

Health Information System Act

Information is the oxygen of the modern age.

Ronald Reagan

24-14A-1. Short title.

Chapter 24, Article 14A NMSA 1978 may be cited as the "Health Information System Act".

History: Laws 1989, ch.29, § 1; 1994, ch. 59, § 2.

24-14A-2. Definitions.

As used in the Health Information System Act [this article]:

- A. "aggregate data" means data which is obtained by combining like data in a manner which precludes specific identification of a single client or provider;
- B. "commission" means the New Mexico health policy commission;
- C. "department" means the department of health;
- D. "health information" or "health data" means any data relating to health care; health status, including environmental, social and economic factors; the health system; or health costs and financing;
- E. "hospital" means any general or special hospital licensed by the department, whether publicly or privately owned;
- F. "long-term care facility" means any skilled nursing facility or nursing facility licensed by the department, whether publicly or privately owned;
- G. "data source" includes those categories of persons or entities that possess health information, including any public or private sector licensed health care practitioner, primary care clinic, ambulatory surgery center, ambulatory urgent care center, ambulatory dialysis unit, home health agency, long-term care facility, hospital, pharmacy, third party payer and any public entity that has health information; and
- H. "third party payer" means any public or private payer of health care

services and includes health maintenance organizations and health insurers.

History: Laws 1989, ch. 29, § 2; 1994, ch. 59, § 3.

24-14A-3. Health information system; creation; duties of commission.

A. The "health information system" is created for the purpose of assisting the commission, 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
3. in administering, monitoring and evaluating a statewide health plan.

B. In carrying out its powers and duties pursuant to the Health Information System Act [this article], the commission shall not duplicate databases that exist in the public sector or databases in the private sector to which it has electronic access. Every governmental entity shall provide the commission with access to its health-related data as needed by the commission. The commission shall collect data from data sources in the most cost-effective and efficient manner.

C. The commission shall establish, operate and maintain the health information system.

D. In establishing, operating and maintaining the system, the commission shall:

- (1) obtain information on the following health factors:
 - (a) mortality and natality, including accidental causes of death;
 - (b) morbidity;
 - (c) health behavior;
 - (d) disability;

- (e) health system costs, availability, utilization and revenues;
 - (f) environmental factors;
 - (g) health personnel;
 - (h) demographic factors;
 - (i) social, cultural and economic conditions affecting health;
 - (j) family status; and
 - (k) medical and practice outcomes as measured by nationally accepted standards and quality of care;
- (2) give the highest priority in data gathering to information needed to implement and monitor progress toward achievement of the state health policy, including determination where additional health resources such as personnel, programs and facilities are most needed, what those additional resources should be and how existing resources should be allocated.
- (3) standardize collection and specific methods of measurement across databases and use scientific sampling or complete enumeration for collecting and reporting health information;
- (4) take adequate measures to provide system security for all health data acquired under the Health Information System Act and protect individual patient and provider confidentiality. The right to privacy for the individual shall be a major consideration in the collection and analysis of health data and shall be protected in the reporting of results;
- (5) adopt and promulgate regulations necessary to establish and administer the provisions of the Health Information System Act, including an appeals process for data sources and procedures to protect data source proprietary information from public disclosure;
- (6) establish definitions, formats and other common information standards for core health data elements of the health information system in order to provide an integrated financial, statistical and clinical health information system, including a geographic information system, that allows data sharing and linking across databases maintained by data sources and federal, state and local public agencies;
- (7) develop and maintain health and health-related data inventories and technical documentation on data holdings in the public and private

sectors;

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

(9) establish and maintain a systematic approach to the collection and storage of health data for longitudinal, demographic and policy impact studies;

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

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

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

(13) serve as a health information clearinghouse, including facilitating private and public collaborative, coordinated data collection and sharing and access to appropriate data and information, maintaining patient and client confidentiality in accordance with state and federal requirements; and

(14) collect data in the most cost-efficient and effective method feasible and adopt regulations, after receiving recommendations from the advisory committee, that place a limit on the maximum amount of unreimbursed costs that a data source can incur in any year for the purposes of complying with the data requirements of the Health Information System Act.

History: Laws 1989, Ch. 29, § 3; 1994, ch. 59, § 4.

24-14A-3.1. Advisory Committee.

