

**MINUTES OF THE APRIL 3, 2013 MEETING
OF THE REGIONAL HIE WORKGROUP OF THE BOARD OF THE
ILLINOIS HEALTH INFORMATION EXCHANGE AUTHORITY**

The Regional HIE Workgroup (“Workgroup”) of the Board of Directors (“Board”) of the Illinois Health Information Exchange Authority (“Authority”), pursuant to notice duly given, held a meeting at 3:00 p.m. on April 3, 2013 at the James R. Thompson Center, 100 W. Randolph St., Chicago, Illinois 60601, with a telephone conference call capability.

<u>Appointed Workgroup Members Present:</u> Mr. David Holland (by phone) Dr. Nancy Newby (by phone) Dr. Cheryl Whitaker (by phone)	<u>OHIT Staff Present:</u> Raul Recarey, Mark Chudzinski, Krysta Heaney (by phone), Sonia Bhagwakar, Daniel Procyk
<u>Invited Guests:</u> Aaron Brooks, Esq. Charles Cox Joy Duling, Central Illinois Health Information Exchange Peter Ingram, Sinai Health System Phil Wasson, TriRivers Health Partners	<u>Invited Guests:</u> Mark Deaton, Illinois Hospital Association Vincent D. Keenan, Illinois Academy of Family Physicians Marvin Lindsey, Community Behavioral Health Association of Illinois Meryl Camin Sosa, Illinois Psychiatric Society

Call to Order and Roll Call

Mr. Mark Chudzinski, as Secretary to the Board, welcomed the appointed members of the Workgroup as well as the invited guests. Mr. Chudzinski confirmed the presence of the participants noted above, and the ability of those participating by conference telephone to clearly hear and participate. There were no objections expressed to the participation of Workgroup members by electronic means.

Approval of Minutes

The minutes of the Workgroup meeting, that took place on May 31, 2012, were approved.

Regulatory and Legislative Update

Mr. Mark Chudzinski, General Counsel of OHIT, provided an overview of HB1017, which was passed unanimously by the Illinois House on March 8, 2013, and has been sent to the Illinois Senate for consideration. The bill amends the Illinois Mental Health Confidentiality Act to create an exception for the electronic transfer of patient mental health records to an HIE without prior patient consent, but provides that patients be given an opportunity to “opt-out” from further disclosure of their record by an HIE. The bill has received the endorsement of ten (10) stakeholder healthcare organizations involved with mental health services, but has also been opposed by several organizations with concerns regarding the

operational details of patient “opt-out” rights and the nature and content of the “meaningful disclosure” which patients are to receive to enable them to exercise their “opt-out” rights.

Following the passage of the bill in the Illinois House, concerns were raised by a few regional health information exchanges regarding exactly which HIEs would enjoy the benefits of the HIE exception being created pursuant to HB1017. The bill currently defines “HIE” as being the state-level ILHIE, and any health information organization which the ILHIE Authority “approves or certifies”. Mr. Mark Deaton, General Counsel of the Illinois Hospital Association, advised that he was in contact with various parties that expressed concerns. He noted two principal concerns. First, rulemaking by State agencies is customarily a lengthy process, usually from 6 to 12 months; rather than require lengthy ILHIE Authority involvement in determining whether certain HIEs qualify for “approval”, can the text of HB1017 grant “HIE” status immediately to entities that are identified or that meet specific criteria set out in the bill? Secondly, rulemaking by State agencies is subjective and thus uncertain; can HB1017 specify the criteria that the ILHIE Authority must apply in determining if an HIE is “approved”? Mr. Deaton will be exploring with all interested parties potential solutions to their concerns.

Operations Update

Mr. Raul Recarey, Executive Director of the ILHIE Authority, addressed the anticipated business relationship between the state-level ILHIE and the regional HIEs. While a fee schedule for the services to be offered by the ILHIE has yet to be published, he advised that it is not his intent to establish ILHIE fees at a level which creates an incentive for healthcare providers to by-pass available regional HIE connectivity in favor of directly connecting to the state-level ILHIE.

Establish Quarterly meeting schedule

It was proposed that the meetings of the Regional HIE Workgroup be scheduled in advance for no less frequently than quarterly, and that the membership of the Workgroup be increased to include a representative from each of the regional HIEs.

Public Comment

Several members of the public expressed support for HB1017. A definitive description of what constitutes a regional HIE was requested.

Adjournment

The meeting was adjourned at 4:12 p.m.

Minutes submitted by: Daniel Procyk, Esq.