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AN ACT

RELATING TO HEALTH; AMENDING SECTIONS OF THE HEALTH INFORMATION SYSTEM ACT TO PROVIDE FOR THE SAFE DISCLOSURE OF CERTAIN INFORMATION RELATED TO SPECIFICALLY IDENTIFIABLE DATA SOURCES; ENACTING A NEW SECTION OF THE HEALTH INFORMATION SYSTEM ACT TO ESTABLISH A HEALTH INFORMATION SYSTEM ADVISORY COMMITTEE; PROVIDING FOR THE POSTING OF INFORMATION FOR PUBLIC ACCESS.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF NEW MEXICO:

SECTION 1. Section 24-14A-3 NMSA 1978 (being Laws 1989, Chapter 29, Section 3, as amended) is amended to read:

"24-14A-3. HEALTH INFORMATION SYSTEM--CREATION--DUTIES OF DEPARTMENT.--

A. The "health information system" is created for the purpose of assisting the department, legislature and other agencies and organizations in the state's efforts in collecting, analyzing and disseminating health information to assist:

(1) in the performance of health planning and policymaking functions, including identifying personnel, facility, education and other resource needs and allocating financial, personnel and other resources where appropriate;

(2) consumers in making informed decisions regarding health care; and

1 (3) in administering, monitoring and
2 evaluating a statewide health plan.

3 B. In carrying out its powers and duties pursuant
4 to the Health Information System Act, the department shall
5 not duplicate databases that exist in the public sector or
6 databases in the private sector to which it has electronic
7 access. Every governmental entity shall provide the
8 department with access to its health-related data as needed
9 by the department. The department shall collect data from
10 data sources in the most cost-effective and efficient manner.

11 C. The department shall establish, operate and
12 maintain the health information system.

13 D. In establishing, operating and maintaining the
14 health information system, the department shall:

15 (1) obtain information on the following
16 health factors:

17 (a) mortality and natality, including
18 accidental causes of death;

19 (b) morbidity;

20 (c) health behavior;

21 (d) disability;

22 (e) health system costs, availability,
23 utilization and revenues;

24 (f) environmental factors;

25 (g) health personnel;

1 (h) demographic factors;
2 (i) social, cultural and economic
3 conditions affecting health, including language preference;
4 (j) family status;
5 (k) medical and practice outcomes as
6 measured by nationally accepted standards and quality of
7 care; and
8 (1) participation in clinical research
9 trials;
10 (2) give the highest priority in data
11 gathering to information needed to implement and monitor
12 progress toward achievement of the state health policy,
13 including determining where additional health resources such
14 as personnel, programs and facilities are most needed, what
15 those additional resources should be and how existing
16 resources should be reallocated;
17 (3) standardize collection and specific
18 methods of measurement across databases and use scientific
19 sampling or complete enumeration for collecting and reporting
20 health information;
21 (4) take adequate measures to provide health
22 information system security for all health data acquired
23 under the Health Information System Act and protect
24 individual patient and health care practitioner
25 confidentiality. The right to privacy for the individual

1 shall be a major consideration in the collection and analysis
2 of health data and shall be protected in the reporting of
3 results;

4 (5) adopt and promulgate rules necessary to
5 establish and administer the provisions of the Health
6 Information System Act, including an appeals process for data
7 sources and procedures to protect data source proprietary
8 information from public disclosure;

9 (6) establish definitions, formats and other
10 common information standards for core health data elements of
11 the health information system in order to provide an
12 integrated financial, statistical and clinical health
13 information system, including a geographic information
14 system, that allows data sharing and linking across databases
15 maintained by data sources and federal, state and local
16 public agencies;

17 (7) develop and maintain health and
18 health-related data inventories and technical documentation
19 on data holdings in the public and private sectors;

20 (8) collect, analyze and make available
21 health data to support preventive health care practices and
22 to facilitate the establishment of appropriate benchmark data
23 to measure performance improvements over time;

24 (9) establish and maintain a systematic
25 approach to the collection and storage of health data for

1 longitudinal, demographic and policy impact studies;

2 (10) use expert system-based protocols to
3 identify individual and population health risk profiles and
4 to assist in the delivery of primary and preventive health
5 care services;

6 (11) collect health data sufficient for
7 consumers to be able to evaluate health care services, plans,
8 providers and payers and to make informed decisions regarding
9 quality, cost and outcome of care across the spectrum of
10 health care services, providers and payers;

