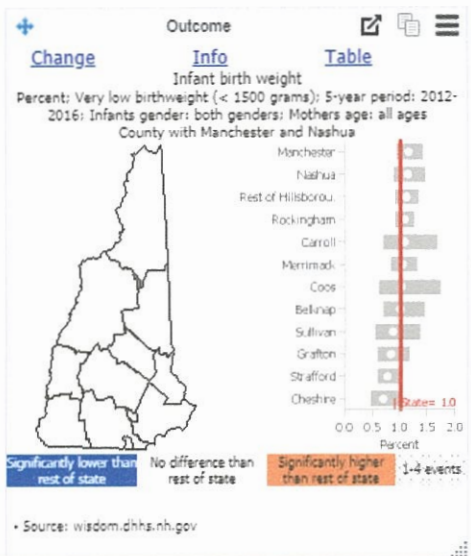


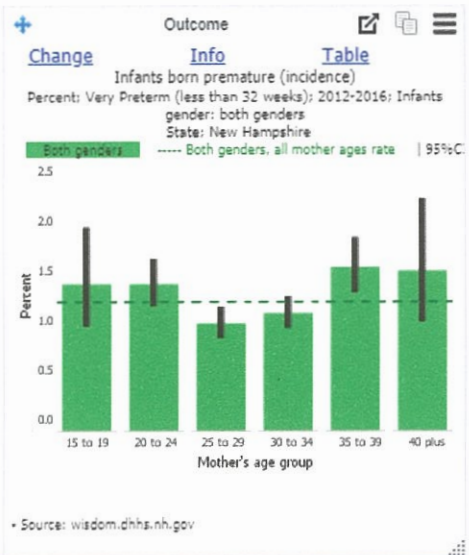


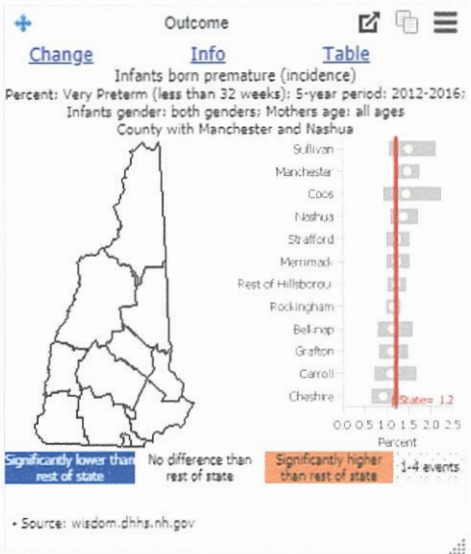












Rep. Stapleton, Sull. 5
Rep. Marsh, Carr. 8
Rep. M. Pearson, Rock. 34
Rep. Nelson, Carr. 5
April 24, 2019
2019-1633h
01/04

Amendment to SB 111

Amend RSA 126:25 as inserted by section 2 of the bill by inserting after paragraph II the following new paragraph:

III. The commissioner of the department of health and human services shall publish an annual report, commencing on January 1, 2020, which shall be posted on the department's website not later than June 30 of the subsequent year, based on an aggregate summary of all data collected through the uniform health care facility data set containing current procedural terminology (CPT) codes 59840 thru 59857 or healthcare common procedure coding system (HCPCS) codes S01999, S2260 thru S2267 and S8055. No data shall be released by the department that may personally identify either the health care provider who performed an induced termination of pregnancy or the patient on whom the procedure was performed.

Hearing Minutes

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON SB 111

BILL TITLE: **relative to the collection of health care data.**

DATE: **April 24, 2019**

LOB ROOM: **205** **Time Public Hearing Called to Order:** **11:45 AM**

Time Adjourned: **12:40 PM**

Committee Members: **Reps. Stapleton, Weber, Campion, Ticehurst, MacKay, Snow, Freitas, Knirk, Salloway, Nutter-Upham, R. Osborne, Schapiro, Woods, Nelson, Guthrie, Fothergill, Marsh, M. Pearson and Acton**

Bill Sponsors:
Sen. Carson **Sen. Bradley** **Sen. Sherman**
Rep. McMahon

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

Introduced By: Sen. Carson, Sponsor -
Bill was submitted at the request of the Department of Health and Human Services.

*** 1, 2 John Williams and Tricia Tilley, Dept. of Health and Human Services -**
Tilley: Addresses the NH Uniform Health Care Facility Discharge Data. There is data for internal use and other data for external use (NH Wisdom). The bill clarifies collection and disclosure policies and aligns with HIPPA.

Question - Rep. Marsh: Regarding page 2, lines 9-10: If a member of the public were to make a request for data would the department provide that data?
Answer - Tyler Brannen: Not sure if the department has the resources; the codes are necessary for the data to be useful.
Question - Rep. Snow: Does this bill compromise keeping abortion data private?
Answer - Williams: There is no connection between this and abortion statistics bill. This bill does not involve vital records.
Answer - Tilley: There would be no way to identify by code a voluntary termination.
Question - Rep Campion: There is conflict between written testimony and the bill, page 2, lines 28-33, about critical health problem. The bill says data shall be only made available to those who need it for health research, but written testimony allows release to public health and insurers.
Answer - Williams: Part of the bill is under a different chapter, having to do with lead.
Question - Rep. Campion: Does the insurer have the right to have access to individual patient data?
Answer - Deferred to Brannen.
Question - Rep. Knirk: Does the patient need to give consent for disclosure to the insurer?
Answer - Answer: It would be part of the overall hospital disclosure consent.
Question - Rep. Woods: This is only for facilities. Is there any element to overlap with data collected by insurers?
Answer - Answer: It is available in a de-identified way. Attachment #1: Written testimony. Attachment #2: NH Environmental Public Health Tracking: EPHT and Asthma.

Melissa St. Cyr, DHHS –
The reason the penalty section was changed was because under current law hospitals and nursing homes had requirements in different sections. Previously they were all subject to the same penalties but in separate sections. Now they are all covered in the same paragraph

Tyler Brannen –

Supports the bill. It is about two databases, the hospital discharge and the claims database. The hospital discharge database contains data for people on Medicaid and other non-insured people. The insurance department works with the Department of Health and Human Services to make the database useful. The CHIS law prohibits collecting identifying data. When data is released the application goes through a review process to assure that the sample size is large enough to prevent identification of patients. We've got data and we are making use of it. This bill allows the state agencies to work together rather than creating a new agency.

Question - Rep. Salloway: Did you indicate that access to the data is controlled by DHS, who can refuse to release the data?
Answer - Yes. There are levels of data: public use data, and another level for researcher.
Question - Rep. Salloway: If a committee or entity wanted to get data for the purpose of setting policy, would it be necessary to get a court order?
Answer - We do a lot of analysis to help the legislature decide on policy. Working with the data requires special expertise.
Question - Rep. Campion: Regarding releasing data about individuals to an insurer, is that a new expectation and if so why would an insurer have access to personal information?
Answer - The department does not have access to the identifying information. The insurer has access to the claims.
Question - Rep. Weber: On page 2, there are two sets of de-identifying data. How do we know who the individual is, given the de-identification? How is it ok to disclose in the absence of permission to disclose?
Answer - That is in the public health statute.

Catherine Bernhard, Elizabeth Maynard, Patricia Tilley, Department of Health and Human Services –
Regarding lead data: this is already in existing law. There is a legal obligation for the labs to report this data, but it is only available to certain entities. This makes it clear that the data could be shared with the managed care organizations to assure that younger patients are tested for lead exposure.

Question - Rep. Campion: This speaks to individually identified people, but the database does not contain personal identifiers.
Answer - Hospital discharge data does have individual data, but CHIS does not. This is only for certain public health conditions. Referenced RSA 141:A, Critical Health Problems Reporting Act.
Question - Rep. Knirk: If disclosing identifying identity do you have to get patient consent? The provider is obligated to report, as is the lab.
Answer - DHHS does not get permission from a parent because it is mandated by 141: A.
Question - Rep. Fothergill: Would TB be another example?
Answer - That is a different area, 141: C.

