
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 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,
3 at a twenty per cent infection rate, a pandemic would
4 result in nearly one thousand in-hospital deaths.
5 This increase in mortality would occur during a surge
6 of admissions that would correspond with a likely loss
7 of up to twenty-five per cent of healthcare workers
8 due to illness and other factors. A recent Centers
9 for Disease Control strategy document suggests that
10 early intervention will greatly reduce the impacts of
11 a surge so existing health care facilities can deal
12 with the volume of cases while decreasing morbidity
13 and mortality.
- 14 (2) Syndromic surveillance protects the economy. The
15 World Bank estimated that a pandemic could cost the
16 world economy between \$800,000,000,000 and
17 \$2,000,000,000,000. Hawaii could suffer losses of
18 over six per cent in gross domestic product due to the
19 consequences of quarantine and social distancing as
20 well as a commensurate decrease in tourism.
- 21 (3) Syndromic surveillance can detect outbreaks that other
22 surveillance methods may miss. An article published



1 in *Advances in Disease Surveillance*, a peer reviewed
2 journal (*Operational Considerations and Early*
3 *Successes with a Statewide Public Health Surveillance*
4 *System*, Wade et al.; 2007;2:123) provides specific
5 cases where a syndromic surveillance system in Indiana
6 picked up events that were not otherwise reported.
7 These included a case of carbon monoxide exposure and
8 an outbreak of food-borne illness.

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



1 influenza-associated hospitalizations, and influenza-
2 associated pediatric deaths."

3 The purpose of this Act is to require hospitals to
4 participate in a department of health electronic health
5 surveillance system to protect the public health and the safety
6 of the people of Hawaii.

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

10 "PART . HAWAII PUBLIC HEALTH EMERGENCY SURVEILLANCE SYSTEM

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

21 (b) Each hospital shall submit electronically available
22 emergency department data as specified by rule adopted by the



1 department. The department, in consultation with hospitals,
2 shall establish by rule a schedule for the implementation of
3 full electronic reporting capability of all data elements by all
4 hospitals. The schedule shall take into consideration the
5 number of data elements already reported by the hospital, the
6 hospital's capacity to maintain electronically the remaining
7 elements, available funding, and other relevant factors.

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

18 (d) The director shall collect protected health
19 information including, but not limited to, name, postal address,
20 and zip code, but not including information under subsection
21 (c).



1 (e) The director shall collect additional data elements
2 including those related to patient demographics, chief
3 complaint, clinical procedure information, and diagnosis and
4 treatment information.

5 §321- Data confidentiality. (a) The following are
6 protected from disclosure under chapter 92F and are privileged
7 and confidential:

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

9 (2) Data collected or maintained by any entity with whom
10 the director contracts for the reporting, collection,
11 or analysis of data pursuant to this part.

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

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



1 **§321- Liability for submitting data.** (a) A person is
2 immune from liability for actions arising from the required
3 submission of data under this part.

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

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

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

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



1 (b) Any hospital unable to comply with the electronic
2 transfer requirements of subsection (a) shall comply following a
3 reasonable technical implementation window when the data becomes
4 electronically available.

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

12 (1) Syndromic surveillance which classifies data into
13 syndromic categories and trends the number of cases
14 over time to facilitate early identification of
15 outbreaks; and

16 (2) Response monitoring, which performs encounter-specific
17 analysis to identify the most effective treatments
18 during an outbreak. Data used for response monitoring
19 shall not include hospital identifiers.

20 **§321- Rules.** The department shall adopt rules in
21 accordance with chapter 91 to establish procedures for the
22 secure electronic transfer of emergency room data, to identify



1 required data elements, and to outline operation of the public
2 health emergency surveillance program."

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



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. (SD1)