11 (12) collect comprehensive information on
12 major capital expenditures for facilities, equipment by type
13 and by data source and significant facility capacity
14 reductions; provided that for the purposes of this paragraph
15 and Section 24-14A-5 NMSA 1978, "major capital expenditure"
16 means purchases of at least one million dollars (\$1,000,000)
17 for construction or renovation of facilities and at least
18 five hundred thousand dollars (\$500,000) for purchase or
19 lease of equipment, and "significant facility capacity
20 reductions" means those reductions in facility capacities as
21 defined by the department;

22 (13) serve as a health information
23 clearinghouse, including facilitating private and public
24 collaborative, coordinated data collection and sharing and
25 access to appropriate data and information, maintaining

1 patient and client confidentiality in accordance with state
2 and federal requirements;

3 (14) collect data in the most cost-efficient
4 and effective method feasible and adopt rules that place a
5 limit on the maximum amount of unreimbursed costs that a data
6 source can incur in any year for the purposes of complying
7 with the data requirements of the Health Information System
8 Act; and

9 (15) identify disparities in health care
10 access and quality by aggregating the information collected
11 pursuant to Paragraph (1) of this subsection by population
12 subgroups to include race, ethnicity, gender and age."

13 SECTION 2. Section 24-14A-6 NMSA 1978 (being Laws 1989,
14 Chapter 29, Section 6, as amended) is amended to read:

15 "24-14A-6. HEALTH INFORMATION SYSTEM--ACCESS.--

16 A. Access to data in the health information system
17 shall be provided in accordance with regulations adopted by
18 the department pursuant to the Health Information System Act.

19 B. A data provider may obtain data it has
20 submitted to the system, as well as aggregate data, but,
21 except as provided in Subsection D of this section, it shall
22 not have access to data submitted by another provider that is
23 limited only to that provider unless that data is aggregated
24 data and publicly disseminated by the department. Except as
25 provided in Subsection D of this section, in no event may a

1 data provider obtain data regarding an individual patient
2 except in instances where the data were originally submitted
3 by the requesting provider. Prior to the release of any
4 data, in any form, data sources shall be permitted the
5 opportunity to verify the accuracy of the data pertaining to
6 that data source. Data identified in writing as inaccurate
7 shall be corrected prior to the data's release. Time limits
8 shall be set for the submission and review of data by data
9 sources, and penalties shall be established for failure to
10 submit and review the data within the established time.

11 C. Any person may obtain any aggregate data
12 publicly disseminated by the department.

13 D. Through a secure delivery or transmission
14 process, the department may share record-level data with a
15 federal agency that is authorized to collect, analyze or
16 disseminate health information. The department shall remove
17 identifiable individual or provider information from the
18 record-level data prior to its disclosure to the federal
19 agency. In providing hospital information under an agreement
20 or arrangement with a federal agency, the department shall
21 ensure that any identifiable hospital information disclosed
22 is necessary for the agency's authorized use and that its
23 disclosure meets with state and federal privacy and
24 confidentiality laws, rules and regulations."

25 SECTION 3. Section 24-14A-8 NMSA 1978 (being Laws 1989,

1 Chapter 29, Section 8, as amended) is amended to read:

2 "24-14A-8. HEALTH INFORMATION SYSTEM--
3 CONFIDENTIALITY.--

4 A. Health information collected and disseminated
5 pursuant to the Health Information System Act is strictly
6 confidential and shall not be a matter of public record or
7 accessible to the public except as provided in this section
8 and Sections 24-14A-6 and 24-14A-7 NMSA 1978. No data source
9 shall be liable for damages to any person for having
10 furnished the information to the department.

11 B. Record-level data provided to the department
12 pursuant to Section 24-14A-6 NMSA 1978 are confidential. The
13 agency that receives record-level data shall not disclose the
14 data except to the extent that they are included in a
15 compilation of aggregate data.

16 C. The individual forms, electronic information or
17 other forms of data collected by and furnished for the health
18 information system shall not be public records subject to
19 inspection pursuant to Section 14-2-1 NMSA 1978. The
20 department may release or disseminate aggregate data,
21 including those data that pertain to a specifically
22 identified hospital or other type of health facility. These
23 data shall be public records if the release of these data
24 does not violate state or federal law relating to the privacy
25 and confidentiality of individually identifiable health