***3 Kathy Bizzaro-Thunberg, NH Hospital Association** Supports the bill. There are two different data sets, but both are important to those submitting the data and those using the data.

Question - Rep. Salloway: Does this discharge data include the urgent care centers?
Answer - No.
Question - Rep. Fothergill: Inquires about the insurance data.
Answer - The hospital discharge data includes only certain data. The CHIS data includes data from insurance claims, no matter which facility, but does not include Medicaid or other payment sources.
Attachment #3: Written testimony.

Respectfully submitted,

Susan Ticehurst

Rep. Susan Ticehurst, Clerk

HOUSE COMMITTEE ON HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS

PUBLIC HEARING ON SB 111

BILL TITLE: **relative to the collection of health care data.**

DATE:

ROOM: **205** **Time Public Hearing Called to Order:** _____

Time Adjourned: _____

(please circle if present)

Committee Members: **Reps. Weber, Campion, Ticehurst, MacKay, Snow, Freitas, Knirk, Salloway, Cannon, Nutter-Upham, R. Osborne, Schapiro, Woods, McMahon, Nelson, Guthrie, Fothergill, Marsh, M. Pearson, Acton, DeClercq and Stapleton**

Bill Sponsors:
Sen. Carson **Sen. Bradley** **Sen. Sherman**
Rep. McMahon

TESTIMONY

* Use asterisk if written testimony and/or amendments are submitted.

See typed version

House Committee on Health, Human Services & Elderly Affairs
Public Hearing on SB 111

Bill Title:	relative to the collection of health care data.		
Date:	4/24/19		
Room:	205	Time Public Hearing Called to Order:	11:45
		Time Adjourned:	11:40

Committee Members Present:

X	Shapiro
	Cannon
X	Stapleton
X	Nutter-Upham
X	Marsh
X	Salloway
X	Fothergill
X	Freitas
X	Snow
X	MacKay
X	Ticehurst
X	Weber

	DeClercq
X	Osborne
X	Acton
X	Woods
X	Pearson
X	Knirk
X	Guthrie
X	Nelson
	McMahon
X	Campion

Testimony

* Use asterisk if written testimony and/or amendments are submitted.

*	Attch #	Name	Testimony:
		Introduced By: Sen. Carson, Sponsor	Bill was submitted at the request of the Department of Health and Human Services.
*	1, 2	John Williams and Tricia Tilley, Dept. of Health and Human Services	Tilley: Addresses the NH Uniform Health Care Facility Discharge Data. There is data for internal use and other data for external use (NH Wisdom). The bill clarifies collection and disclosure policies and aligns with HIPPA. Rep. Marsh: Regarding page 2, lines 9-10: If a member

			of the public were to make a request for data would the department provide that data? Tyler Brannen: Not sure if the department has the resources; the codes are necessary for the data to be useful. Rep. Snow: Does this bill compromise keeping abortion data private? Williams: There is no connection between this and abortion statistics bill. This bill does not involve vital records. Tilley: There would be no way to identify by code a voluntary termination. Rep Campion: There is conflict between written testimony and the bill, page 2, lines 28-33, about critical health problem. Bill says shall be only made available to those who need it for health research, but written testimony allows release to the public health and insurers. Williams: Part of the bill is under a different chapter, having to do with lead. Rep. Campion: Does the insurer have the right to have access to individual patient data? Deferred to Brannen. Rep. Knirk: Does the patient need to give consent for disclosure to the insurer? Answer: It would be part of the overall hospital disclosure consent. Rep. Woods: This is only for facilities. Is there any element to overlap with data collected by insurers? Answer: It is available in a de-identified way. Attachment #1: Written testimony. Attachment #2: NH Environmental Public Health Tracking: EPHT and Asthma.
		Melissa St. Cyr, DHHS	The reason the penalty section was changed was because under current law hospitals and nursing homes had requirements in different sections. Previously they were all subject to the same penalties but in separate sections. Now they are all covered in the same paragraph
		Tyler Brannen	Supports the bill. It is about two databases, the hospital discharge and the claims database. The hospital discharge database contains data for people on Medicaid and other non-insured people.

			The insurance department works with the Department of Health and Human Services to make the database useful . The CHIS law prohibits collecting identifying data. When data is released the application goes through a review process to assure that the sample size is large enough to prevent identification of patients. We've got data and we are making use of it. This bill allows the state agencies to work together rather than creating a new agency. Rep. Salloway: Did you indicate that access to the data is controlled by DHS, who can refuse to release the data? Brannen: Yes. There are levels of data: public use data, and another level for researcher. Rep. Salloway: If a committee or entity wanted to get data for the purpose of setting policy, would it be necessary to get a court order? Brannen: We do a lot of analysis to help the legislature decide on policy. Working with the data requires special expertise. Rep. Campion: Regarding releasing data about individuals to an insurer, is that a new expectation and if so why would an insurer have access to personal information? Brannen: The department does not have access to the identifying information. The insurer has access to the claims. Rep. Weber: On page 2, there are two sets of de-identifying data. How do we know who the individual is, given the de-identification? How is it ok to disclose in the absence of permission to disclose? Brannen: That is in the public health statute.
		Catherine Bernhard, Elizabeth Maynard, Patricia Tilley, Department of Health and Human Services	Regarding lead data: this is already in existing law. There is a legal obligation for the labs to report this data but it is only available to certain entities. This makes it clear that the data could be shared with the managed care organizations to assure that younger patients are tested for lead exposure. Rep. Campion: This speaks to

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*	3	Kathy Bizzaro-Thunberg, NH Hospital Association	Supports the bill. There are two different data sets but both are important to those submitting the data and those using the data. Rep. Salloway: Does this discharge data include the urgent care centers? Bizzaro-Thunberg: No. Rep. Fothergill: Inquires about the insurance data. Bizzaro-Thunberg: The hospital discharge data includes only certain data. The CHIS data includes data from insurance claims, no matter which facility, but does not include Medicaid or other payment sources. Attachment #3: Written testimony.

What facilities are included?
May report an individual such as a child with a child with high lead level.
Aggregation?

Respectfully submitted,

Rep. Susan Ticehurst, Clerk

SIGN UP SHEET

To Register Opinion If Not Speaking

Bill # SB 111 Date 4/24/19

Committee HHS & EA

**** Please Print All Information ****

Name	Address	Phone	Representing	Pro	Con
				(check one)	
Sen. Tom Sherman			SD24	X	

Testimony

STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN SERVICES

29 HAZEN DRIVE, CONCORD, NH 03301-6503
603-271-4612 1-800-852-3345 Ext. 4612
Fax: 603-271-4827 TDD Access: 1-800-735-2964

NH DIVISION OF Public Health Services
Improving health, preventing disease, reducing costs for all

Jeffrey A. Meyers
Commissioner

Lisa Morris
Director

Testimony for SB 111, relative to the collection of health care data
House Health, Huma Services and Elderly Affairs Committee,
Legislative Office Building Room 205
Wednesday, April 24, 2019

Good morning. My name is Patricia Tilley, and I am the Deputy Director for the Department of Health and Human Services (DHHS), Division of Public Health Services. I am joined by several colleagues from the Department representing legal counsel, our HIPAA Privacy Officer, and staff from our Bureau of Health Statistics and Informatics. We are here to provide information and to testify in support of SB111, relative to the collection of health care data.

SB 111 is a request from the Department of Health and Human Services to improve the New Hampshire Uniform Healthcare Facility Discharge Data Set (UHFDDS)- also known as "Hospital Discharge Data"- collected under the authority of RSA 126-25. Hospital discharge data is one of the most useful and complete datasets available to public health officials, policy makers, hospitals and health care planners. The data is used to better understand the incidence and burden of disease and injury among New Hampshire residents and to assess trends in utilization of hospital services. All hospitals licensed by the DHHS under RSA 151:2 are required by law to report patient-level discharge information. Discharge data is collected by DHHS in partnership with the New Hampshire Hospital Association. The data is cleaned and analyzed and then released back to the hospitals, relevant state agencies, or other entities upon request for public health planning, research, evaluation, and analysis. This data provides rich and critically important information about the health of our population and their needs for health care services.

