

JAN 22 2008

A BILL FOR AN ACT

RELATING TO THE HAWAII PUBLIC HEALTH EMERGENCY SURVEILLANCE
SYSTEM.

BE IT ENACTED BY THE LEGISLATURE OF THE STATE OF HAWAII:

1 SECTION 1. According to the Centers for Disease Control,
2 "syndromic surveillance" applies to surveillance using health-
3 related data that precede diagnosis and signal a sufficient
4 probability of a case or an outbreak to warrant further public
5 health response. Traditional disease surveillance protocols
6 wait for a physician or laboratory diagnosis before alerting
7 public health officials to a potential outbreak. Waiting for a
8 diagnosis can delay the onset of an investigation by several
9 days--days during which a potential disease host can infect
10 individuals in the public or within a healthcare facility. The
11 goal of a syndromic surveillance system is to detect an outbreak
12 and stop the spread of illness without having to wait for a
13 clinical diagnosis.

14 In 2007, the director of health conducted a feasibility
15 assessment to determine the value of implementing a syndromic
16 surveillance system in the State of Hawaii. The director
17 determined the following:

1 1. Syndromic surveillance saves lives. The current
2 influenza plan for the State of Hawaii estimates that, at a
3 twenty per cent infection rate, a pandemic would result in
4 nearly one thousand in-hospital deaths. This increase in
5 mortality would occur during a surge of admissions that would
6 correspond with a likely loss of up to twenty-five per cent of
7 healthcare workers due to illness and other factors.

8 A recent Centers for Disease Control strategy document
9 suggests that early intervention will greatly reduce the impacts
10 of a surge so existing health care facilities can deal with the
11 volume of cases while decreasing morbidity and mortality.

12 2. Syndromic surveillance protects the economy. The World
13 Bank estimated that a pandemic could cost the world economy
14 between \$800,000,000,000 and \$2,000,000,000,000. Hawaii could
15 suffer losses of over six per cent in gross domestic product due
16 to the consequences of quarantine and social distancing as well
17 as a commensurate decrease in tourism.

18 3. Syndromic surveillance can detect outbreaks that other
19 surveillance methods may miss. An article published in Advances
20 in Disease Surveillance, a peer reviewed journal, (Operational
21 Considerations and Early Successes with a Statewide Public
22 Health Surveillance System, Wade et al, 2007;2:123; see

1 www.isdsjournal.org/article/view/879/760) provides specific
2 cases where a syndromic surveillance system in Indiana picked up
3 events that were not otherwise reported. These included a case
4 of carbon monoxide exposure and an outbreak of food-borne
5 illness.

6 4. Syndromic surveillance can detect outbreaks earlier
7 than laboratory and diagnostic surveillance. An article
8 published in *Advances in Disease Surveillance*, (Syndromic
9 Surveillance and Influenza-like Illness in Georgia, Murray et
10 al, 2007;4:179; see www.isdsjournal.org/article/view/2082/1650)
11 declared that "[emergency department]-based [syndromic
12 surveillance] is able to better and more quickly characterize
13 the influenza season in Georgia than other existing [influenza
14 like illness] surveillance systems." This conclusion was based
15 on a system that includes "laboratory surveillance for influenza
16 viruses, sentinel providers that report [influenza like
17 illness], pneumonia and influenza mortality, influenza-
18 associated hospitalizations, and influenza-associated pediatric
19 deaths."

20 The purpose of this Act is to require hospitals to
21 participate in a department of health electronic health

1 surveillance system to protect the public health and the safety
2 of the people of Hawaii.

3 SECTION 2. Chapter 321, Hawaii Revised Statutes, is
4 amended by adding a new part to be appropriately designated and
5 to read as follows:

6 **"PART . HAWAII PUBLIC HEALTH EMERGENCY SURVEILLANCE SYSTEM**

7 **§321- Emergency department data reporting.** (a) To help
8 ensure the protection of public health, the director of health
9 shall develop a syndromic surveillance program with hospital
10 emergency departments in order to detect and investigate public
11 health threats that may result from (1) an epidemic or
12 infectious, communicable, or other disease or (2) a terrorist
13 incident using nuclear, biological, or chemical agents. The
14 director shall specify the data to be reported by hospitals
15 pursuant to this program, consistent with the requirements of
16 this section.

