

By: Representatives Reed, Mayo, Scott, Clark To: Public Health and Human Services

HOUSE BILL NO. 1023

1 AN ACT TO AMEND SECTION 41-63-4, MISSISSIPPI CODE OF 1972, TO
2 REVISE THE REGISTRY PROGRAM OF THE CONDITION AND TREATMENT OF
3 PERSONS SEEKING MEDICAL CARE THAT IS ADMINISTERED BY THE STATE
4 DEPARTMENT OF HEALTH; TO EXPAND THE COVERAGE OF THE PROGRAM TO
5 INCLUDE DATA FROM LICENSED HEALTH CARE PROVIDERS DESIGNATED BY THE
6 STATE BOARD OF HEALTH; TO REQUIRE THE SUBMISSION OF PATIENT DATA
7 TO THE MISSISSIPPI HOSPITAL ASSOCIATION OR THE DEPARTMENT AFTER
8 EACH CALENDAR QUARTER; TO CREATE A STATE HEALTH DATA ADVISORY
9 COMMITTEE TO ADVISE AND MAKE RECOMMENDATIONS TO THE BOARD
10 REGARDING RULES AND REGULATIONS PROMULGATED UNDER THIS SECTION; TO
11 PROVIDE THAT THE DEPARTMENT SHALL ACCEPT DATA SUBMITTED BY THE
12 MISSISSIPPI HOSPITAL ASSOCIATION ON BEHALF OF HOSPITALS BY
13 ENTERING INTO AN AGREEMENT WITH THE ASSOCIATION TO OBTAIN THE DATA
14 REQUIRED UNDER THIS SECTION; TO PROVIDE FOR CIVIL PENALTIES FOR
15 RELEASING DATA IN VIOLATION OF THIS SECTION AND FOR FAILURE TO
16 SUPPLY THE DATA REQUIRED UNDER THIS SECTION; TO AUTHORIZE THE
17 BOARD TO SET FEES AND CHARGES WITH REGARD TO THE COLLECTION AND
18 COMPILATION OF DATA AND FOR THE DISSEMINATION OF DATA; TO CREATE A
19 SPECIAL FUND IN THE STATE TREASURY FOR DEPOSIT OF THE REVENUE
20 DERIVED FROM THE FEES IMPOSED IN THIS SECTION; AND FOR RELATED
21 PURPOSES.

22 BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF MISSISSIPPI:

23 **SECTION 1.** Section 41-63-4, Mississippi Code of 1972, is
24 amended as follows:

25 41-63-4. (1) In order to improve the quality and efficiency
26 of medical care, the State Department of Health shall design and
27 establish a registry program of the condition and treatment of
28 persons seeking medical care that will provide the following:

29 (a) Information in a central data bank system of
30 accurate, precise and current information regarding the diagnostic
31 services and therapeutic services for medical diagnosis, treatment
32 and care of injured, disabled or sick persons, or rehabilitation
33 services for the rehabilitation of injured, disabled or sick
34 persons provided by licensed health care providers designated by
35 the State Board of Health;



36 (b) Collection of that data;
37 (c) Dissemination of that data; and
38 (d) Analysis of that data for the purposes of the
39 evaluation and improvement of the quality and efficiency of
40 medical care provided in a health care facility.

41 (2) The State Board of Health shall adopt rules, regulations
42 and procedures to govern the operation of the registry program and
43 to carry out the intent of this section.

44 (3) At a minimum, the board shall require that each
45 hospital, free-standing ambulatory surgical facility and
46 outpatient diagnostic imaging center shall submit patient data as
47 defined by the board to the Mississippi Hospital Association or
48 the department within sixty (60) days after the close of each
49 calendar quarter for all patients that were discharged or died
50 during that quarter.

51 (4) (a) There is created a State Health Data Advisory
52 Committee to advise and make recommendations to the board
53 regarding rules and regulations promulgated under this section.
54 The committee shall consist of the following members:

55 (i) A representative of the Mississippi Hospital
56 Association appointed by the association;

57 (ii) A representative of the Mississippi State
58 Medical Association appointed by the association;

59 (iii) A representative of the Mississippi Nurses
60 Association appointed by the association;

61 (iv) A health researcher appointed by the Board of
62 Trustees of State Institutions of Higher Learning;

63 (v) A representative of the State Department of
64 Health appointed by the State Health Officer;

65 (vi) A consumer representative who is not
66 professionally involved in the purchase, provision,
67 administration, or utilization review of health care or insurance
68 appointed by the Governor;



69 (vii) A representative of a third-party payer
70 appointed by the Governor;

71 (viii) A member who is not professionally involved
72 in the purchase, provision, administration, or utilization review
73 of health care or insurance and who has expertise in health
74 planning, health economics, health policy, or health information
75 systems appointed by the Governor; and

76 (ix) A member of the business community appointed
77 by the Governor.