Because we share the values of data-driven decision making, data privacy and appropriate data stewardship, we have worked collaboratively with the New Hampshire Insurance Department and the New Hampshire Department of Justice, as well as the New Hampshire Hospital Association to propose improvements to our current practice of data sharing and dissemination. These improvements are guided by HIPAA and with the intent to provide more timely and higher quality data to our partners.

More specifically, SB111 clarifies that the Department has the authority to promulgate Administrative Rules ***about the written requirements for obtaining, using, and protecting data provided by*** DHHS under RSA 126:28.

Data may be shared for the purpose of informing public health activities, health care oversight, research, healthcare operations, the administration of anti-fraud, waste, and abuse activities, the prevention of anti-competitive practices in the healthcare system, and other uses allowable by law.

It clarifies that DHHS shall provide data to the public upon request, provided that individual patients or health care practitioners ***shall not be directly or indirectly identifiable and follows HIPAA guidelines***.

However, it also clarifies that the Department ***may disclose*** to health care providers or insurers ***the identity of an individual who was reported as having a critical health problem,*** such as a child with elevated blood lead levels, under RSA Chapter 130-A. This will improve coordination and efficiency among providers and insurers, and may reduce duplicative health care procedures, such as multiple blood testing for children suspected to have been exposed to lead.

SB111 also updates the Comprehensive Health Care Information System and underscores that DHHS shall share information with the Insurance Department, the Department of Justice, or any other state or federal agency, and any agency's contractors, for review of health care matters within the agency's respective jurisdictional authority. MOU's may be developed between state agencies for collaboration in the development of a comprehensive health care information system, the sharing of submitted data fields, and the role of each in the security of transferred health care data. Memoranda of understanding among state agencies shall now include a description of the data sets that will be included in the Comprehensive Health Care Information system, the criteria and procedures for the development of limited use data sets with criteria and procedures to ensure limited use data sets are accessible and HIPAA compliant.

Thank you for your consideration of this important bill to modernize and clarify the manner in which we collect and share sensitive information about the health of New Hampshire residents. Our collective goal is to more clearly describe the manner by which we protect privacy while using data to inform public health and clinical care. Our team is happy to address any questions you may have.

Respectfully Submitted,

Lisa Morris, MSSW
Director, Division of Public Health Services

Patricia M Tilley, MSEd
Deputy Director, Division of Public Health Services

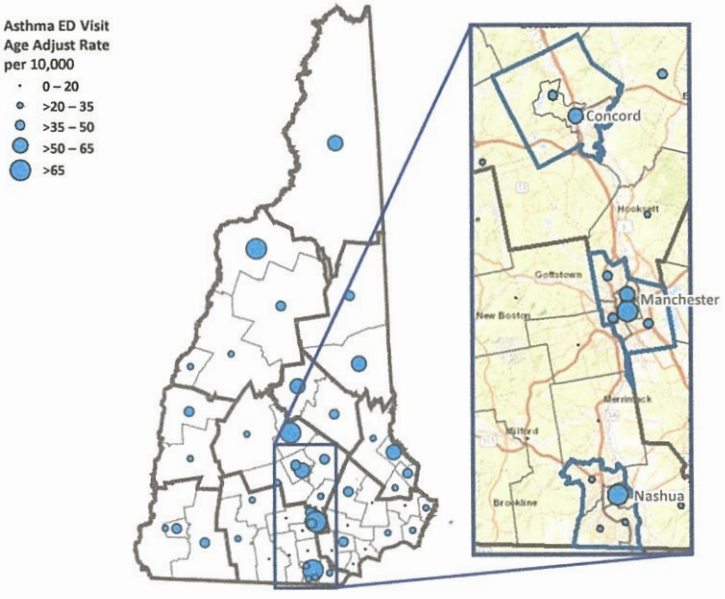
NEW HAMPSHIRE
ENVIRONMENTAL PUBLIC HEALTH
TRACKING
NH.GOV/EPHT

EPHT and Asthma

Jenny Howley – Data Analyst
Katie Bush – Program Manager

NH DIVISION OF Public Health Services
Department of Health & Human Services

Asthma ED Visits 2016 – Sub-County Age Adj. Rates



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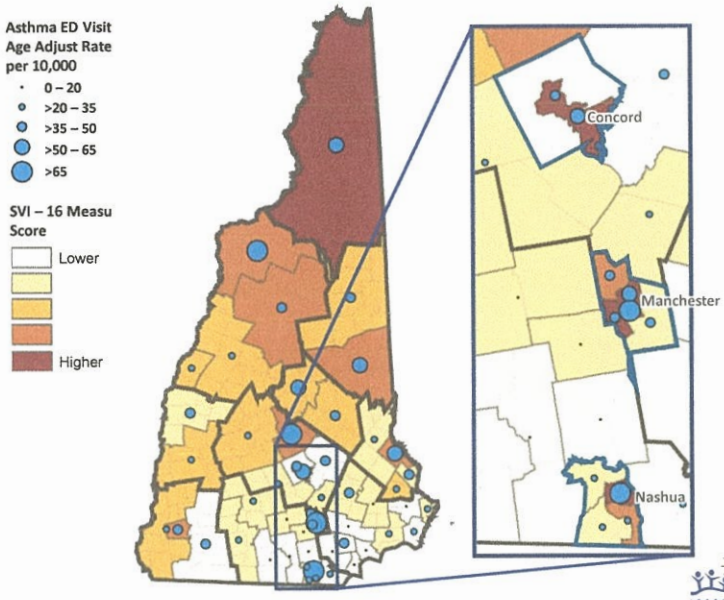

NH DIVISION OF Public Health Services
Department of Health & Human Services

EPHT – Community Health

- EPHT is working to show data at smaller areas.
- Town level when possible, or groups of towns less populated areas.
- Time – space trade off
  - Health outcomes can vary greatly within a county, giving data at a smaller scale can provide important details of where to focus efforts and resources.
  - With larger groupings of towns/people we can show single year time trends and possibly provide give rates for age groups and by sex

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Department of Health & Human Services

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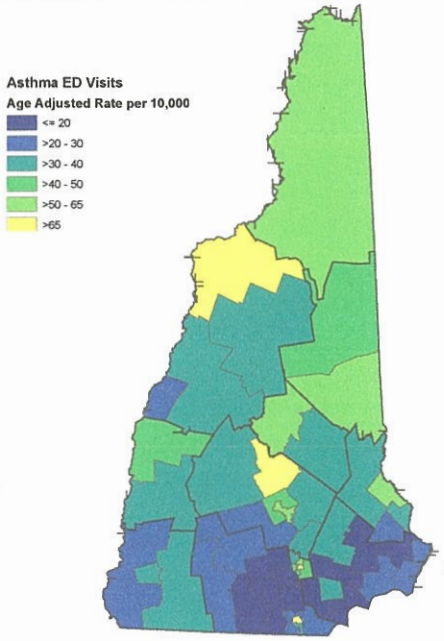
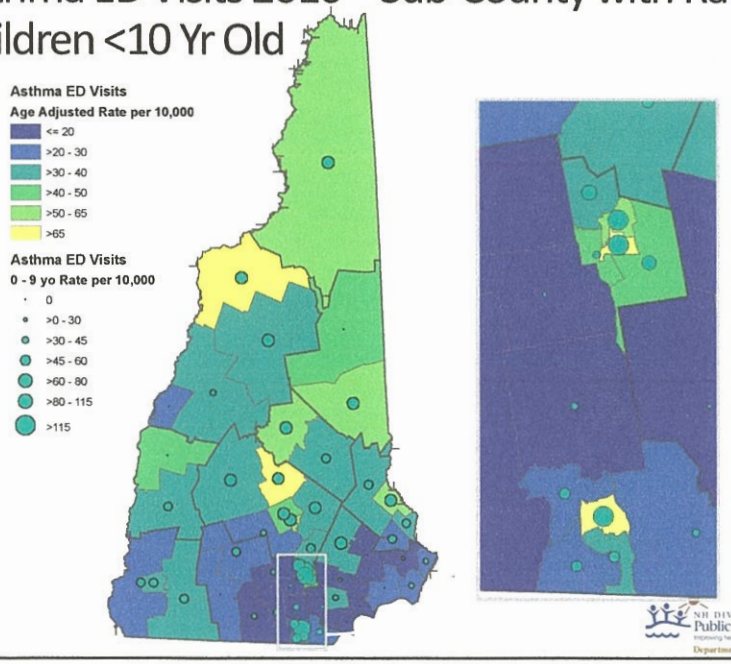


- Sub-county areas are groupings of towns with ~20,000-30,000 population.
- A few larger towns (Keene and Derry) didn't need to be grouped.
- Concord, Manchester, and Nashua were large enough to be divided 20,000 Population communities.

