

House Bill 697

By: Representatives Newton of the 123rd, Hatchett of the 150th, Jones of the 25th, Cooper of the 43rd, and Houston of the 170th

A BILL TO BE ENTITLED
AN ACT

1 To amend Article 12 of Chapter 7 of Title 31 of the Official Code of Georgia Annotated,
2 relating to health care data collection, so as to require hospitals to participate in a survey
3 disclosing whether such hospitals maintain technology allowing the electronic sharing of
4 certain patient information with other hospitals; to provide for definitions; to provide that the
5 department shall collect the survey results and submit a report to the legislature; to provide
6 for repeal; to require the use of certified electronic health technology by certain hospitals; to
7 provide for rule and regulation; to provide for applicability; to provide for a short title; to
8 provide for related matters; to provide for an effective date; to repeal conflicting laws; and
9 for other purposes.

10 BE IT ENACTED BY THE GENERAL ASSEMBLY OF GEORGIA:

11 **SECTION 1.**

12 This Act shall be known and may be cited as the "Patient Protection Through Health
13 Information Exchange Act."

SECTION 2.

14

15 Article 12 of Chapter 7 of Title 31 of the Official Code of Georgia Annotated, relating to
16 health care data collection, is amended by revising Code Section 31-7-280, relating to health
17 care provider annual reports and form, as follows:

18 "31-7-280.

19 (a) As used in this article, the term:

20 (1) 'Certified electronic health records technology' means the term as defined by the
21 department through rule and regulation and shall be similar in meaning to such term as
22 it existed in 42 U.S.C. 1395w-4(o)(4) on January 1, 2021.

23 ~~(1)~~(2) 'Department' means the Department of Community Health.

24 ~~(2)~~(3) 'Health care provider' means any hospital or ambulatory surgical or obstetrical
25 facility having a license or permit issued by the department under Article 1 of this
26 chapter.

27 ~~(3)~~(4) 'Indigent person' means any person having as a maximum allowable income level
28 an amount corresponding to 125 percent of the federal poverty guideline.

29 (5) 'Information blocking' means the term as defined by the department through rule and
30 regulation and shall be similar in meaning to such term as it existed in 42 U.S.C.
31 Section 300jj-52 on January 1, 2021.

32 (6) 'Interoperability' means health information technology that:

33 (A) Enables the secure exchange of electronic health information with, and use of
34 electronic health information from, other health information technology without special
35 effort on the part of the user;

36 (B) Allows for complete access, exchange, and use of all electronically accessible
37 health information for authorized use under applicable state or federal law as such law
38 existed on January 1, 2021; and

39 (C) Does not constitute information blocking.

40 (7) 'Meaningful electronic health records user' means the term as defined by the
41 department through rule and regulation and shall be similar in meaning to such term as
42 it existed in 42 U.S.C. Section 1395ww(n)(3) on January 1, 2021.

43 (4)(8) 'Primary campus' means the building at which the majority of a hospital's licensed
44 and operational inpatient hospital beds are located and includes the health care facilities
45 of such hospital within 1,000 yards of such building.

46 (9) 'Rural county' means a county having a population of less than 50,000 according to
47 the United States decennial census of 2010 or any future such census.

48 (10) 'Third-party payor' means any entity which provides health care insurance or a
49 health care service plan, including but not limited to providers of major medical or
50 comprehensive accident or health insurance, whether or not through a self-insurance plan,
51 Medicaid, or health care plans, but does not mean a specified disease or supplemental
52 hospital indemnity payor.

53 (b) There shall be required from each health care provider in this state an annual report of
54 certain health care information to be submitted to the department. The report shall be due
55 on the last day of January and shall cover the 12 month period preceding each such
56 calendar year.