78 (b) Committee members shall serve until a successor is
79 appointed.

80 (c) Committee members shall elect a chairman and vice
81 chairman and adopt by-laws.

82 (d) The department shall provide staff assistance as
83 needed to the committee.

84 (5) (a) The * * * department * * * shall specify the types
85 of information to be provided to the registry. The State Health
86 Data Advisory Committee shall advise the department on the
87 content, format, frequency and transmission of the data to be
88 provided.

89 (b) Data elements required to be submitted must comply
90 with current national standards recommended by the National
91 Uniform Billing Committee, the National Committee on Vital Health
92 Statistics, or similar national standards setting body.

93 * * *

94 (6) The department shall accept data submitted by the
95 Mississippi Hospital Association on behalf of hospitals by
96 entering into a binding agreement negotiated with the association
97 to obtain data required under this section. A health care
98 provider shall submit the required information to the department:

99 (a) If the provider does not submit the required data
100 through the Mississippi Hospital Association;



101 (b) If no binding agreement has been reached within
102 ninety (90) days from the effective date of this act between the
103 department and the Mississippi Hospital Association; or

104 (c) If a binding agreement has expired for more than
105 ninety (90) days.

106 (7) The information, data and records shall not divulge the
107 identity of any patient.

108 (8) Submission of information to and use of information by
109 the department in accordance with this section shall be considered
110 a permitted disclosure for uses and disclosures required by law
111 and for public health activities under the Health Insurance
112 Portability and Accountability Act and the Privacy Rules
113 promulgated thereunder at 45 CFR Sections 164.512(a) and (b).

114 (9) Notwithstanding any conflicting statute, court rule or
115 other law, the data maintained in the registry shall be
116 confidential and shall not be subject to discovery or introduction
117 into evidence in any civil action. However, information and data
118 otherwise discoverable or admissible from original sources are not
119 to be construed as immune from discovery or use in any civil
120 action merely because they were provided to the registry.

121 (10) The department shall assure that public use data are
122 made available and accessible to interested persons in accordance
123 with the rules and regulations promulgated by the board.

124 (11) A person who knowingly or negligently releases data in
125 violation of this section is liable for a civil penalty of not
126 more than Ten Thousand Dollars (\$10,000.00).

127 (12) A person or organization who fails to supply data
128 required under this section is liable for a civil penalty of Five
129 Cents (5¢) for each record for each day the submission is
130 delinquent. A submission is delinquent if the department does not
131 receive it within thirty (30) days after the date the submission
132 was due. If the department receives the submission in incomplete
133 form, the department shall notify the provider and allow fifteen



134 (15) additional days to correct the error. The notice shall
135 provide the provider an additional fifteen (15) days to submit the
136 data before the imposition of any civil penalty. The maximum
137 civil penalty for a delinquent submission is Ten Dollars (\$10.00)
138 for each record. The department shall issue an assessment of the
139 civil penalty to the provider. The provider has a right to an
140 informal conference with the department, if the provider requests
141 the conference within thirty (30) days of receipt of the
142 assessment. After the informal conference or, if no conference is
143 requested, after the time for requesting the informal conference
144 has expired, the department may proceed to collect the penalty.
145 In its request for an informal conference, the provider may
146 request the department to waive the penalty. The department may
147 wave the penalty in cases of an act of God or other acts beyond
148 the control of the provider. Waiver of the penalty is in the sole
149 discretion of the department.

150 (13) The board shall have the authority to set fees and
151 charges with regard to the collection and compilation of data
152 requested for special reports and for the dissemination of data.
153 The revenue derived from the fees imposed in this section shall be
154 deposited by the Department of Health in a special fund that is
155 created in the State Treasury, which is earmarked for use by the
156 department in conducting its activities under this section.

157 **SECTION 2.** This act shall take effect and be in force from
158 and after July 1, 2008.