NH DIVISION OF Public Health Services
Department of Health & Human Services

Asthma ED Visits 2016 – Sub-County with Rates of Children <10 Yr Old



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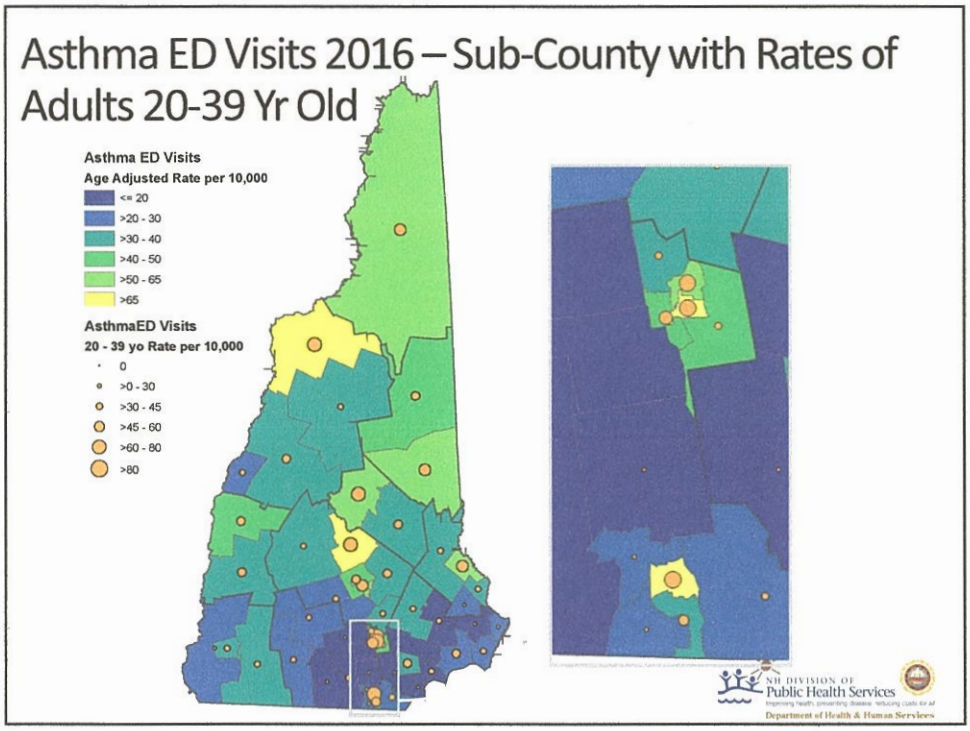
Asthma ED Visits 2016 – Sub-County with Rates of Adults 20-39 Yr Old
Asthma ED Visits
Age Adjusted Rate per 10,000
<= 20
>20 - 30
>30 - 40
>40 - 50
>50 - 65
>65
AsthmaED Visits
20 - 39 yo Rate per 10,000
0
>0 - 30
>30 - 45
>45 - 60
>60 - 80
>80
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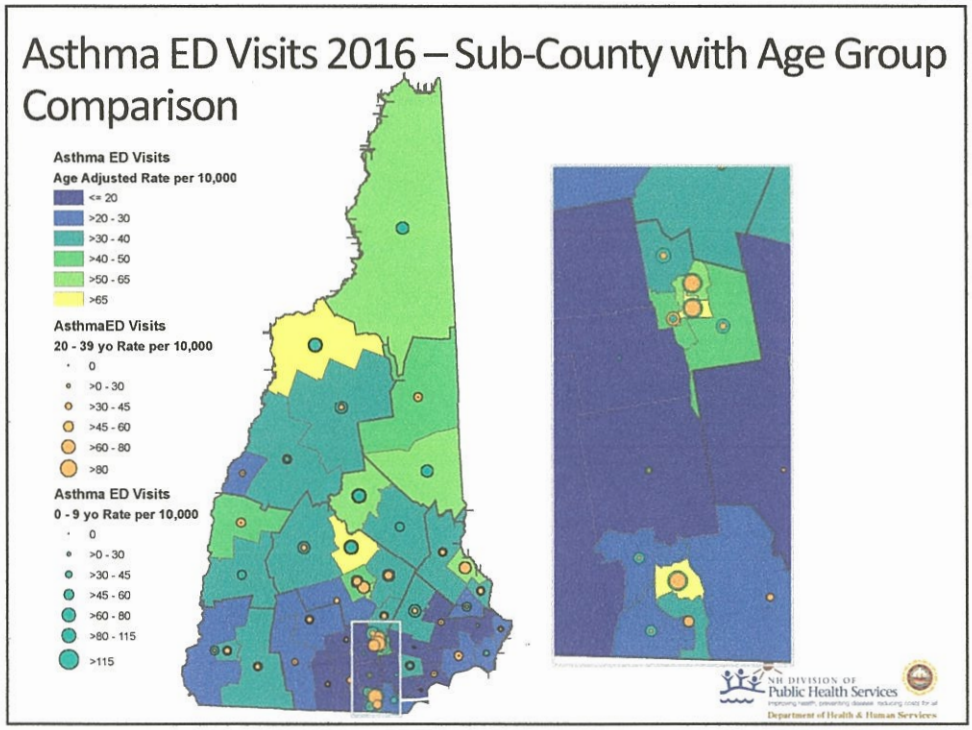
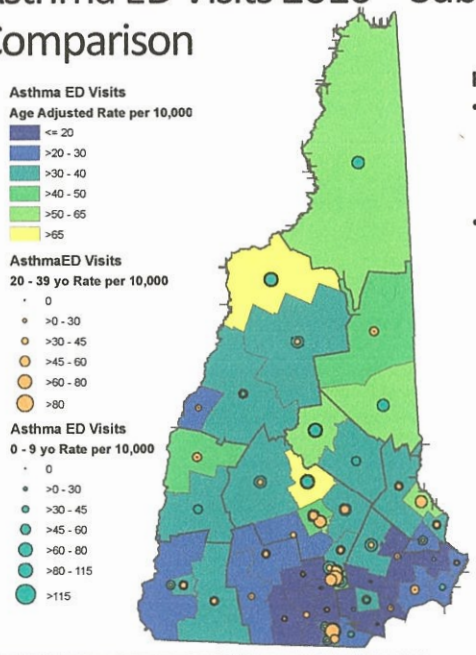
Public Health Services
Department of Health & Human Services


Asthma ED Visits 2016 – Sub-County with Age Group Comparison
Asthma ED Visits
Age Adjusted Rate per 10,000
<= 20
>20 - 30
>30 - 40
>40 - 50
>50 - 65
>65
AsthmaED Visits
20 - 39 yo Rate per 10,000
0
>0 - 30
>30 - 45
>45 - 60
>60 - 80
>80
Asthma ED Visits
0 - 9 yo Rate per 10,000
0
>0 - 30
>30 - 45
>45 - 60
>60 - 80
>80 - 115
>115
NH DIVISION OF
Public Health Services
Department of Health & Human Services