57 (c) The report required under subsection (b) of this Code section shall contain the
58 following information:

- 59 (1) Total gross revenues;
60 (2) Bad debts;
61 (3) Amounts of free care extended, excluding bad debts;
62 (4) Amounts of contractual adjustments;
63 (5) Amounts of care provided under a Hill-Burton commitment;
64 (6) Amounts of charity care provided to indigent persons;

- 65 (7) Amounts of outside sources of funding from governmental entities, philanthropic
66 groups, or any other sources, including the proportion of any such funding dedicated to
67 the care of indigent persons;
- 68 (8) For cases involving indigent persons:
- 69 (A) The number of persons treated;
- 70 (B) The number of inpatients and outpatients;
- 71 (C) Total patient days;
- 72 (D) The total number of patients categorized by county of residence; and
- 73 (E) The indigent care costs incurred by the health care provider by county of residence;
- 74 (9) The public, profit, or nonprofit status of the health care provider and whether or not
75 the provider is a teaching hospital;
- 76 (10) The number of board certified physicians, by specialty, on the staff of the health
77 care provider;
- 78 (11) The number of nursing hours per day for each hospital and per patient visit for each
79 ambulatory surgical or obstetrical facility;
- 80 (12) For ambulatory surgical or obstetrical facilities, the types of surgery performed and
81 emergency back-up systems available for that surgery;
- 82 (13) For hospitals:
- 83 (A) The availability of emergency services, trauma centers, intensive care units, and
84 neonatal intensive care units;
- 85 (B) Procedures hospitals specialize in and the number of such procedures performed
86 annually; and
- 87 (C) Cesarean section rates by number and as a percentage of deliveries; ~~and~~
- 88 (14) For hospitals or the hospital's electronic health records vendor or other such agent
89 of the hospital:
- 90 (A) The current status of implementation or use of the following:
- 91 (i) Meaningful electronic health records user standards;

92 (ii) Interoperability standards; and

93 (iii) Certified electronic health records technology standards; and

94 (B) Each hospital that uses a vendor or other such agent of the hospital to report the
95 information described in subparagraph (A) of this paragraph shall retain responsibility
96 for ensuring that such information is reported timely and accurately in accordance with
97 this Code section; and

98 ~~(14)~~(15) Data available on a recognized uniform billing statement or substantially similar
99 form generally used by health care providers which reflect, but are not limited to, the
100 following type of data obtained during a 12 month period during each reporting period:
101 unique longitudinal nonidentifying patient code, the patient's birth date, sex, race,
102 geopolitical subdivision code, ZIP Code, county of residence, type of bill, beginning and
103 ending service dates, date of admission, discharge date, disposition of the patient, medical
104 or health record number, principal and secondary diagnoses, principal and secondary
105 procedures and procedure dates, external cause of injury codes, diagnostic related group
106 number (DRG), DRG procedure coding used, revenue codes, total charges and summary
107 of charges by revenue code, payor or plan identification, or both, place of service code
108 such as the uniform hospital identification number and hospital name, attending physician
109 and other ordering, referring, or performing physician identification number, and
110 specialty code.

111 (d) The department shall provide a form for the report required by subsection (b) of this
112 Code section and may provide in such form for further categorical divisions of the
113 information listed in subsection (c) of this Code section.

114 (e) The department shall, within a period of one year following July 1, 1989, in
115 cooperation with representatives of such consumer groups and associations and health care
116 providers as it shall designate, study and determine such quality indicators and such
117 additional or alternative information related to the intent and purpose of this article as the
118 department shall determine are in the best interests of the residents of this state.

119 (f) In the event that the department does not receive from a health care provider an annual
120 report containing the data and information required by this article within 30 days following
121 the date such report was due or receives a timely but incomplete report, the department
122 shall notify the health care provider regarding the deficiencies, by certified mail or
123 statutory overnight delivery, return receipt requested. In the event such deficiency
124 continues for 15 days after said notification has been given, the health care provider shall
125 be liable for a penalty in the amount of \$1,000.00 for such violation and an additional
126 penalty of \$500.00 for each day during which such violation continues and be subject to
127 appropriate sanctions otherwise authorized by law, including, but not limited to, suspension
128 or revocation of that provider's permit or license.

129 (g) Notwithstanding any other provision of law, subparagraph (A) of paragraph (14) of
130 subsection (c) of this Code section shall not apply to any hospital with a primary campus
131 located in a rural county."

132 SECTION 3.

133 Said article is further amended by adding a new Code section to read as follows:

134 "31-7-286.

