



HOUSE BILL 70: Delay NC HealthConnex for Certain Providers.

2019-2020 General Assembly

Committee:	House Rules, Calendar, and Operations of the House	Date:	March 18, 2019
Introduced by:	Reps. Dobson, White, Murphy, Lambeth	Prepared by:	Samantha Yarborough* Staff Attorney
Analysis of:	Second Edition		

OVERVIEW: House Bill 70 would amend G.S. 90-414.4 to (1) extend the deadline by which providers not mentioned elsewhere in the statute have to connect to the Health Information Exchange (HIE) to June 1, 2020, (2) allow psychiatrists until June 1, 2021, before they are required to connect, (3) clarify the connection deadline for State facilities that currently do not have electronic health record systems, (4) allow DHHS to extend the connection deadline for providers making a good faith effort to connect to June 21, 2021, (5) allow DHHS to grant hardship exemptions from connecting to the HIE, and (6) make connection to the HIE voluntary for several types of providers. Finally, it would modify the membership of the HIE Advisory Board and make a technical change to G.S. 90-414.10.

CURRENT LAW: Currently, G.S. 90-414.4(a1) requires most providers who provide services to Medicaid beneficiaries to submit demographic and clinical data through the HIE by June 1, 2019. G.S. 90-414.4(a2) allows DHHS and DIT to grant extensions to most providers through June 1, 2020. All providers of Medicaid or State-funded care are required to connect to the HIE.

The current HIE Advisory Board has 12 members, including three ex-officio, non-voting members.

BILL ANALYSIS: House Bill 70 would amend G.S. 90-414.4 in the following ways:

- Extend the deadline for most providers to connect to the HIE through June 1, 2020.
- Extend the connection deadline for psychiatrists until June 1, 2021.
- Allow State psychiatric hospitals and the State Laboratory of Public Health one year from the time they implement an electronic health records system until they are required to connect to the HIE.
- Allow all providers to request an extension deadline of June 1, 2021, from DHHS.
- Allow DHHS to permanently exempt providers from connecting to the HIE. In determining whether an exemption is warranted, DHHS may consider:
 - The provider's impending retirement or closure,
 - The provider's lack of affordable access to sufficient broadband capacity,
 - The provider's inability to affordably acquire health information technology options, and
 - Whether excluding the provider from Medicaid would result in a lack of access to care for Medicaid recipients.

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- Make connection to the HIE voluntary for the following providers:
 - Respiratory, rehabilitative, restorative, assistive technology, and intellectual and developmental disability service providers.
 - Durable medical equipment providers.
 - Personal care and community alternatives program providers.
 - Home health providers.
 - School-based health providers.
 - Speech, language, and hearing service providers.
 - Hospice service providers.
 - Respite care service providers.
 - Non-emergency medical transportation services.
 - Occupational and physical therapy service providers.

House Bill 70 would also amend G.S. 90-414.8 to increase the membership of the HIE Advisory Board by two and make the State Chief Information Officer, the Director of the North Carolina Government Data Analytics Center, and the Secretary of DHHS ex-officio, voting members of the Board. They are currently ex-officio, non-voting members.

EFFECTIVE DATE: This act would be effective when it becomes law.

BACKGROUND: The North Carolina Health Information Exchange was first authorized and funded in S.L. 2015-241 (the 2015 Appropriations Act). Deadlines for certain providers were set forth in that Act. The deadlines were updated in S.L. 2017-57 (the 2017 Appropriations Act) and S.L. 2018-41.

**Jason Moran-Bates, Staff Attorney, substantially contributed to this summary.*