Asthma ED Visits 2016 – Sub-County with Age Group Comparison

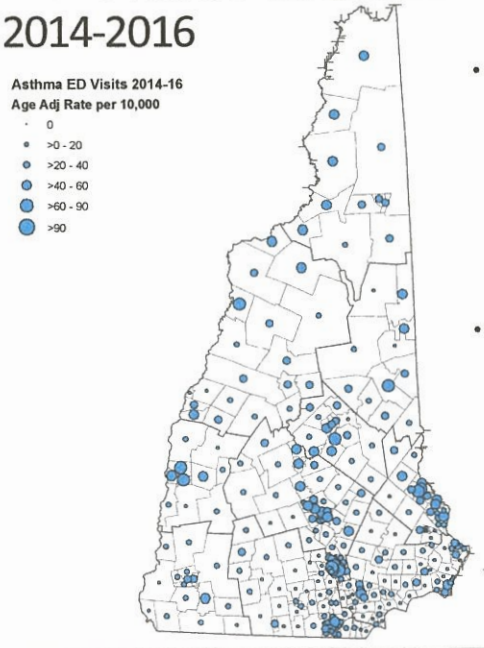


Key Points:

- Communities with high age adjusted rates have high age specific rates across the two age groups.
- Communities with mid age adjusted rates could potentially have a very high age specific rate in a single age group
  - Take closer look at child specific rates

NH DIVISION OF Public Health Services
Department of Health & Human Services

Even Smaller! Census Tract Asthma ED Visits 2014-2016



- Now looking at census tracts which on average have populations of about 4,000.
  - For more rural areas, towns may be grouped together into a single census tract.
  - For more urban areas, cities may be divided into multiple census tracts
- To show Asthma data at this small of a geography, 3 years of ED visit data needed to be used

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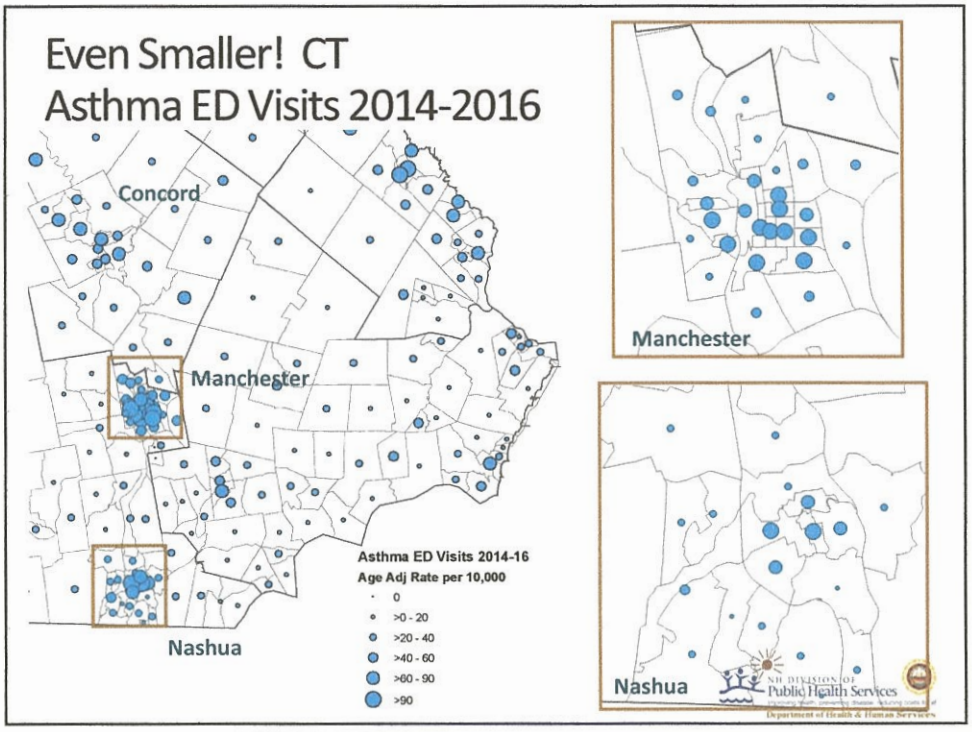
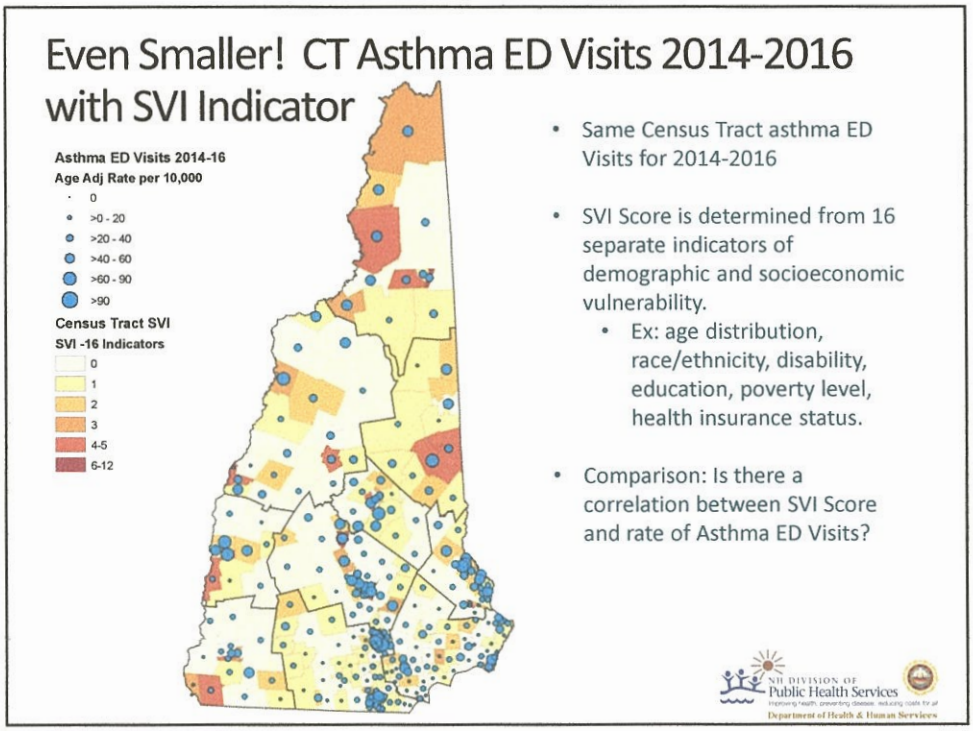
Department of Health & Human Services


Even Smaller! CT
Asthma ED Visits 2014-2016
Concord
Manchester
Nashua
Asthma ED Visits 2014-16
Age Adj Rate per 10,000
0
>0 - 20
>20 - 40
>40 - 60
>60 - 90
>90
Manchester
Nashua
NH DIVISION OF
Public Health Services
Department of Health & Human Services


