

[20 Ill. Comp. Stat. §§ 3934/1 through 3934/15.]

§§ 3934/1 through 3934/15: Electronic Health Records Taskforce Act

§ 1. Short title.

This Act may be cited as the Electronic Health Records Taskforce Act.

§ 5. Electronic Health Records Taskforce established.

There is hereby created the Electronic Health Records Taskforce, hereinafter referred to as the EHR Taskforce. The EHR Taskforce shall be convened by the Department of Public Health, in coordination with the Department of Public Aid and the Department of Human Services.

§ 10. Taskforce duties; membership.

(a) The EHR Taskforce shall create a plan for the development and utilization of electronic health records (EHR) in the State in order to improve the quality of patient care, increase the efficiency of health care practice, improve safety, and reduce health care errors. The EHR plan shall provide policy guidance for application for federal, State, or private grants to phase in utilization of EHR by health care providers.

(b) The Taskforce shall include representatives of physicians, hospitals, pharmacies and long-term health care facilities, academic health care centers, payors, patients and consumers, and information technology providers.

(c) The Taskforce shall prepare and submit a report on the EHR plan to the General Assembly by December 31, 2006.

§ 15. EHR plan.

The EHR plan shall include, but not be limited to, a consideration of all of the following:

(1) key components of and standards for comprehensive EHR systems for recording, storing, analyzing and accessing patient health information, assisting with health care decision-making and quality assurance, and providing for online health care;

(2) consistent data elements, definitions, and formats that should be incorporated in EHR systems;

(3) analysis of costs and benefits in implementing EHR by various types and sizes of health care providers;

(4) survey of equipment, technical assistance, and resources that would be necessary to assist smaller health care providers with EHR implementation and utilization;

(5) standards, technology platforms, and issues related to patient access to their individual medical and health data;

(6) a potential phase-in plan for implementing EHR by health care providers throughout Illinois; and

(7) patient privacy, security, and compliance with applicable rules set forth in the federal Health Insurance Portability and Accountability Act of 1996 (HIPAA).