A. The commission shall establish an advisory committee to assist it in identifying data needs, reviewing data and collection and reporting procedures, reviewing costs and benefits of obtaining data and determining report formats.

B. The advisory committee shall consist of representatives of private and public data sources; consumers; state agencies that deliver or pay for health care; and professionals with expertise in areas such as epidemiology, health economics, health care financing and information systems. Members of the advisory committee shall be appointed by the commission.

C. The nonpublic voting members may receive per diem and mileage under the following conditions:

- (1) they are members who represent consumer interest;
- (2) they are individuals who were not appointed to represent the views of the organization or agency for which they work; or
- (3) they represent an organization that has a policy of not reimbursing travel expenses of employees or representatives for travel to meetings.

D. The advisory committee shall develop recommendations on:

- (1) the specific data elements and their data sources to ascertain information on:
 - (a) quality of health care services, including access, appropriateness and consumer satisfaction;
 - (b) medical and practical outcomes, based on national standards;
 - (c) health system economics and finances, such as: 1) how much money is being spent on health care in New Mexico; 2) what health care services are being purchased; 3) where health care services are being purchased, both geographically and among health care providers; 4) what health care services are being used at what rates; 5) variations in costs and billed charges for the same health care services geographically and among health care providers; 6) causes of health care inflation in New Mexico; 7) rates and causes of increase in health care spending for different health services; and 8) reasonable premiums for given packages of benefits; and

(d) the release of patient information by physicians to ensure protection of confidentiality and privacy for patients;

(2) an appropriate procedure for processing non-aggregate data for public information and a schedule for phasing in the public release of non-aggregate information so that no later than July 1, 1997 the public will have access to information on which to base health care purchasing decisions;

(3) criteria and procedures to assess the costs and benefits of collecting and submitting data and criteria to determine when data sources need not provide data or may furnish data in an alternative form, due to unreasonable cost or burden of reporting; and

(4) a common definition of "proprietary" for all data sources.

History: Laws 1994, ch. 59, § 13.

24-14A-3.2. Health information alliance.

A. The commission shall establish a health information alliance that will be broadly representative of public and private entities interested in gathering, sharing and evaluating health information and advising the commission on the design of the health information system. The health information alliance shall assist the commission in applying for grants to establish and maintain a comprehensive integrated health information system.

B. The health information alliance shall:

(1) develop a conceptual strategic plan for a coordinated and integrated statewide health information network;

(2) advise the commission on the technical development of the health information network;

(3) assist the commission with modeling for collecting, organizing, processing, analyzing and disseminating health information;

(4) serve as a neutral forum for the creative and collaborative exploration of solutions to health information needs;

(5) assist the commission in identifying and applying for potential funding sources for the development of the health information network and the health information alliance; and

(6) identify, prioritize and formulate recommendations for funding software and hardware technology and models to address short- and long-term health information needs of the state.

C. The health information alliance and the commission shall report to the appropriate interim legislative committee by August 1, 1994 and every six months thereafter on their progress in developing an integrated health information network.

History: Laws 1994, ch.59, § 14.

24-14A-4. Health information system; applicability.

A. All data sources shall participate in the health information system. Requests for health data under the Health Information System Act [this article] from a member of a data source category shall, where reasonable and equitable, be made to all members of that data source category.

B. Upon making any request for health data pursuant to the Health Information System Act, the commission shall provide reasonable deadlines for compliance and shall give notice that noncompliance may subject the person to a civil penalty pursuant to Section 24-14A-10 NMSA 1978.

C. To the extent possible, the health information system shall be established in a manner to facilitate the exchange of information with other databases, including those maintained by the Indian health service and various agencies of the federal government.

History: Laws 1989, ch.29, § 4. 1994, ch.59, § 5.

24-14A-4.1. Annual review of data needs.

At least once each year, the commission, with the recommendations of the advisory committee and health information alliance, shall review its data collection requirements to determine the relevancy of the data elements on which it collects data and review its regulations and procedures for collecting, analyzing and reporting data for efficiency, effectiveness and appropriateness. The review shall consider the cost incurred by data sources to collect and submit data.

History: Laws 1994, ch.59, § 11.

24-14A-4.2. Investigatory powers.

