

LEGISLATIVE COMMITTEE MINUTES

**SB111**

Bill as  
Introduced

SB 111 - AS INTRODUCED

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

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ANALYSIS

This bill clarifies the collection of health care data.

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

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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Matter which is either (a) all new or (b) repealed and reenacted appears in regular type.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 \ 1 Health Care Data; Data Collection. RSA 126:25 is repealed and reenacted to read as follows:  
2 126:25 Data Collection.

3 I. This subdivision establishes a system for the collection of health care data and for the  
4 release of data consistent with the Health Insurance Portability Accountability Act of (1996), 45  
5 CFR 160, 162, and 164 (HIPAA), for purposes including but not limited to, public health activities,  
6 health care oversight, research, health care operations, the administration of anti-fraud, waste, and  
7 abuse activities, the prevention of anti-competition practices among hospitals in the health care  
8 system, and other uses provided by law.

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

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

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

17 2 Health Care Data; Rulemaking. Amend RSA 126:27 to read as follows:

18 126:27 Rulemaking. The commissioner of health and human services shall adopt rules,  
19 pursuant to RSA 541-A, relative to:

20 I. The types of data which each facility [~~and provider~~] shall be required to file [~~under RSA~~  
21 ~~126:25 and the types of data required under RSA 420-G:11, II~~].

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

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

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

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

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

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

1 *failure to file the data required under RSA 126:25.*

2 3 Health Care Data; Availability of Data. RSA 126:28 is repealed and reenacted to read as  
3 follows:

4 126:28 Availability of Data. Except for data collected pursuant to paragraph I, data collected  
5 under this section shall only be released under written agreement if such release is consistent with  
6 all applicable HIPAA standards and approved by the commissioner, or designee, to those  
7 demonstrating a legitimate need for such information, in accordance with rules adopted under RSA  
8 126:27 as follows:

9 I. To the public upon request, provided that no direct or indirect identifiers of individual  
10 patients or health care practitioners are disclosed, in accordance with rule adopted under RSA  
11 126:27.

12 II. To individuals and institutions demonstrating a need for such information, for research  
13 as defined by HIPAA.

14 III. To entities conducting health services research designed to improve quality of health  
15 care, reduce costs, improve patient safety, decrease medical errors, or broaden access to essential  
16 services, requesting a limited data set as defined by HIPAA, and which agree to assess only nominal  
17 cost-based or no fees to recipients of these services.

18 IV. To New Hampshire state agencies, other state and federal agencies, and their  
19 contractors, in accordance with this subdivision.

20 4 Penalties. RSA 126:29 is repealed and reenacted to read as follows:

21 126:29 Penalties. In addition to any other penalties provided by law, any health care facility,  
22 as defined in RSA 151:2, which fails to comply with the provisions of this subdivision shall be  
23 subject to a civil penalty of \$100 for each day of noncompliance.

24 5 Health Care Data; User Fees. Amend RSA 126:30 to read as follows:

25 126:30 User Fees. Any person requesting copies of data or statistical information filed with the  
26 department of health and human services under RSA 126 or RSA 141-B shall pay to the department  
27 a fee established by the commissioner of health and human services pursuant to RSA 126:27[~~IV~~].  
28 The fee shall reflect the full costs of preparing the data for release, including the cost of personnel  
29 time, computer and any related expenses associated with fulfilling the request.

30 6 Health Coverage; Development of a Comprehensive Health Care Information System. Amend  
31 RSA 420-G:11-a, I to read as follows:

32 I. The department, *department of justice*, and the department of health and human  
33 services shall enter into a memorandum of understanding for collaboration in the development of a  
34 comprehensive health care information system, *the sharing of submitted data fields, and the*  
35 *role of each in the security of transferred health care data*. The memorandum of  
36 understanding shall include a description of the data sets that will be included in the  
37 comprehensive health care information system, the criteria and procedures for the development of  
38 limited use data sets, the criteria and procedures to ensure that Health Insurance Portability and

SB 111 - AS INTRODUCED

- Page 3 -

1 Accountability Act of 1996 (HIPAA) compliant limited use data sets are accessible, and a proposed  
2 time frame for the creation of a comprehensive health care information system. To the extent  
3 allowed by HIPAA, the data shall be available as a resource for insurers, employers, providers,  
4 purchasers of health care, and state agencies to continuously review health care utilization,  
5 expenditures, and performance in New Hampshire and to enhance the ability of New Hampshire  
6 consumers and employers to make informed and cost-effective health care choices. In presenting  
7 data for public access, comparative considerations shall be made regarding geography,  
8 demographics, general economic factors, and institutional size. Notwithstanding HIPAA or any  
9 other provision of law, the comprehensive health care information system shall not include or  
10 disclose any data that contains direct personal identifiers. For the purposes of this section, "direct  
11 personal identifiers" include information relating to an individual that contains primary or obvious  
12 identifiers, such as the individual's name, street address, e-mail address, telephone number, and  
13 social security number.