Even Smaller! CT Asthma ED Visits 2014-2016
with SVI Indicator
Asthma ED Visits 2014-16
Age Adj Rate per 10,000
0
>0 - 20
>20 - 40
>40 - 60
>60 - 90
>90
Census Tract SVI
SVI -16 Indicators
0
1
2
3
4-5
6-12
Same Census Tract asthma ED Visits for 2014-2016
SVI Score is determined from 16 separate indicators of demographic and socioeconomic vulnerability.
Ex: age distribution, race/ethnicity, disability, education, poverty level, health insurance status.
Comparison: Is there a correlation between SVI Score and rate of Asthma ED Visits?
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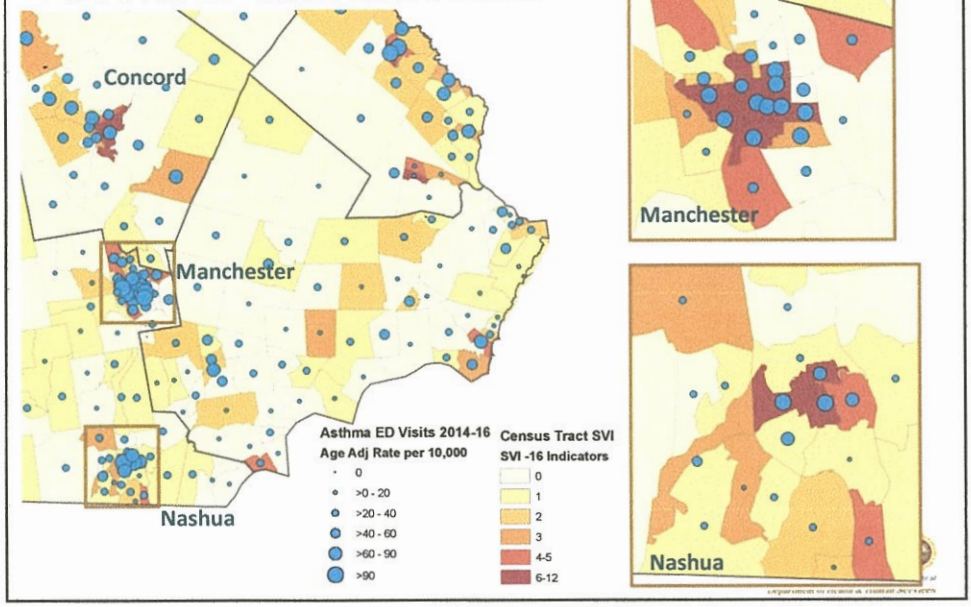
Public Health Services
Department of Health & Human Services

Even Smaller! CT Asthma ED Visits 2014-2016



Summary

- Asthma data looked at in smaller areas as well as age group break downs can provides new higher resolution information
  - High variability within counties
  - High asthma ED rates among children may be hidden in the total crude and age adjusted rates
- SVI Scores appear to have a strong correlation with age adjusted rates
  - But SVI score does not explain everything!

NH DIVISION OF Public Health Services
Department of Health & Human Services

Future Work

- Look at children Asthma ED visits along with SVI
  - Probably only able to look at larger cities due to population limitations
- Which SVI indicators best correlate with Asthma ED Rates
- Differences between urban and rural rates?
- Look at BRFSS data in comparison to ED visits
- Look at air quality data in comparison to ED visits
- Other ideas??

NH DIVISION OF Public Health Services
Department of Health & Human Services

NEW HAMPSHIRE
ENVIRONMENTAL PUBLIC HEALTH
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EPHT and Asthma

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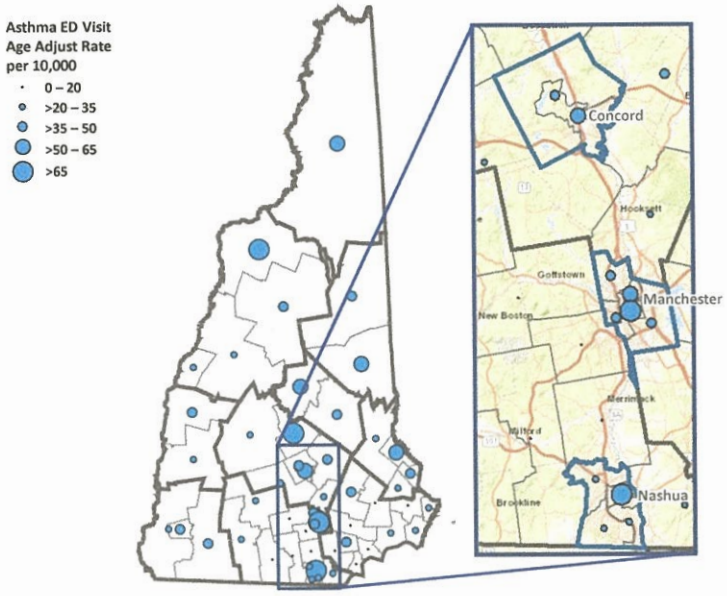

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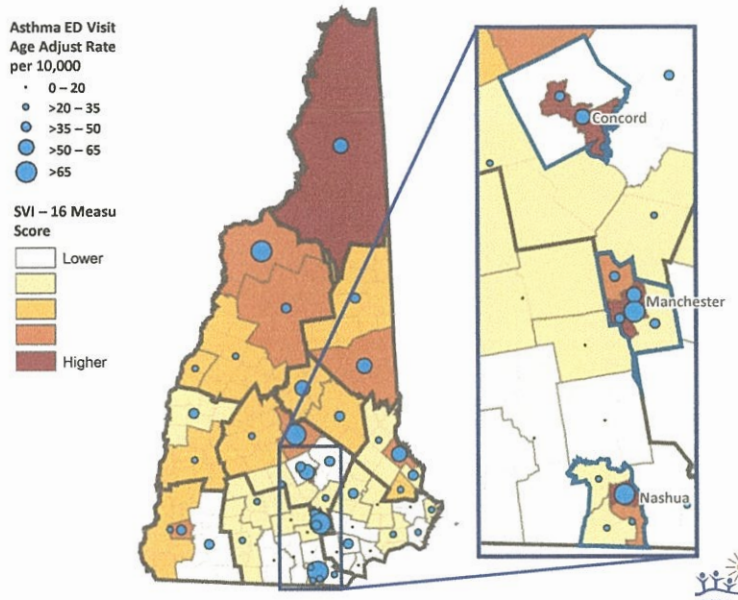

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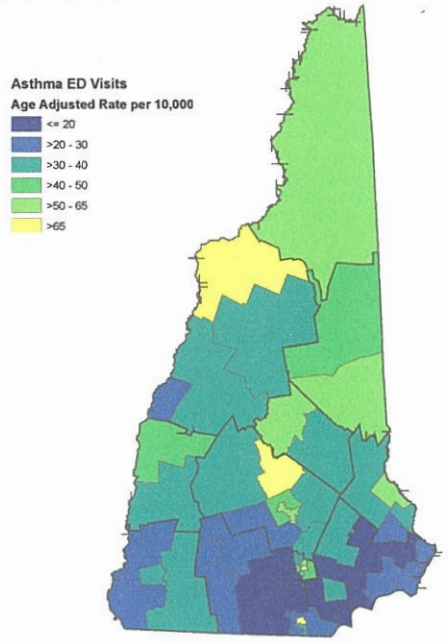

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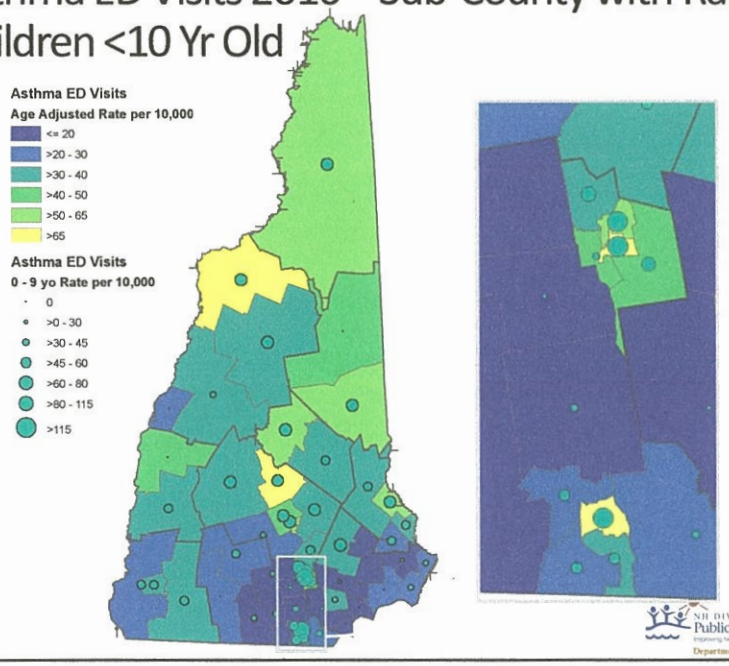

