

ENROLLED ACT NO. 31, SENATE

FIFTY-SEVENTH LEGISLATURE OF THE STATE OF WYOMING
2004 BUDGET SESSION

AN ACT relating to health care; authorizing a study and development of a plan to establish a uniform statewide health care information and communications technology system; specifying duties of the Wyoming health care commission in conducting the study and plan; requiring recommendations in the plan; requiring reports; providing appropriations; and providing for an effective date.

Be It Enacted by the Legislature of the State of Wyoming:

Section 1.

(a) The Wyoming health care commission shall enter into a contract or contracts to conduct a study on health care information and communication technology in Wyoming.

(b) The commission shall appoint an information technology technical management subcommittee to provide oversight of the contractor's work from the perspective of the ultimate users of the infrastructure. The information technology technical management subcommittee shall consist of seven (7) to thirteen (13) members as determined by the health care commission. The membership shall represent all major participants in the health care delivery and reimbursement systems. A majority of the subcommittee shall be health care providers or employees of health care providers. The subcommittee shall include one (1) or more members of the public as determined by the commission. The members of the subcommittee shall be reimbursed for expenses in the same manner as members of the health care commission.

(c) The subcommittee chairman shall be appointed by the commission. State agencies shall cooperate with the

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subcommittee to the extent necessary for the subcommittee to perform its duties under this section.

(d) The subcommittee shall:

(i) Develop and issue a request or requests for proposals from health care information and communications technology contractors to perform the study, to include, but not be limited to:

(A) An organizational structure for the study;

(B) The feasibility of obtaining a governmental or private grant to assist in funding the study.

(ii) Award a contract or contracts for the performance of the study to a nationally recognized expert or experts in health care information and communications technology;

(iii) Oversee and coordinate contractor performance;

(iv) Provide quarterly progress reports to the health care commission and the joint labor, health and social services interim committee, including an interim status report due to the commission and the committee by November 15, 2004. The subcommittee's final report shall be due to the commission on September 1, 2005. The commission's final report shall review the contractor and subcommittee study and plan and make recommendations regarding implementation of a plan for creation of a health care information and communication technology system to the

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joint labor, health and social services interim committee
no later than October 15, 2005;

(v) Widely disseminate requests, including through electronic media, for the active participation of private groups and organizations in the development of the subcommittee's plan. Before submitting the final plan to the health care commission, the subcommittee shall issue drafts of the plan for public review and hold at least one (1) public meeting in a central location in the state to receive public comments on the plan.

(e) The subcommittee's plan shall include the following:

(i) Determination of the feasibility of and a plan for developing and deploying a health care information infrastructure system to be used by providers, patients and payors;

(ii) Identification at an early stage of the study of all major participants in the health care delivery and reimbursement systems who would be affected by a uniform statewide health care information technology and communications system;

(iii) Identification of organizational structures for the development of an open, flexible and interoperable technology infrastructure and for continued operation and maintenance of the recommended health care information technology system;

(iv) Analysis of existing information technology systems of health care providers, government agencies and third party payors, current national trends in the development of the systems, and the feasibility of

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incorporating existing systems into the recommended health care information technology system;

(v) Development of recommended organizational and operational documents for the recommended governance structures, such as charters, bylaws and participant contracts;

(vi) Identification of available governmental or private grants for the feasibility study or implementation of a health care information and communication technology system;

(vii) A timetable for implementation of the technology infrastructure, with an estimate of the costs that would be incurred over time separating development and implementation costs from ongoing operating and maintenance costs;

(viii) A business plan for financing the development and maintenance of the technology infrastructure, including available governmental and private grants;

(ix) Identification of potential problems and recommended solutions regarding such matters as privacy, security, federal mandates or preemption and antitrust laws;

(x) An analysis to determine the current capabilities of the public and private telecommunications systems in Wyoming to support the type and volume of data transmission required by the recommended health care information and communication technology system. Recommendations to upgrade those systems shall include methods of financing the upgrades.

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(f) The recommendations in the subcommittee's plan shall consider the following features:

(i) Provisions to guarantee security and privacy for all health care consumers, providers and other users of the system;

(ii) Provision for an interoperable personal health record, including a unique patient identifier, for all patients;

(iii) Demonstrable and measurable ability to improve the quality of health care, improve patient safety, reduce medical errors and reduce duplication of health care services;

(iv) Ability to gather, store and recall data efficiently and cost effectively;

(v) Ability for providers and patients to quickly access reliable, evidence-based and current treatment guidelines, standards and protocols and relate this information to the personal health care records;

(vi) Provisions for individual patients to interact with their personal health records for the awareness of, involvement in and responsibility for their own health and health care costs;

(vii) Ability to provide rapid, point-of-care access to medical information;

(viii) Provisions to enhance public health through such means as population based epidemiological studies, automatic notification of reportable diseases and

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maintenance of statistical databases and registries. Privacy of individuals shall be maintained in all instances where personal identification is not required for public health necessity;

(ix) Methods for financing initial and continuing system-related costs of health care providers, including the possibility of user fees;

(x) Other features considered appropriate.

Section 2. There is appropriated for fiscal year commencing July 1, 2004 four hundred thousand dollars (\$400,000.00) from the general fund to the Wyoming health care commission to procure professional services necessary to conduct a study on health care information and communication technology in Wyoming as provided in this act and for the expenses of the subcommittee. The department of health shall provide administrative support as needed. Any remaining unexpended, unobligated funds shall revert to the general fund on June 30, 2006.

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Section 3. This act is effective immediately upon completion of all acts necessary for a bill to become law as provided by Article 4, Section 8 of the Wyoming Constitution.

(END)

Speaker of the House

President of the Senate

Governor

TIME APPROVED: _____
DATE APPROVED: _____

I hereby certify that this act originated in the Senate.

Chief Clerk