14 7 Repeal. The following are repealed:

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

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

17 8 Effective Date. This act shall take effect 60 days after its passage.

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

3 ~~[VITAL RECORDS AND]~~ HEALTH STATISTICS

4 2 Health Care Data; Data Collection. RSA 126:25 is repealed and reenacted to read as follows:  
5 126:25 Data Collection.

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

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

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

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

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22 126:27 Rulemaking. The commissioner of health and human services shall adopt rules,  
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25 126:25 ~~[and the types of data required under RSA 420-G:11, II].~~

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

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28 IV. User fees which shall be assessed persons requesting data under RSA 126:28, 126:30,  
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30 V. Confidentiality of data collected *and disclosed* under this subdivision subject to the  
31 provisions of RSA 126:28.



1 VI. Procedures ~~[for obtaining data from]~~ **and written requirements for obtaining, using,**  
2 **and protecting data provided by** the department of health and human services under RSA  
3 126:28.

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

5 4 Health Care Data; Availability of Data. RSA 126:28 and RSA 126:29 are repealed and  
6 reenacted to read as follows:

7 126:28 Availability of Data. Notwithstanding any other provision of law, data collected under  
8 RSA 126:25 shall be made available:

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

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

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

21 126:29 Penalties. In addition to any other penalties provided by law, any health care facility  
22 which willfully fails to comply with the provisions of this subdivision shall be subject to a civil  
23 penalty of \$100 for each day of noncompliance, which shall not be reimbursable by a commercial  
24 insurer, nonprofit health services corporation, health maintenance organization, or multiple  
25 employer welfare arrangement as provided in RSA 415, 420-A, 420-B, and 415-E.

26 5 Public Health; Critical Health Problems Reporting Act; Form. Amend RSA 141-A:5, III to  
27 read as follows:

28 III. A report or other data relating to a critical health problem which discloses the identity of  
29 an individual who was reported as having a critical health problem shall be made available only to  
30 persons who demonstrate a need for the report or other data which is essential to health related  
31 research, **including but not limited to, for purposes of administering the lead paint**  
32 **poisoning prevention control program under RSA 130-A.** A report or data which does not  
33 disclose the identity of the individual shall be made available to the public in compliance with RSA  
34 91-A.

35 6 Health Coverage; Development of a Comprehensive Health Care Information System. Amend  
36 RSA 420-G:11-a, I to read as follows:

1 I. The department, *the department of justice*, and the department of health and human  
2 services shall enter into a memorandum of understanding for collaboration in the development of a  
3 comprehensive health care information system, *the sharing of submitted data fields, and the*  
4 *role of each in the security of transferred health care data*. The memorandum of  
5 understanding shall include a description of the data sets that will be included in the comprehensive  
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16 care information system shall not include or disclose any data that contains direct personal  
17 identifiers. For the purposes of this section, "direct personal identifiers" include information relating  
18 to an individual that contains primary or obvious identifiers~~[-such as the individual's name, street~~  
19 ~~address, e-mail address, telephone number, and social security number].~~

20 7 Repeal. The following are repealed:

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

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

23 8 Effective Date. This act shall take effect upon its passage.

**SB 111- FISCAL NOTE**  
 AS AMENDED BY THE SENATE (AMENDMENT #2019-1188s)

AN ACT relative to the collection of health care data.

**FISCAL IMPACT:**     State             County             Local             None

STATE:	Estimated Increase / (Decrease)			
	FY 2020	FY 2021	FY 2022	FY 2023
<b>Appropriation</b>	\$0	\$0	\$0	\$0
<b>Revenue</b>	\$0	\$0	\$0	\$0
<b>Expenditures</b>	Indeterminable	Indeterminable	Indeterminable	Indeterminable
<b>Funding Source:</b>	<input checked="" type="checkbox"/> General	<input type="checkbox"/> Education	<input type="checkbox"/> Highway	<input type="checkbox"/> 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

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SB 111 - FINAL VERSION

03/27/2019 1188s  
06/13/2019 2466EBA  
06/13/2019 2625EBA

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Department of Health and Human Services and Department of Justice

CHAPTER 233  
SB 111 - FINAL VERSION

03/27/2019 1188s  
06/13/2019 2466EBA  
06/13/2019 2625EBA

2019 SESSION

19-0940  
01/04

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

CHAPTER 233  
SB 111 - FINAL VERSION

- Page 2 -

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

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

5 VI. Procedures ~~[for obtaining data from]~~ *and written requirements for obtaining, using,*  
6 *and protecting data provided by* the department of health and human services under RSA  
7 126:28.