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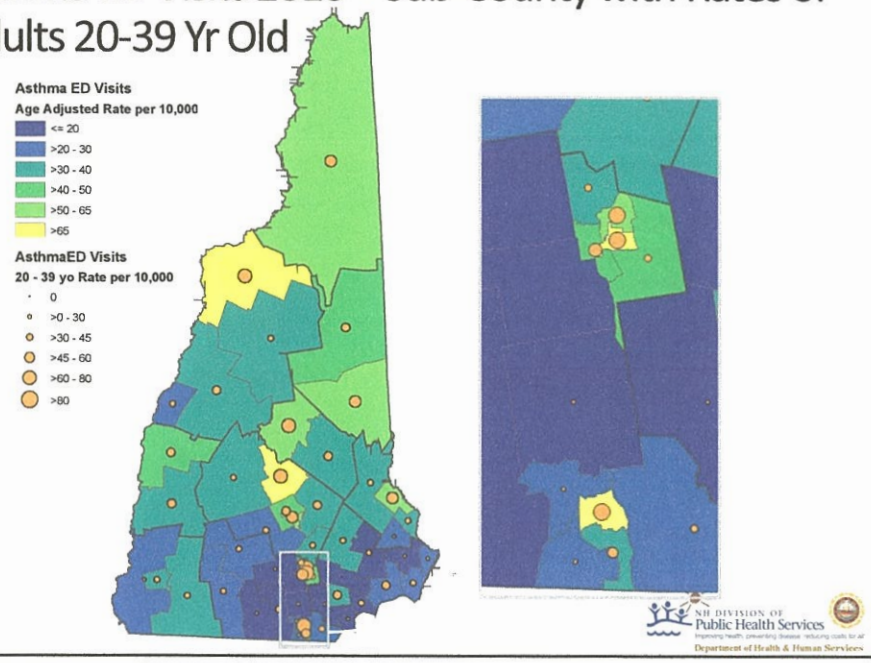

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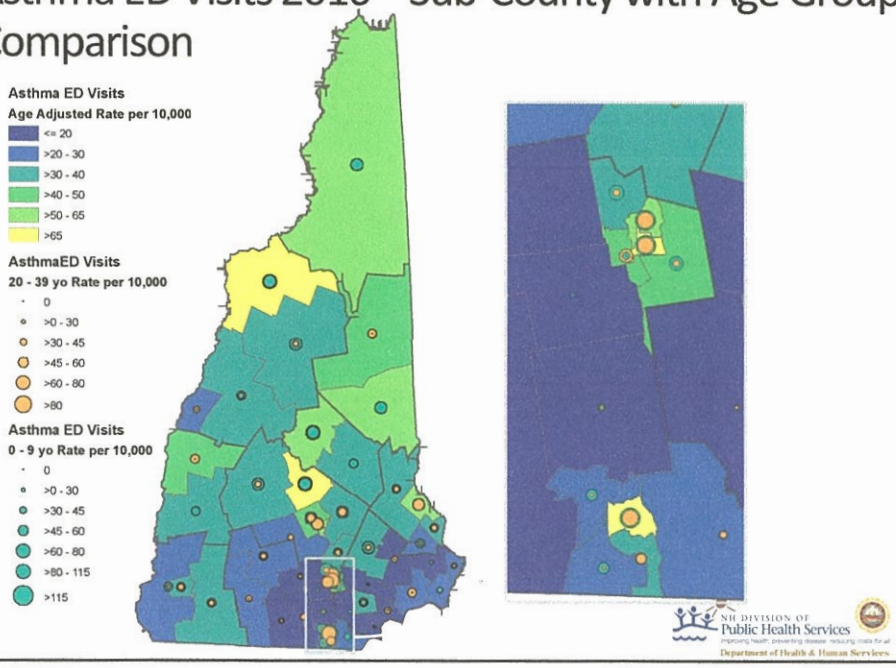
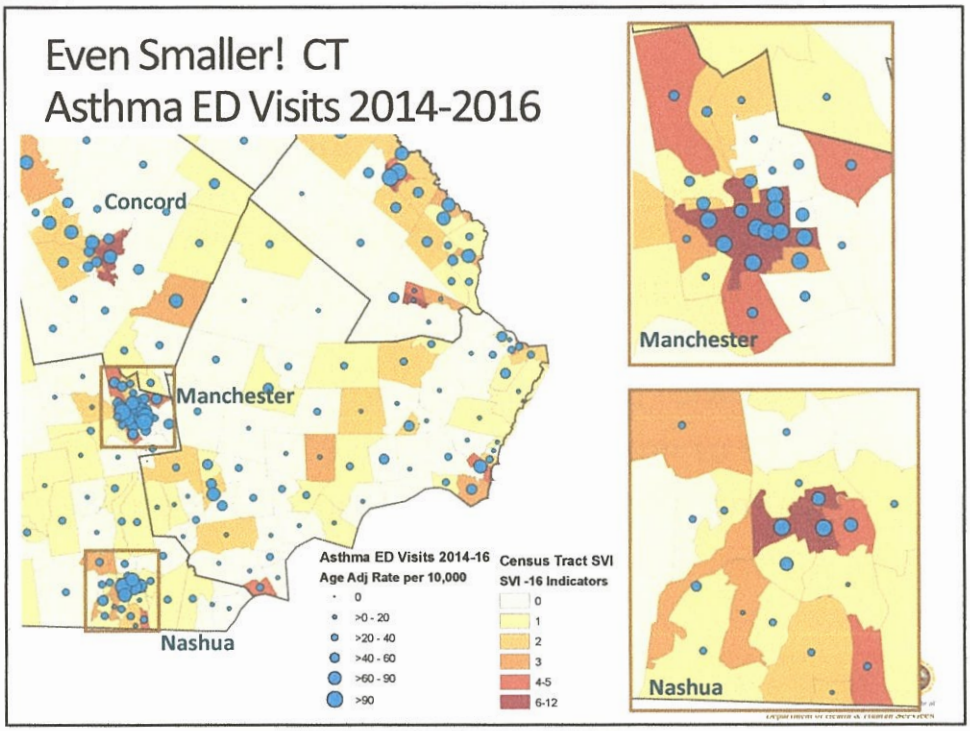


Even Smaller! CT Asthma ED Visits 2014-2016



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NH Division of Public Health Services
Department of Health & Human Services

New Hampshire Hospital Association

HOUSE HEALTH, HUMAN SERVICES AND ELDERLY AFFAIRS COMMITTEE

April 24, 2019

SB 111 – Relative to the collection of health care data

Testimony

Good morning, Madam Chair and members of the committee. My name is Kathy Bizarro-Thunberg, Executive Vice President for the New Hampshire Hospital Association (NHHA), and I am here representing all 26 of our state's community hospitals as well as all specialty hospitals.

NHHA supports SB 111. This bill covers both the collection and the release of health care data collected by NH DHHS. The collection of health care data from acute care and specialty hospitals, also currently known as the Uniform Healthcare Facilities Discharge Data Set (UHFDDS), and informally known as hospital discharge data, has been around since 1985, the year I started as a Data Technician with the New Hampshire Hospital Association. I have been intimately involved with the UHFDDS system since its origins. I do want to disclose to this committee that NHHA is currently the contractor for NH DHHS to collect the UHFDDS data from all hospitals. And to be clear, that contract does not allow NHHA automatic access to the data. There are strict restrictions in our contract from accessing the data that we collect on the Department's behalf. There is a separate process for requesting access to the hospital discharge data.

Hospitals, public health and researchers have long utilized the hospital discharge data for market analyses, disease monitoring, longitudinal health studies, and more to improve access to care, develop new services needed by our patients and improve our public health system. Access to the hospital discharge data is governed by state law, state administrative rules as well as the privacy regulations of HIPAA (Health Insurance Portability and Accountability Act). Great care is taken by NH DHHS to ensure that all privacy restrictions and allowable releases are followed. We believe the bill, as amended by the Senate, provides consistency and clarity to the intersections between state law, regulations and HIPAA and improves access to the hospital discharge data.

