

HOUSE BILL NO. 4037

January 29, 2025, Introduced by Reps. Rogers, VanderWall, Wooden, Roth, MacDonell, Morgan, Rheingans, Wozniak, Glanville, Miller, Beson, Young, McFall, Foreman, Skaggs, Arbit, Conlin, Wilson, B. Carter, Andrews, Meerman, Schmaltz, BeGole, Green, Neeley, Frisbie, Neyer, Prestin, Borton and Farhat and referred to Committee on Health Policy.

A bill to amend 1978 PA 368, entitled
"Public health code,"
by amending sections 2501 and 2505 (MCL 333.2501 and 333.2505), as
added by 2006 PA 137, and by adding section 2508.

THE PEOPLE OF THE STATE OF MICHIGAN ENACT:

- 1 Sec. 2501. As used in this part:
- 2 (a) "Commission" means the health information technology
- 3 commission created under section 2503.
- 4 (b) "Department" means the department of ~~community~~ health **and**

1 human services.

2 (c) "Health data utility" means a system that is operated by
3 the health information exchange and that does all of the following:

4 (i) Combines, enhances, and facilitates the exchange of
5 disparate clinical and other health data for treatment, care
6 coordination, quality improvement, population health, public health
7 emergencies, and other public health and community health purposes.

8 (ii) Provides trusted data sharing organizations identified
9 under subparagraph (vi) with access to data in order to support care
10 coordination among participants.

11 (iii) Provides a variety of technical services from which a
12 participant may select to allow for the exchange of information
13 using multiple modalities, including, but not limited to, query
14 searches and push notifications.

15 (iv) Promotes interoperability between health care entities,
16 this state, and other participants.

17 (v) Is patient-centered and market-driven.

18 (vi) Identifies trusted data sharing organizations and only
19 allows those organizations to access and submit data.

20 (vii) Ensures that the access to and submission of data
21 complies with the laws of this state and federal laws related to
22 health information.

23 (d) "Health information exchange" means the nonprofit entity
24 that operates an inclusive health information technology
25 infrastructure in this state that serves as a health data
26 aggregator and that is enabled to collect, normalize, and share
27 disparate health data content from a diverse set of health data
28 sources.

29 Sec. 2505. (1) The commission shall, in consultation with the

1 **department**, do each of the following:

2 (a) Develop and maintain a strategic plan in accordance with
3 subsection (2) to guide the implementation of an interoperable
4 health information technology system that ~~will reduce~~ **reduces**
5 medical errors, ~~improve~~ **improves** quality of care, and ~~produce~~
6 **produces** greater value for health care expenditures.

7 (b) Identify critical technical, scientific, economic, and
8 other critical issues affecting the public and private adoption of
9 health information technology.

10 (c) Provide recommendations on policies and measures necessary
11 to achieve widespread adoption of health information technology.

12 (d) Increase the public's understanding of health information
13 technology.

14 (e) Promote more efficient and effective communication among
15 multiple health care providers, including, but not limited to,
16 hospitals, physicians, payers, employers, pharmacies, laboratories,
17 and any other health care entity.

18 (f) Identify strategies to improve the ability to monitor
19 community health status.

20 (g) Develop or design any other initiatives in furtherance of
21 the commission's purpose.

22 (h) Annually, report and make recommendations to the
23 chairpersons of the standing committees of the house of
24 representatives and senate with jurisdiction over issues pertaining
25 to community health and information technology, the house of
26 representatives and senate appropriations subcommittees on
27 community health and information technology, and the senate and
28 house fiscal agencies.

29 (i) Perform ~~any and~~ all other activities in furtherance of ~~the~~

1 ~~above~~ **the actions under subdivisions (a) to (h)** or as directed by
2 the department or the department of ~~information technology,~~
3 **technology, management, and budget,** or both.

4 (2) The strategic plan developed ~~pursuant to~~ **under** subsection
5 (1)(a) ~~shall~~ **must** include, at a minimum, each of the following:

6 (a) The development or adoption of health care information
7 technology standards and strategies.

8 (b) The ability to base medical decisions on the availability
9 of information at the time and place of care.

10 (c) The use of evidence-based medical care.

11 (d) Measures to protect the privacy and security of personal
12 health information.

13 (e) Measures to prevent unauthorized access to health
14 information.

15 (f) Measures to ensure accurate patient identification.

16 (g) Methods to facilitate secure patient access to health
17 information.

18 (h) Measures to reduce health care costs by addressing
19 inefficiencies, redundancy in data capture and storage, medical
20 errors, inappropriate care, incomplete information, and
21 administrative, billing, and data collection costs.

22 (i) Incorporating health information technology into the
23 provision of care and the organization of the health care
24 workplace.

25 (j) The ability to identify priority areas in which health
26 information technology can provide benefits to consumers and a
27 recommended timeline for implementation.

28 (k) Measurable outcomes.

29 **Sec. 2508. (1) In accordance with the management and budget**

1 act, 1984 PA 431, MCL 18.1101 to 18.1594, and no later than March
2 1, 2026, a request for proposal must be issued to select a health
3 information exchange to operate a health data utility in this
4 state. At a minimum, the request for proposal and any resulting
5 contract must require the health information exchange to comply
6 with all the federal laws and the laws of this state that pertain
7 to cyber security and data protection.

8 (2) The health information exchange selected under subsection
9 (1) must meet all of the following requirements:

10 (a) Is able to route relevant real-time data.

11 (b) Is able to allow a program that monitors any of the
12 following to access relevant data:

13 (i) Public safety or population health.

14 (ii) Adherence to another program's requirements.

15 (iii) Compliance with the laws of this state.

16 (c) Is able to improve the quality of health care in this
17 state by increasing public health monitoring efforts, incorporating
18 public health data into electronic records, and allowing for the
19 coordination of care in clinical and social decision-making
20 efforts.

21 (d) Complies with all applicable federal laws and the laws of
22 this state regarding standards-based health data exchange
23 including, but not limited to, by adhering to cybersecurity and
24 data protection requirements required by law.

25 (e) Has a governing board with representatives that have
26 expertise in public health or are associated with the department,
27 the commission, a hospital, a health plan, a human services
28 organization, a physician organization, or a pharmacy.

29 (f) Maintains a high-level of cybersecurity standards,

1 including, but not limited to, a certification from HITRUST
2 Alliance or a similar certification that, through a third-party
3 assessment, requires an organization to demonstrate compliance with
4 Common Security Framework (CSF) and requires adherence to industry
5 best practices and standards.

6 (g) Is a nonprofit health information exchange that operates
7 in this state and has technical connections to a significant
8 percentage of health care providers, public health agencies, and
9 payors in this state.

10 (h) Has a technology infrastructure that includes the
11 following to provide a high-level of protection of patient data:

12 (i) Advance identity management.

13 (ii) Patient consent management that allows the patient to
14 manage the patient's consent practices.

15 (iii) Patient matching.

16 (i) Provides all patients, through a clear and conspicuous
17 process, the ability to opt out of data sharing through the health
18 data utility at any time.