

PUBLIC HEALTH CODE (EXCERPT)
Act 368 of 1978
PART 25.
HEALTH INFORMATION TECHNOLOGY

333.2501 Definitions.

Sec. 2501.

As used in this part:

- (a) "Commission" means the health information technology commission created under section 2503.
- (b) "Department" means the department of community health.

History: Add. 2006, Act 137, Imd. Eff. May 12, 2006

Compiler's Notes: For creation of department of health and human services and abolishment of department of community health, see E.R.O. No. 2015-1, compiled at MCL 400.227.

Popular Name: Act 368

333.2503 Health information technology commission; creation; membership; appointment; representation; terms; vacancy; removal; election of chairperson and officers; meetings; conduct of business at public meeting; availability of writings; participation of professionals and advisors; compensation.

Sec. 2503.

(1) The health information technology commission is created within the department to facilitate and promote the design, implementation, operation, and maintenance of an interoperable health care information infrastructure in this state. The commission shall consist of 13 members appointed by the governor in accordance with subsection (2) as follows:

- (a) The director of the department or his or her designee.
- (b) The director of the department of information technology or his or her designee.
- (c) One individual representing a nonprofit health care corporation operating pursuant to the nonprofit health care corporation reform act, 1980 PA 350, MCL 550.1101 to 550.1703.
- (d) One individual representing hospitals.
- (e) One individual representing doctors of medicine.
- (f) One individual representing doctors of osteopathic medicine and surgery.
- (g) One individual representing purchasers or employers.
- (h) One individual representing the pharmaceutical industry.
- (i) One individual representing schools of medicine in Michigan.
- (j) One individual representing the health information technology field.
- (k) One individual representing pharmacists.
- (l) One individual representing health plans or other third party payers.
- (m) One individual representing consumers.

(2) Of the members appointed under subsection (1), there shall be representatives from both the public and private sectors. In order to be appointed to the commission, each individual shall have experience and expertise in at least 1 of the following areas and each of the following areas shall be represented on the commission:

- (a) Health information technology.
- (b) Administration of health systems.
- (c) Research of health information.
- (d) Health finance, reimbursement, and economics.
- (e) Health plans and integrated delivery systems.
- (f) Privacy of health care information.
- (g) Medical records.
- (h) Patient care.
- (i) Data systems management.
- (j) Mental health.

(3) A member of the commission shall serve for a term of 4 years or until a successor is appointed. Of the members first appointed after the effective date of the amendatory act that added this part, 3 shall be appointed for

a term of 1 year, 3 shall be appointed for a term of 2 years, 3 shall be appointed for a term of 3 years, and 4 shall be appointed for a term of 4 years. If a vacancy occurs on the commission, the governor shall make an appointment for the unexpired term in the same manner as the original appointment. The governor may remove a member of the commission for incompetency, dereliction of duty, malfeasance, misfeasance, or nonfeasance in office, or any other good cause.

(4) At the first meeting of the commission, a majority of the members shall elect from its members a chairperson and other officers as it considers necessary or appropriate. After the first meeting, the commission shall meet at least quarterly, or more frequently at the call of the chairperson or if requested by a majority of the members. A majority of the members of the commission appointed and serving constitute a quorum for the transaction of business at a meeting of the commission.

(5) Any business that the commission may perform shall be conducted at a public meeting held in compliance with the open meetings act, 1976 PA 267, MCL 15.261 to 15.275. The commission shall give public notice of the time, date, and place of the meeting in the manner required by the open meetings act, 1976 PA 267, MCL 15.261 to 15.275.

(6) The commission shall make available a writing prepared, owned, used, in the possession of, or retained by the commission in the performance of an official function as the commission to the public in compliance with the freedom of information act, 1976 PA 442, MCL 15.231 to 15.246.

(7) The commission shall ensure adequate opportunity for the participation of health care professionals and outside advisors with expertise in health information privacy, health information security, health care quality and patient safety, data exchange, delivery of health care, development of health information technology standards, or development of new health information technology by appointing advisory committees, including, but not limited to, advisory committees to address the following:

(a) Interoperability, functionality, and connectivity, including, but not limited to, uniform technical standards, common policies, and common vocabulary and messaging standards.

(b) Security and reliability.

(c) Certification process.

(d) Electronic health records.

(e) Consumer safety, privacy, and quality of care.

(8) Members of the commission shall serve without compensation.

History: Add. 2006, Act 137, Imd. Eff. May 12, 2006

Popular Name: Act 368

333.2505 Commission; duties; strategic plan.

Sec. 2505.

(1) The commission shall do each of the following:

(a) Develop and maintain a strategic plan in accordance with subsection (2) to guide the implementation of an interoperable health information technology system that will reduce medical errors, improve quality of care, and produce greater value for health care expenditures.

(b) Identify critical technical, scientific, economic, and other critical issues affecting the public and private adoption of health information technology.

(c) Provide recommendations on policies and measures necessary to achieve widespread adoption of health information technology.

(d) Increase the public's understanding of health information technology.

(e) Promote more efficient and effective communication among multiple health care providers, including, but not limited to, hospitals, physicians, payers, employers, pharmacies, laboratories, and any other health care entity.