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

9 233:4 Health Care Data; Availability of Data. RSA 126:28 and RSA 126:29 are repealed and  
10 reenacted to read as follows:

11 126:28 Availability of Data. Notwithstanding any other provision of law, data collected under  
12 RSA 126:25 shall be made available:

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

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

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

25 126:29 Penalties. In addition to any other penalties provided by law, any health care facility  
26 which willfully fails to comply with the provisions of this subdivision shall be subject to a civil  
27 penalty of \$100 for each day of noncompliance, which shall not be reimbursable by a commercial  
28 insurer, nonprofit health services corporation, health maintenance organization, or multiple  
29 employer welfare arrangement as provided in RSA 415, 420-A, 420-B, and 415-E.

30 233:5 Public Health; Critical Health Problems Reporting Act; Form. Amend RSA 141-A:5, III to  
31 read as follows:

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

CHAPTER 233  
SB 111 - FINAL VERSION  
- Page 3 -

1 91-A.

2 233:6 Health Coverage; Development of a Comprehensive Health Care Information System.  
3 Amend RSA 420-G:11-a, I to read as follows:

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

23 233:7 Repeal. The following are repealed:

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

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

26 233:8 Effective Date. This act shall take effect upon its passage.

Approved: July 12, 2019  
Effective Date: July 12, 2019

# Amendments

Vital Records

Amendment to SB 111

1 Amend the bill by replacing all after the enacting clause with the following:

2

3 1 Health Care Data; Data Collection. RSA 126:25 is repealed and reenacted to read as follows:

4 ~~disclose~~ 126:25 Data Collection.

5 I. This subdivision establishes a system for the collection of health care data and for the  
6 ~~disclose~~ release of data consistent with the Health Insurance Portability, Accountability Act of (1996), 45  
7 C.F.R. sections 160, 162, and 164 (HIPAA), for purposes including but not limited to, public health  
8 activities, health care oversight, research, health care operations, the administration of anti-fraud,  
9 waste, and abuse activities, the prevention of anti-competition practices in the health care system,  
10 and other uses provided by law.

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

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

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

19 2 Health Care Data; Rulemaking. Amend RSA 126:27 to read as follows:

20 126:27 Rulemaking. The commissioner of health and human services shall adopt rules,  
21 pursuant to RSA 541-A, relative to:

22 I. ~~disclose~~ The types of data which each facility ~~and provider~~ shall be required to file under RSA  
23 126:25 ~~and the types of data required under RSA 420-G:11, II~~.

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

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

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

28 V. Confidentiality of data collected ~~disclose~~ and released under this subdivision subject to the  
29 provisions of RSA 126:28.

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

Amendment to SB 111

- Page 2 -

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

2 3 Health Care Data; Availability of Data. RSA 126:28 and RSA 126:29 are repealed and  
3 reenacted to read as follows:

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5 RSA 126:25 shall be made available:

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

8 II. To individuals or entities for research, public health, or health care operations as defined  
9 by HIPAA, or any other individual or entity as allowable by law, demonstrating a legitimate need  
10 for such information, if such release is consistent with all applicable HIPAA standards and  
11 approved by the commissioner, or designee, in accordance with rules adopted under RSA 126:27.

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

17 126:29 Penalties. In addition to any other penalties provided by law, any health care facility  
18 which willfully fails to comply with the provisions of this subdivision shall be subject to a civil  
19 penalty of \$100 for each day of noncompliance, which shall not be reimbursable by a commercial  
20 insurer, nonprofit health services corporation, health maintenance organization, or multiple  
21 employer welfare arrangement as provided in RSA 415, 420-A, 420-B, and 415-E.

22 4 Public Health; Critical Health Problems Reporting Act; Form. Amend RSA 141-A:5, III to  
23 read as follows:

24 III. A report or other data relating to a critical health problem which discloses the identity  
25 of an individual who was reported as having a critical health problem shall be made available only  
26 to persons who demonstrate a need for the report or other data which is essential to health related  
27 research, *including, but not limited to, for purposes of administering the lead paint*  
28 *poisoning prevention control program under RSA 130-A.* A report or data which does not  
29 disclose the identity of the individual shall be made available to the public in compliance with RSA  
30 91-A.

31 5 Health Coverage; Development of a Comprehensive Health Care Information System. Amend  
32 RSA 420-G:11-a, I to read as follows:

33 I. The department, *the department of justice*, and the department of health and human  
34 services shall enter into a memorandum of understanding for collaboration in the development of a  
35 comprehensive health care information system, *the sharing of submitted data fields, and the*  
36 *role of each in the security of transferred health care data.* The memorandum of  
37 understanding shall include a description of the data sets that will be included in the



Amendment to SB 111

- Page 3 -

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

16 6 Repeal. The following are repealed:

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

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

19 7 Effective Date. This act shall take effect upon its passage.

UNAPPROVED

Sen. Carson, Dist 14  
Sen. Rosenwald, Dist 13  
March 20, 2019  
2019-1182s  
01/05

Amendment to SB 111

1 Amend the bill by replacing all after the enacting clause with the following:

2

3 1 Vital Records and Health Statistics. Amend the chapter heading of RSA 126 to read as  
4 follows:

5

~~[VITAL RECORDS AND]~~ HEALTH STATISTICS

6

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

7

126:25 Data Collection.

