FIRST REGULAR SESSION

SENATE BILL NO. 496

101ST GENERAL ASSEMBLY

INTRODUCED BY SENATOR BURLISON.

1908S.03I

ADRIANE D. CROUSE, Secretary

AN ACT

To repeal section 191.237, RSMo, and to enact in lieu thereof one new section relating to health information networks.

Be it enacted by the General Assembly of the State of Missouri, as follows:

Section A. Section 191.237, RSMo, is repealed and one new

- 2 section enacted in lieu thereof, to be known as section 191.237,
- 3 to read as follows:
 - 191.237. 1. No law or rule promulgated by an agency
- 2 of the state of Missouri may impose a fine or penalty
- 3 against a health care provider, hospital, or health care
- 4 system for failing to participate in any particular health
- 5 information [organization] exchange.
- 6 2. A health information [organization] exchange shall
- 7 not restrict the exchange of state agency data or standards-
- 8 based clinical summaries for patients for [federal Health
- 9 Insurance Portability and Accountability Act (HIPAA)] HIPAA
- 10 allowable uses. Charges for such service shall not exceed
- 11 the cost of the actual technology connection or recurring
- 12 maintenance thereof.
- 13 3. (1) Notwithstanding any other provision of law to
- 14 the contrary, any participant may disclose, access, or use
- 15 individually identifiable information through a health
- 16 information network under this section and in accordance
- 17 with applicable federal laws, including, but not limited to,

EXPLANATION-Matter enclosed in bold-faced brackets [thus] in this bill is not enacted and is intended to be omitted in the law.

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HIPAA, relating to individual consent and authorization requirements.

- 20 (2) Except as otherwise provided in state or federal
 21 law, an individual shall have the right to opt out of having
 22 his or her identifiable information made accessible or
 23 delivered through a health information network under this
 24 section.
- 25 (3) A health information exchange or health
 26 information network shall implement policies that meet the
 27 requirements of HIPAA governing the privacy and security of
 28 individually identifiable information that is made
 29 accessible or delivered through the health information
 30 exchange or health information network.
 - (4) All participants in a health information network under this section shall comply with HIPAA, if such participant is subject to HIPAA, and all policies and procedures of the health information network with respect to the health information exchange activities.
- 36 To the extent any provision of state law, rule or regulation regarding the confidentiality of any individually 37 identifiable information conflicts with, is contrary to, or 38 is more stringent than the provisions of this section, the 39 40 provisions of this section shall control with respect to a 41 participant's disclosure, access, or use of that 42 individually identifiable information through a health information network under this section. More stringent 43 44 provisions would include requiring a participant to obtain individual written consent or authorization before 45 disclosing, accessing, or using individually identifiable 46 47 information through a health information network under this section that is not in accordance with applicable federal 48 laws including, but not limited to, HIPAA. 49

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50 (6) This section shall not limit, change, or otherwise 51 affect the use or disclosure of individually identifiable 52 information outside of a health information network.

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- 4. (1) Participants shall maintain a written notice of privacy practices for the health information network that describes all of the following:
- 56 (a) The categories of individually identifiable 57 information that are made accessible or disclosed through 58 the health information network;
- 59 (b) The purposes for which access to individually 60 identifiable information is provided through the health 61 information network or for which individually identifiable 62 information is disclosed through the health information 63 network;
- (c) Except as otherwise provided in state or federal law, an individual's right to opt out of having his or her individually identifiable information made accessible or disclosed through the health information network; and
 - (d) An explanation as to how an individual may opt out of having his or her individually identifiable information made accessible or disclosed through the health information network.
 - (2) The notice of privacy practices maintained by participants may reference a publicly accessible website or websites that contain some or all of the information described in subdivision (1) of this subsection, such as a current list of participants and the permitted purposes for accessing or disclosing individually identifiable information through the health information network.
 - (3) A participant shall post its current notice of privacy practices on its website in a conspicuous manner.

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81 5. (1) A health information network shall not be 82 considered a health care provider, as that term is defined 83 in section 538.205, based on its health information exchange activities and shall not be subject to liability for damages 84 or costs of any nature, in law or in equity, arising out of 85 86 chapter 538 and the common law of Missouri related to the 87 rendering of or failure to render health care services when 88 carrying out health information exchange activities pursuant 89 to this section.