135 (a) As used in this Code section, the term:

136 (1) 'Certified electronic health records technology' means the term as defined by the
137 department through rule and regulation and shall be similar in meaning to such term as
138 it existed in 42 U.S.C. 1395w-4(o)(4) on January 1, 2021.

139 (2) 'Hospital' means an institution licensed pursuant to Chapter 7 of this title which is
140 primarily engaged in providing to inpatients, by or under the supervision of physicians,
141 diagnostic services and therapeutic services for medical diagnosis, treatment, and care of
142 injured, disabled, or sick persons or rehabilitation services for the rehabilitation of
143 injured, disabled, or sick persons. Such term includes public, private, rehabilitative,
144 geriatric, osteopathic, psychiatric hospitals which shall have the same meaning as the

145 term 'facility' as defined in paragraph (7) of Code Section 37-3-1, 'critical access hospital'
146 as defined in paragraph (3) of Code Section 33-21A-2, other specialty hospitals, and any
147 state owned or state operated hospitals.

148 (3) 'Information blocking' means the term as defined by the department through rule and
149 regulation and shall be similar in meaning to such term as it existed in 42 U.S.C.
150 Section 300jj-52 on January 1, 2021.

151 (4) 'Interoperability' means health information technology that:

152 (A) Enables the secure exchange of electronic health information with, and use of
153 electronic health information from, other health information technology without special
154 effort on the part of the user;

155 (B) Allows for complete access, exchange, and use of all electronically accessible
156 health information for authorized use under applicable state or federal law as such law
157 existed on January 1, 2021; and

158 (C) Does not constitute information blocking.

159 (5) 'Meaningful electronic health records user' means the term as defined by the
160 department through rule and regulation and shall be similar in meaning to such term as
161 it existed in 42 U.S.C. Section 1395ww(n)(3) on January 1, 2021.

162 (b) As a condition for participation as a provider under Article 7 of Chapter 4 of Title 49
163 or as a provider under Chapter 18 of Title 45, each hospital or such hospital's electronic
164 health records vendor or other such agent of the hospital shall be required to complete a
165 survey regarding the following information:

166 (1) Whether such hospital is a meaningful electronic health records user with regard to
167 patient records and the communication of such records to other hospitals;

168 (2) Whether there are any legal or practical barriers preventing such hospital from
169 becoming a meaningful electronic technology user as described in paragraph (1) of this
170 subsection;

171 (3) Whether such hospital uses interoperability;

- 172 (4) Whether there are any legal or practical barriers preventing such hospital from using
173 interoperability;
- 174 (5) Whether such hospital uses certified electronic health records technology;
- 175 (6) Whether there are any legal or practical barriers preventing such hospital from using
176 certified electronic health records technology;
- 177 (7) Whether such hospital has established a timeline for becoming a meaningful
178 electronic health records user of certified electronic health records technology; and
- 179 (8) Such additional questions as the department may determine necessary.
- 180 (c) Each hospital that uses a vendor or other such agent of the hospital to report the
181 information described in subsection (b) of this Code section shall retain responsibility for
182 ensuring that such information is reported timely and accurately in accordance with this
183 Code section.
- 184 (d) The survey described in subsection (b) of this Code section shall be submitted to the
185 department by October 1, 2021.
- 186 (e) The department shall submit a report to the House Committee on Health and Human
187 Services and the Senate Health and Human Services Committee by July 1, 2022. Such
188 report shall include the following:
- 189 (1) The results of the survey described in subsection (b) of this Code section;
- 190 (2) Recommendations for implementing a state-wide requirement that all hospitals
191 become meaningful electronic health records users with regard to patient records and the
192 communication of those records to other hospitals, use interoperability, and that such
193 hospitals use certified electronic health records technology;
- 194 (3) Recommendations for the establishment of interoperability standards. Such
195 recommendations shall include requirements similar to requirements as they existed in
196 42 U.S.C. Section 30jj-11(c)(5)(D) on January 1, 2021; and
- 197 (4) Any other information that the department finds necessary.
- 198 (f) This Code section shall stand repealed on July 2, 2022."

199 **SECTION 4.**

200 This Act shall become effective July 1, 2021.

201 **SECTION 5.**

202 All laws and parts of laws in conflict with this Act are repealed.