8

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

15

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

18

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

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21 information, charge by discharge, and any demographic or diagnostic information necessary for the  
22 administration of this subdivision.

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I. The types of data which each facility ~~[and provider]~~ shall be required to file under RSA  
27 126:25 ~~[and the types of data required under RSA 420-G:11, II].~~

28

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

29

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

30

IV. User fees which shall be assessed persons requesting data under RSA 126:28, 126:30,

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Amendment to SB 111

- Page 3 -

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Amendment to SB 111

- Page 2 -

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Amendment to SB 111

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21 7 Repeal. The following are repealed:

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

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24 8 Effective Date. This act shall take effect upon its passage.

# Committee Minutes



**SENATE CALENDAR NOTICE**  
**Executive Departments and Administration**

Sen Sharon Carson, Chair  
Sen Kevin Cavanaugh, Vice Chair  
Sen Cindy Rosenwald, Member  
Sen Shannon Chandley, Member  
Sen John Reagan, Member

Date: February 20, 2019

**HEARINGS**

Wednesday	03/13/2019	
(Day)	(Date)	
Executive Departments and Administration	LOB 101	9:00 a.m.
(Name of Committee)	(Place)	(Time)
9:00 a.m.	<b>SB 49</b>	relative to the state fire code.
9:15 a.m.	<b>SB 111</b>	relative to the collection of health care data.
9:30 a.m.	<b>SB 113</b>	relative to municipal authority regarding the state building code.
9:50 a.m.	<b>SB 80</b>	relative to applicants to the board of mental health practice from other states.
10:10 a.m.	<b>SB 97</b>	relative to licensure of health facilities near a critical access hospital.

**EXECUTIVE SESSION MAY FOLLOW**

**Sponsors:**

<b>SB 49</b> Sen. Carson Rep. Goley	Sen. Cavanaugh	Rep. Baldasaro	Rep. Doucette
<b>SB 111</b> Sen. Carson	Sen. Bradley	Sen. Sherman	Rep. McMahon
<b>SB 113</b> Sen. Carson	Sen. Giuda	Sen. Bradley	
<b>SB 80</b> Sen. Kahn	Rep. Snow		
<b>SB 97</b> Sen. Bradley Sen. Starr	Sen. Reagan Rep. Marsh	Sen. Sherman Rep. Hennessey	Sen. Hennessey Rep. Knirk

Jennifer Horgan 271-2609

Sharon M Carson  
Chairman

# Senate Executive Departments and Administration Committee

*Jennifer Horgan 271-2609*

**SB 111**, relative to the collection of health care data.

**Hearing Date:** March 13, 2019

**Time Opened:** 9:37 a.m.

**Time Closed:** 10:10 a.m.

**Members of the Committee Present:** Senators Carson, Cavanaugh, Rosenwald, Chandley and Reagan

**Members of the Committee Absent :** None

**Bill Analysis:** This bill clarifies the collection of health care data.

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

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**Sponsors:**

Sen. Carson  
Rep. McMahon

Sen. Bradley

Sen. Sherman

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**Who supports the bill:** Senator Carson; Senator Sherman; Patricia Tilley, DHHS; John Williams, DHHS; Tyler Brennen, Insurance Department; Kathy Bizarro-Thunberg, NH Hospital Association

**Who opposes the bill:** No one

**Who is neutral on the bill:** Jennifer Foley, DOJ

**Summary of testimony presented in support:**

**Senator Carson** (provided written testimony)

- This bill clarifies the collection of health care data.
- This is a request of the Department of Health and Human Services.
- Provided an amendment that is a replace all.
- The amendment is a collaboration between the Insurance Department, Department of Justice, and Department of Health and Human Services.
- The bill will clarify the system for the collection of health care data for the release of data consistency with health privacy laws and provides clearer guidelines for the Department to follow when sharing health care data.
- It provides clarity to entities requesting data, transparency to the public, and security for any data released under this subdivision in RSA126.