17 (b) Each hospital shall submit electronically available
18 emergency department data as specified by rule adopted by the
19 department. The department, in consultation with hospitals,
20 shall establish by rule a schedule for the implementation of full
21 electronic reporting capability of all data elements by all
22 hospitals. The schedule shall take into consideration the number

1 of data elements already reported by the hospital, the hospital's
2 capacity to maintain electronically the remaining elements,
3 available funding, and other relevant factors.

4 (c) For the purposes of this part, none of the following
5 data for patients or their relatives, employers, or household
6 members may be collected by the director: social security
7 numbers; health plan beneficiary numbers; account numbers;
8 certificate or license numbers; vehicle identifiers and serial
9 numbers, including license plate numbers; device identifiers and
10 serial numbers; web universal resource locators; internet
11 protocol address numbers; biometric identifiers, including
12 finger and voice prints; and full face photographic images and
13 any comparable images.

14 (d) The director shall collect protected health
15 information not prohibited above in subsection (b). This
16 information includes, but is not limited to, name, postal
17 address, and zip code.

18 (e) The director shall collect additional data elements
19 including those related to patient demographics, chief
20 complaint, clinical procedure information, and diagnosis and
21 treatment information.

1 **§321- Data confidentiality.** (a) The following are
2 protected from disclosure under chapter 92F and are privileged
3 and confidential:

4 (1) Data reported to the director pursuant to this part.

5 (2) Data collected or maintained by any entity with
6 whom the director contracts for the reporting,
7 collection, or analysis of data pursuant to this
8 part.

9 (b) Emergency department visit data reported to the
10 department is confidential whether held by the department or the
11 department's agents. The department shall maintain the
12 confidentiality of the data reported pursuant to this part and
13 shall ensure that adequate measures are taken to provide system
14 security for all data and information.

15 (c) The department shall not allow information that it
16 receives pursuant to this part to be used for commercial
17 purposes and shall not release data except as authorized by
18 other provisions of law.

19 **§321- Liability for submitting data.** (a) A person is
20 immune from liability for actions arising from the required
21 submission of data under this part.

1 (b) As used in this section, "person" shall include those
2 entities required to submit data under this part.

3 **§321- Hospital definition and requirements.** (a) For
4 purposes of this part, "hospital" means a facility licensed as a
5 hospital by the department that operates an emergency department
6 on a twenty-four-hour basis. Hospitals with emergency
7 departments shall report all of the emergency department visits
8 at that hospital to the department or the department's designated
9 agent as follows:

10 (1) Reporting shall be by electronic transfer. The
11 electronic transfer method shall ensure that the
12 confidentiality and security of emergency department
13 visit data is maintained throughout the data transfer
14 process.

15 (2) Electronic transfer shall occur immediately at the
16 time of the emergency department visit if feasible,
17 but not later than twenty-four hours after the
18 time of the visit.

19 (b) Any hospital unable to comply with the electronic
20 transfer requirements of subsection (a) shall comply following a
21 reasonable technical implementation window when the data becomes
22 electronically available.

1 **§321- Data use.** (a) Emergency department data submitted
2 to the department may be used for epidemiological investigation,
3 response monitoring, and other disease intervention activities
4 by the department of health. Findings of an investigation shall
5 be used to institute control measures to minimize or reduce the
6 risk of disease spread or to reduce exposures in an emergency
7 event. These control measures include the following:

8 (1) Syndromic surveillance which classifies data into
9 syndromic categories and trends the number of cases
10 over time to facilitate early identification of
11 outbreaks; and

12 (2) Response monitoring, which performs encounter-specific
13 analysis to identify the most effective treatments
14 during an outbreak. Data used for response monitoring
15 shall not include hospital identifiers.

