



HOUSE BILL 395: HIE Deadline Extension & Patient Protection.

2021-2022 General Assembly

Committee:		Date:	May 24, 2021
Introduced by:	Reps. Sasser, Potts, K. Baker, Wray	Prepared by:	Theresa Matula
Analysis of:	Fourth Edition		Committee Staff

OVERVIEW: *House Bill 395 would exempt ambulatory surgical centers from the Health Information Exchange (HIE) Network known as NC HealthConnex but require a physician who performs procedures there to be connected and to submit demographic and clinical data; extend the mandatory deadlines for certain entities to connect to the HIE Network; allow the Department of Health and Human Services to submit data on behalf of specified entities; prohibit balance billing by in-network providers and entities under the State Health Plan that have not connected to the HIE Network; require the HIE Authority to provide educational materials on how to access electronic health information; require the HIE Advisory Board to submit a report by March 1, 2022 to the Joint Legislative Oversight Committee on Health and Human Services containing recommendations regarding appropriate features or actions to support the Statewide Health Information Exchange Act; and require the HIE Authority to work with the Department of State Treasurer and the Department of Health and Human Services to identify and contact providers and entities who have not connected to the HIE in accordance with G.S. 90-414.4 and to report on the status of these by March 1, 2022.*

BILL ANALYSIS: House Bill 395 would do the following:

Section 1 provides that the Department of Information Technology; Department of State Treasurer, State Health Plan Division; and the Department of Health and Human Services, Division of Health Benefits; have an affirmative duty to facilitate and support participation by covered entities in the statewide health information exchange network.

Section 2 allows the Department of Health and Human Services, if authorized by the HIE Authority, to submit data on behalf of Prepaid Health Plans and local management entities/managed care organizations (LME/MCOs). The section also extends connection deadlines as follows:

- Extends the connection deadline for most providers of Medicaid and State-funded health care services, and affiliated entities, until January 1, 2023 (currently October 1, 2021).
- Extends the connection deadline for physicians who perform procedures at ambulatory surgical centers, dentists, psychiatrists, and the State Laboratory of Public Health until January 1, 2023 (currently June 1, 2021).
- Extends the connection deadline for pharmacies and State health care facilities operated under the Secretary of the Department of Health and Human Services (State psychiatric hospitals, developmental centers, alcohol and drug treatment centers, neuro-medical treatment center, and residential programs) until January 1, 2023 (currently June 1, 2021).

Section 3 makes a conforming change in response to the January 1, 2023 deadline changes above.

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House Bill 395

Page 2

Sections 2 and 4 removes ambulatory surgical centers, as defined in G.S. 131E-146, from the requirements to submit demographic and clinical data but requires a physician who performs a procedure at the ambulatory surgical center to be connected to the HIE Network and to submit the data.

Section 5 prohibits balance billing when an in-network provider or entity with the State Health Plan for Teachers and State Employees does not connect to the HIE Network. The section specifically provides that under the State Health Plan an in-network provider or entity who renders health care services, including prescription drugs and durable medical equipment, and who is not connected to the HIE Network is prohibited from billing the State Health Plan or a Plan member more than either party would be billed if the provider was connected to the HIE Network.

Section 6 prohibits the NC Health Information Exchange Authority from fulfilling requests for electronic health information from an individual, individual's personal representative, or an individual or entity purporting to act on an individual's behalf, and requires the Authority to provide educational materials on accessing this information from other sources.

Section 7(a) requires the Health Information Exchange Advisory Board to submit recommendations regarding appropriate features or actions to support the Statewide Health Information Exchange Act and to report on the status of entities and providers not connected to the HIE Network as identified under subsection (b) of this section, to the Joint Legislative Oversight Committee on Health and Human Services on or before March 1, 2022.

Section 7(b) requires the HIE Authority to work with the State Health Plan Division, Department of State Treasurer, and the Division of Health Benefits, Department of Health and Human Services, to identify providers and entities who have not connected to the HIE in accordance with G.S. 90-414.4 and to contact each entity or provider to ascertain their connection status and to inform them of the connection requirements. By November 1, 2021, the Department of State Treasurer, Department of Health and Human Services, and licensing boards, shall assist the HIE Authority with contact information and addresses for providers and entities.

EFFECTIVE DATE: The bill would become effective when it becomes law.