- The bill also modifies RSA 141-A:5, III to ensure there are no barriers to sharing data for purposes such as reducing childhood lead poisoning. The bill clarifies that the Insurance Department, the DOJ, and DHHS will enter into a memorandum of understanding to ensure efficient collaboration and maximum protection of health care data.
  - Finally, Section 5 changes the Comprehensive Health Care Information System.
- Patricia Tilley and John Williams (DHHS) (provided written testimony)**
- This bill and the amendment are requests of the Department and was developed to improve the NH Uniform Health Care Facility Discharge Data Set, also known as hospital discharge data.
  - This is one of the most valuable and complete data sets available to health officials, policy makers, hospitals, health care planners, researchers, and the public.
  - It is used to better to understand the incidence and burden of disease; assessing the trends and utilization of hospital services.
  - This data is collected by the Department in partnership with the NH Hospital Association
  - The data is cleaned and analyzed and released to relevant state agencies.
  - The data provides rich and critically important information about the health of our population, their needs for health care services, and allows policy makers and health care administrators to target strategies to improve care.
  - The Department uses this data to guide their Asthma Program, Environmental Public Health tracking program, injury prevention programs, and opioid response.
  - The improvements in this bill are guided by HIPPA and have the intent to provide more timely and higher quality data to partners.
  - The amendment clarifies that the Department has the authority to promulgate administrative rules about obtaining, using, and protecting this data.
  - The amendment also clarifies that the data may be collected and shared for the purpose of informing public health activities, health care oversight, research, health care operations, and the administration of anti-fraud, waste and abuse activities, and the prevention of anti-competitive strategies.
  - Sharing this data will inform and target strategies that add to cutting edge research to improve health.
  - Under this, DHHS will provide the data to the public, upon request, provided that individual patients or health care practitioners shall not be directly or indirectly identifiable.
  - Public requests talk about the general trends on health and do not get any closer than county level.
  - It also provides clarity around the ability to disclose to health care providers and insurers the identity, in some cases, of an individual who is reported as having a critical health care problem, like lead poisoning.
  - It clarifies the Comprehensive Health Care Information System (CHCIS), by underscoring that DHHS will share data with the Insurance Department, DOJ, or any other state or federal agencies or their contractors for review of health care matters within the agencies' respective jurisdictional authority.

- The goal of this is to protect privacy while using data to inform public health and clinical care.
- The vital records section of Chapter 126 was stripped on July 1, 2003.
- Would suggest striking out 'vital records' from the bill because it leaves the impression that this is going through Vital Records when it is not.
- Section 1 of the amendment develops the purpose of intent of the statute and covers the entities that would be participating.
- Line 6 uses the word 'release' and the word 'disclose' may be a more appropriate choice. They are two other references to 'release' in the bill that should be adjusted as well.
- Under HIPPA this information should not be used for fundraising or marketing. Is working on language with the stakeholders to address that.
- Section 2 of the bill deals with the rulemaking authority.
- Attorneys Catherine Bernhard and Elizabeth Maynard from the Department worked diligently on this to identify who gets information, what information they are receiving, and how it is safeguarded.
- Section 3 identifies the mechanics of this process.
- Section 4 aligns the statute with the Lead Prevention Program
- Section 5 will be addressed by Tyler Brennan (Insurance Department).
- The bill also repeals the Vital Records aspects, which are no longer a part of the statute.
- Senator Rosenwald asked if they are amenable to an amendment to prohibit health care organizations from disclosing information for fundraising or customer service.
  - Ms. Tilley answered that they would be amendable to that.
- Senator Rosenwald asked who the contractors are that this information would be shared with.
  - Ms. Tilley responded that the intent is that often agencies subcontract the data analysis. Those contractors would typically have a business associates' agreement, Would defer to counsel for additional information. Would be interested if there was language that could tighten that up.
- Senator Rosenwald asked if the DOJ contractors would be business associates since they are not a HIPPA covered entity.
  - Mr. Williams answered that Attorney Foley is here from the DOJ to address that.
- Senator Rosenwald pointed out that line 12 of page 3 indicates that there would be no use or disclosure of direct personal identifiers and enumerates some identifiers. Asked where the protections are for indirect patient information.
  - Mr. Williams stated that Mr. Brennan will be here to respond to Insurance questions, but that is already existing law.
  - Ms. Tilley responded that that is specific to public release of the data. There are other parts of the legislation where identifiers may be shared.

**Tyler Brennan (Insurance Department)**

- Feels this bill helps the Department and the State improve transparency and understand what is driving health care costs and health insurance premiums.
- This bill addresses two data sets: hospital discharge data and CHCIS.

- NH does not have a health policy commission that brings all the data together in a single entity to produce information for policy makers.
- This bill is an attempt to work around silos and share data amongst state agencies.
- CHCIS is primarily designed to better understand health care costs and utilization.
- The Department is directly prohibited from collecting direct patient identifiers.
- NH is unique in the way we have made use of the data with price information on health care services for almost 13 years.
- An academic study just came out that showed that putting that information in the public domain has saved individuals about \$8million and saved insurers about \$36million between 2007-2011 alone.
- The current statute requires the Insurance Department to work with DHHS in managing CHCIS.
- DHHS is responsible for the release of the data with no direct identifiers.
- But if an individual knew a hemophiliac who went to a particular physician on a particular day with a specific injury that individual may begin to be able to make a constructive identification.
- DHHS ensures small sample size protections and the researchers are not getting more than they need.
- The public use file does not contain anything of use. However, it does allow for researchers to apply and describe how the data will be used.
- There are data release rules that guide that process.
- Sees this bill as a positive development to have agencies work more collectively and deal with some of the bureaucratic barriers.
- Senator Rosenwald pointed out that the direct personal identifiers on page 3, do not include all of the personal identifiers covered under HIPPA. Asked if there is any reason not to update the law to match with HIPPA.
  - Does not see that as necessary because of the rulemaking process for the release of date and because the State already has the power of law to protect patient identification. Does not think the statute needs to be updated because the rules reflect HIPPA.
- Senator Rosenwald asked if those rules were coming before JLCAR today might the Committee say the Department does not have the authority to limit it that much because the statute does not limit it that much.
  - Would be very surprised if JLCAR came to that conclusion.
- Senator Carson asked if it might be better to remove the list of identifiers, knowing that they will be encompassed in the new HIPPA identifiers.
  - Does not think they would have any objection to that.