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- 90 Participants under this section shall not be 91 liable in any action for damages or costs of any nature, in law or equity, including a breach of the duty of 92 confidentiality, which result solely from the participant's 93 94 use or failure to use the health information exchange or the 95 participant's disclosure of individually identifiable 96 information through the health information exchange in 97 accordance with the requirements of this section. Nothing in this section may be construed to limit the liability of a 98 health care provider, as that term is defined in section 99 100 538.205, for damages or costs of any nature, in law or in 101 equity, arising out of chapter 538 or the common law of 102 Missouri for the health care provider's rendering of or 103 failure to render health care services, as that term is 104 defined in section 538.205.
 - (3) No person shall be subject to antitrust or unfair competition liability based solely on participation in a health information exchange operated by a health information network under this section.
- (4) All staff, officers, and members of the board of
 directors of a health information network that performs
 health information exchange activities under this section,
 whether temporary or permanent, shall not be subject to and

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shall be immune from any claim, suit, liability, damages, or

- 114 any other recourse, civil or criminal, arising from any act
- or proceeding, decision, or determination undertaken,
- performed, or reached in good faith and without malice by
- any such member or members acting individually or jointly in
- 118 carrying out the responsibilities, authority, duties,
- 119 powers, and privileges of the offices conferred by law upon
- them under this section, or any other law, or policies and
- 121 procedures of the health information network, good faith
- being presumed until proven otherwise, with malice required
- to be shown by a complainant.
- 124 (5) Individually identifiable information accessible
- 125 through a health information network under this section
- shall not be subject to discovery, subpoena, or other means
- of legal compulsion for the release of such individually
- 128 identifiable information to any person or entity. Such a
- 129 health information network shall not be compelled by a
- 130 request for production, subpoena, court order, or otherwise,
- 131 to disclose individually identifiable information.
- 6. As used in this section, the following terms shall
- 133 mean:
- 134 (1) "Fine or penalty", any civil or criminal penalty
- or fine, tax, salary or wage withholding, or surcharge
- 136 established by law or by rule promulgated by a state agency
- 137 pursuant to chapter 536;
- 138 (2) "Health care system", any public or private entity
- 139 whose function or purpose is the management of, processing
- 140 of, or enrollment of individuals for or payment for, in full
- 141 or in part, health care services or health care data or
- 142 health care information for its participants;
- 143 (3) "Health information [organization] exchange" or
- 144 "health information network", an organization that oversees

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145 and governs [the exchange of health-related information

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- among organizations according to nationally recognized
- 147 standards.], or conducts on behalf of unaffiliated
- organizations, health information exchange activities;
- 149 (4) "Health information exchange activities", the
- 150 electronic exchange, including permitting access to or the
- 151 delivery, of individually identifiable information among
- more than two unaffiliated organizations, not including the
- 153 health information exchange itself, according to nationally
- 154 recognized standards. The following activities are not
- 155 considered "health information exchange activities":
- 156 (a) Electronic exchange of individually identifiable
- 157 information among unaffiliated organizations solely for the
- 158 purposes of an organized health care arrangement, as
- 159 described in HIPAA; and
- 160 (b) Electronic exchange of individually identifiable
- 161 information among unaffiliated organizations solely for
- 162 research purposes;
- 163 (5) "HIPAA", the Health Insurance Portability and
- Accountability Act of 1996, as amended, the Health
- 165 Information Technology for Economic and Clinical Health Act,
- as amended, and implementing regulations;
- 167 (6) "Individual", the person who is the subject of the
- 168 individually identifiable information;
- 169 (7) "Individually identifiable information", any
- 170 information that identifies an individual or with respect to
- 171 which there is a reasonable basis to believe the information
- 172 can be used to identify the individual, and includes,
- 173 without limitation, information created or generated by
- 174 health care providers, health benefit plans, organizations
- 175 providing social services or assessing social determinants
- of health, and organizations that provide services to or on

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foregoing.

177	behalf of any of the foregoing and health care
178	clearinghouses, and relates to the past, present, or future $% \left(1\right) =\left(1\right) \left(1\right) $
179	physical or mental health or condition of an individual, the
180	provision of health care to an individual, or the past,
181	present, or future payment for the provision of health care
182	to an individual;
183	(8) "Participant", an individual or entity who
184	accesses, uses, or discloses individually identifiable
185	information through a health information network, and
186	includes, without limitation, health care providers, health
187	benefit plans, organizations providing social services or
188	assessing social determinants of health, and organizations

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that provide services to or on behalf of any of the