The commission has the right to verify the accuracy of data provided by any data source. The verification may include requiring the data sources to submit documentation sufficient to verify the accuracy of the data in question or to provide direct inspection during normal business hours of only the records and documents that pertain directly to the data in question; provided that no data source shall be required to expend more than twenty-five thousand dollars (\$25,000) each year to comply with the provisions of this section.

History: Laws 1994, ch.59, § 12.

24-14A-4.3. Agency cooperation.

All state agencies and political subdivisions shall cooperate with and assist the commission in carrying out the provisions of the Health Information System Act [this article], including sharing information and joining in any appropriate health information system.

History: Laws 1994, ch.59, § 15.

24-14A-5. Health information system; implementation; regulations.

In order to minimize the imposition of new reporting requirements on persons subject to the provisions of the Health Information System Act [this article], the regulations to the extent reasonably possible shall provide that:

- A. data shall be collected in a uniform manner;
- B. when practicable, data collection shall be through the use of a standardized billing form as required by law;
- C. other health data required to be submitted may include:
 - (1) data that would customarily be collected in the ordinary course of business for the data source;
 - (2) annual audited financial statements customarily prepared by a data source;
 - (3) information on major capital expenditures;
 - (4) data established by regulation to be collected to carry out the requirements of the Health Information System Act; and

(5) data required to be collected by other state or federal laws; and

D. annual surveys or collection of data may be used as an alternative to collection of health data from some health service providers to the extent it can be shown that the information collected will meet validity and quality standards.

History: Laws 1989, ch.29, § 5. 1994, ch.59, § 6.

24-14A-6. Health information system; access.

A. Access to data in the health information system shall be provided in accordance with regulations adopted by the commission pursuant to the Health Information System Act [this article].

B. A data provider may obtain data it has submitted to the system, as well as aggregate data, but it may not access data submitted by another provider which is limited only to that provider. In no event may a data provider obtain data regarding an individual patient except in instances where that data was originally submitted by the requesting provider. Prior to the release of any data, in any form, data sources shall be permitted the opportunity to verify the accuracy of the data pertaining to that data source. Any data identified in writing as inaccurate shall be corrected prior to the data's release. Time limits shall be set for the submission and review of data by data sources and penalties shall be established for failure to submit and review the data within the established time.

C. Any person may obtain any aggregate data.

History: Laws 1989, ch.29, § 6. 1994, ch.59, § 7.

24-14A-7. Health information system; reports.

A. A report in printed format that provides information of use to the general public shall be produced annually. The report shall be made available upon request. The commission may make the report available on tape or other electronic format.

B. The commission shall provide an annual report of its activities, including health care system statistics, to the legislature. The report shall be submitted by November 15 each year.

History: Laws 1989, ch.29, § 7. 1994, ch.59, § 8.

24-14A-8. Health information system; confidentiality.

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

B. The individual forms, computer tapes or other forms of data collected by and furnished for the health information system shall not be public records to inspection pursuant to Section 14-2-1 NMSA 1978. Compilations of aggregate data prepared for release or dissemination from the data collected, except for a report prepared for an individual data provider containing information concerning only its transactions, shall be public records.

History: Laws 1989, ch.29, § 8. 1994, ch.59, § 9.

24-14A-9. Health information system; fees.

Except for the annual reports required pursuant to the Health Information System Act [this article], the commission may collect a fee of up to one hundred dollars (\$100) per hour to offset partially the costs of producing public-use data aggregations or data for single use special studies. Entities contributing data to the system shall be charged reduced rates. Rates shall be established by regulation and shall be reviewed annually. Fees collected pursuant to this section are appropriated to the commission to carry out the provisions of the Health Information System Act.

History: Laws 1989, ch.29, § 9. 1994, ch.59, § 10.

24-14A-10. Health information system; violation; civil penalty.

A It is unlawful for any person subject to the data reporting requirements of the Health Information System Act [this article] and the regulations adopted pursuant to that act not to comply with any of those requirements.

B. A civil action may be brought in the name of the state alleging a violation of Subsection A of this section and a petition may be made to the district court for temporary or permanent injunctive relief. In any such action, if the court finds that a person has willfully violated Subsection A of this section, upon petition to the court there may be recovered on behalf of the state a civil penalty not to exceed one

thousand dollars (\$1,000).

History: Laws 1989, ch.29, § 10.