**Kathy Bizarro-Thunberg** (NH Hospital Association) (provided written testimony)

- The Hospital Association is currently the contractor on behalf of the DHHS to collect the data.
- That contract does not allow the Hospital Association automatic access to the data. There are strict restrictions in their contract regarding accessing the data they collect on DHHS' behalf.

- There is a separate process for them to request access to the hospital discharge data. It is an involved process that follows HIPPA requirements.
- The data is used in market analysis, disease monitoring, longitudinal health studies, and more to improve the public health system.
- Great care is taken by DHHS to ensure all privacy restrictions and allowable releases are followed.
- Believes the bill provides consistency and clarity to the intersections between state law, regulations, and HIPPA, and will improve access to the hospital discharge data.
- NH is not unique in the collection and use of this kind of data, as every state has a hospital discharge data system.

**Summary of testimony presented in opposition:**

None

**Neutral Information Presented:**

**Jennifer Foley (Department of Justice)**

- Senator Rosenwald asked if the DOJ contractors are they covered by HIPPA.
  - To the extent the data is covered by HIPPA, yes. In the way they ask for the data and the way they exchange the data.
- Senator Rosenwald asked if the contractors have a business HIPPA associates agreement.
  - They have a professional services agreement. The Department retains them to look through the data in a way they are directing them to. They are bound to have a secure treatment of the data in the same fashion the DOJ is. They are also bound to purge the data after the work is done.
- Senator Rosenwald asked if they are bound by HIPPA.
  - To the extent the DOJ is bound by HIPPA, the contractors are as well.
- Senator Rosenwald asked if the contractors made an unauthorized disclose, could they be prosecuted under HIPPA.
  - Under HIPPA or the appropriate law.

jch

Date Hearing Report completed: March 15, 2019

# Speakers





# Testimony



STATE OF NEW HAMPSHIRE

DEPARTMENT OF HEALTH AND HUMAN  
SERVICES

Jeffrey A. Meyers  
Commissioner

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603-271-4612 1-800-852-3345 Ext. 4612  
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Lisa Morris  
Director

**Testimony for SB 111, relative to the collection of health care data  
Senate Executive Departments and Administration Committee, LOB Room 101  
Wednesday March, 11, 2019**

Good morning and thank you to Senator Carson and members of the committee. 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 our Bureau Chief 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 valuable and complete datasets available to public health officials, policy makers, hospitals, health care planners and researchers, and the public. 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, their needs for health care services and allows policy makers and health care administrators to target strategies to improve care.

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, the amendment 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 collected and 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. The amendment and subsequent Administrative Rules will make clear how we share data with researchers so that the experience of New Hampshire residents informs and targets strategies and adds to cutting edge research to improve health.

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 health care law*. 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. The ability to collect and share data improves 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.

The amendment also provides clarification about the Comprehensive Health Care Information System and underscores that DHHS shall share information with the Insurance Department, the Department of Justice, or other state or federal agencies, 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, share and safeguard information about the health of New Hampshire residents. We wish to further thank and acknowledge our partners in the Insurance Department, Department of Justice and NH Hospital Association for their collaboration and close attention to the details of this legislation. 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, MEd  
Deputy Director, Division of Public Health Services



**SENATE EXECUTIVE DEPARTMENTS AND ADMINISTRATION COMMITTEE**

**March 13, 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 language changes to RSA 126:25 help to provide consistency and clarity to those intersections between state law, regulations and HIPAA and improve 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.

Speaking points for Senator Carson, Chair of the Senate ED&A Committee  
SB 111  
3-13-19

**Senate Bill 111, An Act relative to the collection of health care data.**

- SB 111, relative to the collection of health care data, is a request from the New Hampshire Department of Health and Human Services, as a result of collaboration between the Department, the New Hampshire Insurance Department and the New Hampshire Department of Justice. This collaboration is reflected by the amendment **2019-0994s to SB 111** which is a full replacement of the legislation as introduced.
- The legislation clarifies the system for the collection of health care data and for the release of data consistent with health privacy laws.
- The legislation provides clearer guidelines for the Department to follow when sharing health care data.
- SB 111 provides clarity to entities requesting data, transparency to the public, and security for any data released under this subdivision in RSA Chapter 126.
- The legislation also modifies RSA 141-A:5, III to ensure that there are no barriers to sharing data for purposes such as reducing childhood lead poisoning.
- The legislation also clarifies that the Insurance Department, DOJ and DHHS will enter into a memorandum of understanding to ensure efficient collaboration and maximum protection of health care data.
- Section 5 of the legislation as amended by #0994s involves changes to RSA 420-G:11-a, Comprehensive Health Care Information System, that will be handled by the Insurance Department in its presentation on the legislation.