Thank you for the opportunity to provide our comments. I am happy to answer any questions you may have.

Fiscal Notes

LBAO
19-0940
Amended 4/10/19

SB 111- FISCAL NOTE

AS AMENDED BY THE SENATE (AMENDMENT #2019-1188s)

AN ACT relative to the collection of health care data.

FISCAL IMPACT: [X] State [ ] County [ ] Local [ ] None

	Estimated Increase / (Decrease)			
STATE:	**FY 2020**	**FY 2021**	**FY 2022**	**FY 2023**
Appropriation	$0	$0	$0	$0
Revenue	$0	$0	$0	$0
Expenditures	Indeterminable	Indeterminable	Indeterminable	Indeterminable
Funding Source:	[X] General	[ ] Education	[ ] Highway	[ ] Other

METHODOLOGY:

This bill clarifies existing processes for the collection and sharing of health care data under RSA 126. The Department of Health and Human Services notes the bill does not alter current processes and the civil penalty under section 4 currently exists in statute. It does not anticipate a fiscal impact to Department revenue or expenditures.

The Department of Justice states it currently provides legal counsel regarding data sharing to the Department of Health and Human Services and Insurance Department. To the extent the demand for legal services increases as a result of this bill, there may be an indeterminable increase to expenditures.

AGENCIES CONTACTED:

Department of Health and Human Services and Department of Justice

Bill as Introduced

SB 111 - AS AMENDED BY THE SENATE

03/27/2019 1188s

2019 SESSION

19-0940
01/04

SENATE BILL *111*

AN ACT relative to the collection of health care data.

SPONSORS: Sen. Carson, Dist 14; Sen. Bradley, Dist 3; Sen. Sherman, Dist 24; Rep. McMahon, Rock. 7

COMMITTEE: Executive Departments and Administration

ANALYSIS

This bill clarifies the collection of health care data.

This bill is a request of the department of health and human services.

Explanation: Matter added to current law appears in ***bold italics.***
Matter removed from current law appears [~~in brackets and struckthrough.~~]
Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.

STATE OF NEW HAMPSHIRE

In the Year of Our Lord Two Thousand Nineteen

AN ACT relative to the collection of health care data.

Be it Enacted by the Senate and House of Representatives in General Court convened:

1 Vital Records and Health Statistics. Amend the chapter heading of RSA 126 to read as follows:

[~~VITAL RECORDS AND~~] HEALTH STATISTICS

2 Health Care Data; Data Collection. RSA 126:25 is repealed and reenacted to read as follows:

126:25 Data Collection.

I. This subdivision establishes a system for the collection of health care data and for the disclosure of data consistent with the Health Insurance Portability Accountability Act of (1996), 45 C.F.R. sections 160, 162, and 164 (HIPAA), limited to, public health activities, health care oversight, research, health care operations, the administration of anti-fraud, waste, and abuse activities, and the prevention of anti-competition practices in the health care system. For the purposes of this section, health care operations shall not include marketing or fundraising except such use or disclosure shall be permissible for market analysis.

II. All health care facilities under RSA 151:2 shall file health care data as required by the commissioner of health and human services, pursuant to RSA 126:27. This data shall include, but not be limited to:

(a) For hospitals, the data now collected through the uniform health care facility discharge data set as amended by rule pursuant to RSA 541-A; and

(b) For all facilities, disposition destination of each patient or resident admitted, payer information, charge by discharge, and any demographic or diagnostic information necessary for the administration of this subdivision.

3 Health Care Data; Rulemaking. Amend RSA 126:27 to read as follows:

126:27 Rulemaking. The commissioner of health and human services shall adopt rules, pursuant to RSA 541-A, relative to:

I. The types of data which each facility [~~and provider~~] shall be required to file under RSA 126:25 [~~and the types of data required under RSA 420-G:11, II~~].

II. The form in which data shall be filed under RSA 126:25.

III. The times at which data shall be filed under RSA 126:25.

IV. User fees which shall be assessed persons requesting data under RSA 126:28, 126:30, and 141-B:9.

V. Confidentiality of data collected ***and disclosed*** under this subdivision subject to the provisions of RSA 126:28.

VI. Procedures [~~for obtaining data from~~] ***and written requirements for obtaining, using, and protecting data provided by*** the department of health and human services under RSA 126:28.

[~~VII. The types of data which shall be reported under RSA 420-G:4, V.~~]

4 Health Care Data; Availability of Data. RSA 126:28 and RSA 126:29 are repealed and reenacted to read as follows:

126:28 Availability of Data. Notwithstanding any other provision of law, data collected under RSA 126:25 shall be made available:

I. To the public upon request, provided that individual patients or health care practitioners shall not be directly or indirectly identifiable.

II. To individuals or entities for research, public health, or health care operations as defined by HIPAA, or any other individual or entity as allowable by law, demonstrating a legitimate need for such information, if such disclosure is consistent with all applicable HIPAA standards and approved by the commissioner, or designee, in accordance with rules adopted under RSA 126:27. Use of data disclosed shall not be for marketing or fundraising targeted to individuals except such use or disclosure shall be permissible for market analysis.

III. To the insurance department, the department of justice, or any other state or federal agency, and any agency's contractors, for review of health care matters within the agency's respective jurisdictional authority. An agency or contractor receiving health care data under this section shall comply with all state and federal confidentiality, privacy, and security protections.

126:29 Penalties. In addition to any other penalties provided by law, any health care facility which willfully fails to comply with the provisions of this subdivision shall be subject to a civil penalty of $100 for each day of noncompliance, which shall not be reimbursable by a commercial insurer, nonprofit health services corporation, health maintenance organization, or multiple employer welfare arrangement as provided in RSA 415, 420-A, 420-B, and 415-E.

5 Public Health; Critical Health Problems Reporting Act; Form. Amend RSA 141-A:5, III to read as follows:

III. A report or other data relating to a critical health problem which discloses the identity of an individual who was reported as having a critical health problem shall be made available only to persons who demonstrate a need for the report or other data which is essential to health related research, ***including but not limited to, for purposes of administering the lead paint poisoning prevention control program under RSA 130-A.*** A report or data which does not disclose the identity of the individual shall be made available to the public in compliance with RSA 91-A.

6 Health Coverage; Development of a Comprehensive Health Care Information System. Amend RSA 420-G:11-a, I to read as follows:

I. The department, ***the department of justice,*** and the department of health and human services shall enter into a memorandum of understanding for collaboration in the development of a

comprehensive health care information system, ***the sharing of submitted data fields, and the role of each in the security of transferred health care data.*** The memorandum of understanding shall include a description of the data sets that will be included in the comprehensive health care information system, the criteria and procedures for the development of limited use data sets, the criteria and procedures to ensure that Health Insurance Portability and Accountability Act of 1996 (HIPAA) compliant limited use data sets are accessible, and a proposed time frame for the creation of a comprehensive health care information system. To the extent allowed by HIPAA, the data shall be available as a resource for insurers, employers, providers, purchasers of health care, and state agencies to continuously review health care utilization, expenditures, and performance in New Hampshire and to enhance the ability of New Hampshire consumers and employers to make informed and cost-effective health care choices. In presenting data for public access, comparative considerations shall be made regarding geography, demographics, general economic factors, and institutional size. Notwithstanding HIPAA or any other provision of law, the comprehensive health care information system shall not include or disclose any data that contains direct personal identifiers. For the purposes of this section, "direct personal identifiers" include information relating to an individual that contains primary or obvious identifiers[~~, such as the individual's name, street address, e-mail address, telephone number, and social security number~~].

7 Repeal. The following are repealed:

I. RSA 126:26, relative to data review.

II. RSA 126:33 and 126:34, relative to certain reports.

8 Effective Date. This act shall take effect upon its passage.