(f) Identify strategies to improve the ability to monitor community health status.

(g) Develop or design any other initiatives in furtherance of the commission's purpose.

(h) Annually, report and make recommendations to the chairpersons of the standing committees of the house of representatives and senate with jurisdiction over issues pertaining to community health and information technology, the house of representatives and senate appropriations subcommittees on community health and information technology, and the senate and house fiscal agencies.

(i) Perform any and all other activities in furtherance of the above or as directed by the department or the department of information technology, or both.

(2) The strategic plan developed pursuant to subsection (1)(a) shall include, at a minimum, each of the following:

- (a) The development or adoption of health care information technology standards and strategies.
- (b) The ability to base medical decisions on the availability of information at the time and place of care.
- (c) The use of evidence-based medical care.
- (d) Measures to protect the privacy and security of personal health information.
- (e) Measures to prevent unauthorized access to health information.
- (f) Measures to ensure accurate patient identification.
- (g) Methods to facilitate secure patient access to health information.
- (h) Measures to reduce health care costs by addressing inefficiencies, redundancy in data capture and storage, medical errors, inappropriate care, incomplete information, and administrative, billing, and data collection costs.
- (i) Incorporating health information technology into the provision of care and the organization of the health care workplace.
- (j) The ability to identify priority areas in which health information technology can provide benefits to consumers and a recommended timeline for implementation.
- (k) Measurable outcomes.

History: Add. 2006, Act 137, Imd. Eff. May 12, 2006

Popular Name: Act 368

333.2507 Personal liability of commission or commission members.

Sec. 2507.

The commission or a member of the commission shall not be personally liable for any action at law for damages sustained by a person because of an action performed or done by the commission or a member of the commission in the performance of their respective duties in the administration and implementation of this part.

History: Add. 2006, Act 137, Imd. Eff. May 12, 2006

Popular Name: Act 368

333.2511 Healthcare information technology and infrastructure development fund; administration; use; authority of director or commission to accept money or make expenditures; prohibited conduct by commission members; conflict of interest; annual report.

Sec. 2511.

(1) There is established in the department the healthcare information technology and infrastructure development fund to be administered by the commission for the purpose of promoting the development and adoption of healthcare information technologies designed to improve the quality, safety, and efficiency of healthcare services.

(2) Money in the fund shall be used for established regional health information organizations and other projects authorized by the commission and may be expended by contract, loan, or grant, to develop, maintain, expand, and improve the state's healthcare information technology infrastructure and to assist healthcare facilities and health service providers in adopting healthcare information technologies shown to improve healthcare quality, safety, or efficiency. The commission shall develop criteria for the selection of projects to be funded from the fund and criteria for eligible regional health information organizations and healthcare information technology and infrastructure projects to be funded under this part.

(3) The director is authorized to accept any grant, devise, bequest, donation, gift, services in kind, assignment of money, bonds, or money appropriated by the legislature or received from insurers, for deposit in and credit of the fund. The commission is authorized to expend from the healthcare information technology and infrastructure development fund any money deposited into the fund for the purposes set forth in subsection (2). Money in the fund at the close of the fiscal year shall remain in the fund and shall not lapse to the general fund.

(4) Notwithstanding any provision of its articles of incorporation, bylaws, or other enabling documents or laws to the contrary, a health insurer, health maintenance organization, health plan, or nonprofit health care corporation is authorized to allocate sums of money derived from the collections of premiums to the healthcare information technology and infrastructure development fund. The commission is authorized to approve projects which are in

conformance with this section.

(5) A member of the commission shall not make, participate in making, or in any way attempt to use his or her position as a member of the commission to influence a decision regarding a loan, grant, investment, or other expenditure under this part to his or her employer. A member, employee, or agent of the commission shall not engage in any conduct that constitutes a conflict of interest and shall immediately advise the commission in writing of the details of any incident or circumstances that may present the existence of a conflict of interest with respect to the performance of the commission-related work or duty of the member, employee, or agent of the commission. A member who has a conflict of interest related to any matter before the commission shall disclose the conflict of interest before the commission takes any action with respect to the matter, which disclosure shall become a part of the record of the commission's official proceedings. The member with the conflict of interest shall refrain from doing all of the following with respect to the matter that is the basis of the conflict of interest:

- (a) Voting in the commission's proceedings related to the matter.
- (b) Participating in the commission's discussion of and deliberation on the matter.
- (c) Being present at the meeting when the discussion, deliberation, and voting on the matter take place.
- (d) Discussing the matter with any other commission member.

(6) Failure of a member to comply with subsection (5) constitutes misconduct in office subject to removal under section 2503.

(7) When authorizing expenditures and investments under this part, the commission shall not consider whether a recipient has made a contribution or expenditure under the Michigan campaign finance act, 1976 PA 388, MCL 169.201 to 169.282. Expenditures under this part shall not be used to finance or influence political activities.

(8) The commission shall prepare and issue an annual report not later than January 30 of each year outlining in specific detail the amount of funds spent from the fund in the previous year, a status report on the projects funded, progress to date in implementing a statewide healthcare information infrastructure, and recommendations for future investments and projects.

History: Add. 2006, Act 459, Imd. Eff. Dec. 20, 2006

Popular Name: Act 368