# Voting Sheets

# Senate Executive Departments and Administration Committee EXECUTIVE SESSION

Bill # SB 111

Hearing date: \_\_\_\_\_

Executive session date: \_\_\_\_\_

Motion of: 1182 Comm

VOTE: 5-0

<u>Made by</u> Carson <input type="checkbox"/>	<u>Seconded</u> Carson <input checked="" type="checkbox"/>	<u>Reported</u> Carson <input type="checkbox"/>
<u>Senator:</u> Cavanaugh <input type="checkbox"/>	<u>by Senator:</u> Cavanaugh <input type="checkbox"/>	<u>by Senator:</u> Cavanaugh <input type="checkbox"/>
Chandley <input type="checkbox"/>	Chandley <input type="checkbox"/>	Chandley <input type="checkbox"/>
Reagan <input type="checkbox"/>	Reagan <input type="checkbox"/>	Reagan <input type="checkbox"/>
Rosenwald <input checked="" type="checkbox"/>	Rosenwald <input type="checkbox"/>	Rosenwald <input type="checkbox"/>

Motion of: OTPA

VOTE: 5-0

<u>Made by</u> Carson <input type="checkbox"/>	<u>Seconded</u> Carson <input type="checkbox"/>	<u>Reported</u> Carson <input type="checkbox"/>
<u>Senator:</u> Cavanaugh <input type="checkbox"/>	<u>by Senator:</u> Cavanaugh <input type="checkbox"/>	<u>by Senator:</u> Cavanaugh <input type="checkbox"/>
Chandley <input checked="" type="checkbox"/>	Chandley <input type="checkbox"/>	Chandley <input type="checkbox"/>
Reagan <input type="checkbox"/>	Reagan <input type="checkbox"/>	Reagan <input type="checkbox"/>
Rosenwald <input type="checkbox"/>	Rosenwald <input checked="" type="checkbox"/>	Rosenwald <input type="checkbox"/>

*consent Chandley - Rosenwald*

<u>Committee Member</u>	<u>Present</u>	<u>Yes</u>	<u>No</u>	<u>Reported out by</u>
Senator Carson, Chairman	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Cavanaugh, Vice-Chair	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Chandley	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input checked="" type="checkbox"/>
Senator Reagan	<input checked="" type="checkbox"/>	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
Senator Rosenwald	<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

\*Amendments: \_\_\_\_\_

Notes: \_\_\_\_\_

# Committee Report



STATE OF NEW HAMPSHIRE

SENATE

REPORT OF THE COMMITTEE  
FOR THE CONSENT CALENDAR

Wednesday, March 20, 2019

THE COMMITTEE ON Executive Departments and Administration  
to which was referred SB 111

AN ACT relative to the collection of health care data.

Having considered the same, the committee recommends that the Bill

OUGHT TO PASS WITH AMENDMENT

BY A VOTE OF: 5-0

AMENDMENT # 2019-1188s

Senator Shannon Chandley  
For the Committee

This bill, a request of the Department of Health and Human Services, addresses the collection of health care data. The intent of this legislation is to protect privacy while using data to inform public health and clinical care. Enacting this bill will provide direction to entities requesting data, transparency to the public and security for any data released. The Committee, with cooperation from the stakeholders, amended the bill to clarify the language and terminology.

Jennifer Horgan 271-2609

FOR THE CONSENT CALENDAR

**EXECUTIVE DEPARTMENTS AND ADMINISTRATION**

**SB 111, relative to the collection of health care data.**

**Ought to Pass with Amendment, Vote 5-0.**

**Senator Shannon Chandley for the committee.**

This bill, a request of the Department of Health and Human Services, addresses the collection of health care data. The intent of this legislation is to protect privacy while using data to inform public health and clinical care. Enacting this bill will provide direction to entities requesting data, transparency to the public and security for any data released. The Committee, with cooperation from the stakeholders, amended the bill to clarify the language and terminology.