16 **§321- Rules.** The department shall adopt rules in
17 accordance with chapter 91 to establish procedures for the
18 secure electronic transfer of emergency room data, to identify
19 required data elements, and to outline operation of the public
20 health emergency surveillance program."

21
22

S.B. NO. 3081

1 SECTION 3. This Act shall take effect upon its approval.

2

3

INTRODUCED BY: _____

BY REQUEST

4

Report Title:

Hawaii Public Health Emergency Surveillance System

Description:

Requires hospital participation with the department of health in an electronic health surveillance system to benefit the public health and safety of the people of Hawaii.

JUSTIFICATION SHEET

DEPARTMENT: HEALTH

TITLE: A BILL FOR AN ACT RELATING TO THE HAWAII PUBLIC HEALTH EMERGENCY SURVEILLANCE SYSTEM.

PURPOSE: To require hospital participation with the department of health in an electronic public health emergency surveillance system through automated reporting of emergency room data.

MEANS: Add a new part to chapter 321, Hawaii Revised Statutes.

JUSTIFICATION: As part of its mission to protect and improve the health of all people in Hawaii, the Department of Health (DOH) seeks to enhance its health information systems and health surveillance processes by creating the Hawaii Public Health Emergency Surveillance System to:

- (1) Provide early detection and warning of community health related issues such as an influenza pandemic, communicable diseases, bioterrorism, or environmental health issues;
- (2) Provide DOH staff with an early warning of syndromic health disorders to enable appropriate actions to isolate the health issue and safeguard the health of unaffected members of the community; and
- (3) Enable earlier public health response to health alerts and outbreaks.

A very important aspect of syndromic surveillance is its use of real-time, or near real-time data. Often, as outbreaks occur, those affected may not receive a definitive diagnosis from a healthcare provider or may try to self-medicate

symptoms associated with an outbreak of illness. In addition, the early symptoms of exposure to agents most likely to be used for bioterrorism are similar to those of the common cold and influenza. The sooner an outbreak or other public health emergency is detected, the more rapidly a response can be initiated, ultimately reducing disease spread, long-term health effects, and death.

The term "syndromic surveillance" is used because cases are determined based on reported symptoms that correspond to a particular syndrome, in contrast to traditional surveillance which determines cases through confirmed laboratory tests.

Syndromic surveillance is using health-related data that precede diagnosis and signal a sufficient probability of a case prior to an outbreak to warrant further public health response.

Syndromic surveillance can detect outbreaks that other surveillance methods may miss. It provides for detection of outbreaks days earlier than laboratory and diagnostic surveillance. Syndromic and traditional surveillance capabilities are more useful when combined as they provide validation of events (or non-events) and enable surveillance of health indicators otherwise difficult, if not impossible, to monitor.

This legislative proposal requires hospitals throughout the State to report electronically to the DOH emergency room data on a real-time basis, enabling syndromic surveillance to protect the health and safety of the people of Hawaii.

Federal Health Insurance Portability and Accountability Act 45 C.F.R. §164.512(b)(1)(i) regulations permit covered entities to disclose protected health information, without authorization, to public health authorities who are legally authorized to receive such reports for the purpose of preventing or controlling disease, injury, or disability. This would include, for example, the reporting of a disease or injury; reporting vital events, such as births or deaths; and conducting public health surveillance, investigations, or interventions.

Impact on the public: Enhances the protection of public health and safety of the people of Hawaii through near real-time reporting of health indicators, providing early warning of a possible health emergency and enabling early public health response.

Impact on the department and other agencies: Adds a key capability to the department's public health surveillance mission.

GENERAL FUND: None.

OTHER FUNDS: None.

PPBS PROGRAM DESIGNATION: None.

OTHER AFFECTED AGENCIES: None.

EFFECTIVE DATE: Upon approval.