§ 18.23.300. Creation of health information exchange system: Electronic Health Information Exchange System

(a) The department shall establish and implement a statewide electronic health information exchange system and ensure the interoperability and compliance of the system with state and federal specifications and protocols for exchanging health records and data.

(b) The system established under this section must
   (1) include infrastructure planning that involves
      (A) the designation by the commissioner of a qualified entity or combination of qualified entities in the state that
         (i) has an advisory or governing body made up of health system stakeholders that include members identified under (d) of this section;

         (ii) applies for available federal and state funding for planning and implementation of the system authorized by the commissioner;

         (iii) submits an annual budget for approval of the commissioner;

         (iv) complies with nondiscrimination and conflict of interest policies;

         (v) meets and complies with federal and state health information policies and standards;

         (vi) provides cost and cost saving data associated with the development and use of the system to the department;

      (B) the development of statewide infrastructure to support the electronic health information exchange system established under this section and to connect electronic health records to the infrastructure;

      (C) the development of a statewide technology plan, with the participation of identified stakeholders, to promote the implementation and sustained use by public and private health care payors and providers of electronic health records and the system established under this section in order to ensure interoperability among government-operated health information systems and other public and private health information and reporting systems;

      (D) the development of policies and standards, consistent with federal and state law, to safeguard the privacy and security of health information;

      (E) the development of a training and workforce development plan for implementing and serving the
system;

(F) an estimate of costs of the hardware, software, services, and support needed to implement and maintain the technical infrastructure; and

(2) include implementation measures that
(A) provide for installation and training on the use of the system;

(B) set out a plan to encourage health care provider, payor, and patient use of electronic records over a sustained period of time;

(C) provide support to providers for workflow redesign, quality improvement, and care management services;

(D) provide for participation by all identified stakeholders in the planning and implementation of the system;

(E) comply with federal and state health information policies; and

(F) provide for periodic evaluation and improvement of the system.

(c) The department may enter into contracts, seek and accept available federal and private funds and equipment, and adopt regulations necessary to carry out the purposes of this section.

(d) The designee under (b)(1)(A) of this section may be a private for-profit or nonprofit entity or entities under contract with the state. The advisory or governing body of the designee must include
(1) the commissioner;

(2) eight other individuals, each of whom represents one of the following interests:
(A) hospitals and nursing home facilities;

(B) private medical care providers;

(C) community-based primary care providers;

(D) federal health care providers;

(E) Alaska tribal health organizations;

(F) health insurers;

(G) health care consumers;

(H) employers or businesses; and
(3) two nonvoting liaison members who shall serve to enhance communication and collaboration between the designee and both the Board of Regents of the University of Alaska and the commission established in the governor’s office to review health care policy.