**Docket of SB111****Bill Title:** relative to the collection of health care data.*Official Docket of SB111.:*

<b>Date</b>	<b>Body</b>	<b>Description</b>
1/18/2019	S	<b>Introduced</b> 01/03/2019 and Referred to Executive Departments and Administration; <b>SJ 4</b>
2/20/2019	S	<b>Hearing:</b> 03/13/2019, Room 101, LOB, 09:15 am; <b>SC 12</b>
3/20/2019	S	Committee Report: Ought to Pass with Amendment <b>#2019-1188s</b> , 03/27/2019; Vote 5-0; CC; <b>SC 15</b>
3/27/2019	S	Committee Amendment <b>#2019-1188s</b> , AA, VV; 03/27/2019; <b>SJ 10</b>
3/27/2019	S	<b>Ought to Pass with Amendment</b> 2019-1188s, MA, VV; OT3rdg; 03/27/2019; <b>SJ 10</b>
4/1/2019	H	Introduced 03/20/2019 and referred to Health, Human Services and Elderly Affairs <b>HJ 11</b> P. 73
4/17/2019	H	Public Hearing: 04/24/2019 10:45 am LOB 205
4/17/2019	H	Division II Subcommittee Work Session: 04/25/2019 10:00 am LOB 205
4/30/2019	H	==RECESSED== Executive Session: 05/07/2019 10:00 am LOB 205
5/14/2019	H	==CONTINUED== Executive Session: 05/21/2019 10:00 am LOB 205
5/22/2019	H	Majority Committee Report: Ought to Pass for 06/05/2019 ( <b>Vote 13-7; RC) HC 27</b> P. 16
5/22/2019	H	Minority Committee Report: Ought to Pass with Amendment <b>#2019-1789h</b>
6/5/2019	H	Amendment <b>#2019-1789h</b> : AF <b>RC</b> 135-211 06/05/2019 <b>HJ 17</b> P. 67
6/5/2019	H	<b>Ought to Pass:</b> MA VV 06/05/2019 <b>HJ 17</b> P. 67
6/13/2019	H	Enrolled Bill Amendment <b>#2019-2466e</b> : AA VV 06/06/2019 <b>HJ 18</b> P. 46
6/18/2019	S	Enrolled Bill Amendment <b>#2019-2466e</b> Adopted, VV, (In recess of 06/13/2019); <b>SJ 21</b>
6/25/2019	H	Enrolled Bill Amendment <b>#2019-2625e</b> : AA VV 06/13/2019 <b>HJ 19</b> P. 21
6/25/2019	S	Enrolled Bill Amendment <b>#2019-2625e</b> Adopted, VV, (In recess of 06/13/2019); <b>SJ 21</b>
6/28/2019	H	Enrolled 06/27/2019 <b>HJ 20</b> P. 53
6/28/2019	S	Enrolled (In recess 06/27/2019); <b>SJ 21</b>
7/16/2019	S	Signed by the Governor on 07/12/2019; Chapter 233; Effective 07/12/2019

# Other Referrals

# Senate Inventory Checklist for Archives

Bill Number: SB 111

Senate Committee: E, D + A

Please include all documents in the order listed below and indicate the documents which have been included with an "X" beside

Final docket found on Bill Status

### Bill Hearing Documents: {Legislative Aides}

Bill version as it came to the committee

All Calendar Notices

Hearing Sign-up sheet(s)

Prepared testimony, presentations, & other submissions handed in at the public hearing

Hearing Report

Revised/Amended Fiscal Notes provided by the Senate Clerk's Office

### Committee Action Documents: {Legislative Aides}

All amendments considered in committee (including those not adopted):

- amendment # 0994

- amendment # 1182

- amendment # 1188

\_\_\_ - amendment # \_\_\_\_\_

Executive Session Sheet

Committee Report

### Floor Action Documents: {Clerk's Office}

All floor amendments considered by the body during session (only if they are offered to the senate):

\_\_\_ - amendment # \_\_\_\_\_

\_\_\_ - amendment # \_\_\_\_\_

\_\_\_ - amendment # \_\_\_\_\_

\_\_\_ - amendment # \_\_\_\_\_

### Post Floor Action: (if applicable) {Clerk's Office}

\_\_\_ Committee of Conference Report (if signed off by all members. Include any new language proposed by the committee of conference):

Enrolled Bill Amendment(s) 2464

\_\_\_ Governor's Veto Message

### All available versions of the bill: {Clerk's Office}

as amended by the senate

\_\_\_ as amended by the house

final version

Completed Committee Report File Delivered to the Senate Clerk's Office By:

\_\_\_\_\_  
Committee Aide

\_\_\_\_\_  
Date

Senate Clerk's Office JM

June 11, 2019  
2019-2466-EBA  
05/01

Enrolled Bill Amendment to SB 111

The Committee on Enrolled Bills 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 following amendment, and the recommendation that the bill as amended ought to pass.

FOR THE COMMITTEE

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Explanation to Enrolled Bill Amendment to SB 111

This enrolled bill amendment makes a technical correction.

Enrolled Bill Amendment to SB 111

Amend RSA 126:25, I as inserted by section 1 of the bill by replacing lines 2 and 3 with the following:

disclosure of data consistent with the Health Insurance Portability and Accountability Act of 1996 (HIPAA), 45 C.F.R. sections 160, 162, and 164, limited to public health activities, health care oversight,