2016 -- S 2828

STATE OF RHODE ISLAND

IN GENERAL ASSEMBLY

JANUARY SESSION, A.D. 2016

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A N   A C T

RELATING TO INSURANCE -- THE MEDICAL BILLING INNOVATION ACT OF 2016

It is enacted by the General Assembly as follows:

1   SECTION 1. Title 27 of the General Laws entitled "INSURANCE" is hereby amended

2   by adding thereto the following chapter:

3   CHAPTER 20.12

4   THE MEDICAL BILLING INNOVATION ACT OF 2016

5   **27-20.12-1. Short title. --** This act shall be known and may be cited as the "Medical

6   Billing Innovation Act of 2016".

7   **27-20.12-2. Purpose. --** The purpose of this chapter is to:

8   (1) Ensure that consumers of health care products and services have access to all

9   information required to make informed purchasing decisions;

10   (2) Protect consumers of health care products and services by ensuring that they benefit

11   from the rights guaranteed to consumers of other products and services, including protection from

12   unfair, deceptive, and abusive acts and practices as defined in 12 U.S.C. §5531 prohibiting unfair,

13   deceptive, or abusive acts or practices (collectively, UDAAPs);

14   (3) Facilitate innovation in Rhode Island by providing the foundation necessary for the

15   development of technologies that allow consumers greater understanding and control of their

16   health care related expenses; and

17   (4) Increase patient accountability and participation by helping patients associate

18   financial costs with their health care decisions.

19   **27-20.12-3. Definitions. --** The following terms shall have the meanings given below for

purposes of this section:

(1) "Application programming interface" means a software protocol that expresses a set of operations inputs, outputs, and underlying types, that allows a second party's software to access a defined set of information in real time.

(2) "Certified health care information management software vendor" means any entity which produces health care information management software and is certified pursuant to §27-20.12-5.

(3) "Health care facility" means an institution providing health care services or a health care setting, including, but not limited to, hospitals and other licensed inpatient centers, ambulatory surgical or treatment centers, skilled nursing centers, residential treatment centers, diagnostic, laboratory and imaging centers, and rehabilitation and other therapeutic health settings.

(4) "Health care information management software" means software that presents information associated with health care, and in particular, information related to billing, to consumers.

(5) "Health care professional" means a physician or other health care practitioner licensed, accredited or certified to perform specified health care services consistent with state law.

(6) "Health care provider" means a health care professional or a health care facility.

(7) "Health care services" means any services included in the furnishing to any individual medical, podiatric, or dental care, or hospitalization, or incidental to the furnishing of that care or hospitalization, or incidental to the furnishing to any person of any and all other services for the purpose of preventing, alleviating, curing, or healing human illness, injury, or physical disability.

(8) "Health insurer" means any person, firm or corporation offering and/or insuring health care services on a prepaid basis, including, but not limited to, a nonprofit hospital service corporation as defined in chapter 19 of title 27, a nonprofit medical service corporation as defined in chapter 20 of title 27, a health maintenance organization as defined in chapter 41 of title 27, or an entity offering a policy of accident and sickness insurance.

(9) "Strong cryptography" means cryptography based on industry-tested and accepted algorithms, along with strong key lengths (minimum 112-bits of effective key strength) and proper key-management practices. Cryptography is a method to protect data and includes both encryption (which is reversible) and hashing (which is not reversible, or "one way"). As of the present time, examples of industry-tested and accepted standards and algorithms for minimum encryption strength include AES (128 bits and higher), TDES (minimum triple-length keys), RSA

1 (2048 bits and higher), ECC (160 bits and higher), and ElGamal (2048 bits and higher). See NIST

2 Special Publication 800-57 Part I (http://esrc.nist.gov/publications/) for more guidance on

3 cryptographic key strengths and algorithms.

4   (10) "User" means a consumer who uses health care information management software.

5   (11) "Valid identification information" means social security number or tax identification

6 number, and date of birth or a token indicating the prior communication thereof.

7   **27-20.12-4. Member access through application programming interface. --** Health

8 insurers shall ensure that from time to time and at any time any member may request via an

9 application programming interface any and all information related to the member's insurance

10 coverage and health care, and shall via the application programming interface all requested

11 information, whenever the request meets the following conditions:

12   (1) The request includes valid identification information;

13   (2) The information requested is currently or ordinarily provided to members; and

14   (3) The request is made through a health care information management software provided

15 by a certified health care information management software vendor.

16   **27-20.12-5. Certification of health care information management software. --** (a) A

17 certified health care information management software vendor shall:

18   (1) Implement measures to validate the identity of any user submitting a request through

19 the application programming interface;

20   (2) Comply with §5-37.3-4(c), the "confidentiality of health care communications and

21 information act" provision governing third parties;

22   (3) Present a notice to users initially and upon request that:

23   (i) The vendor is a certified vendor of health care information management software

24 under §27-20.12-5;

25   (ii) The user may instruct the vendor to request and receive information about the user's

26 health care bills from health care providers and health insurers;

27   (iii) Any data requested by the user will exist on the vendor's secure servers in order to

28 provide the user with services; and

29   (iv) As a user of the vendor's software, the user has the right to download the user's data,

30 and/or to instruct the vendor to delete the user's data from the vendor's servers at any time.

31   (4) Utilize strong cryptography wherever protected health information, as defined by 45

32 CFR 160, 103, is stored or transmitted;

33   (5) Maintain a publicly-available privacy policy covering users; and

34   (6) Not release or transfer any patient information without written consent of the patient,

1   or their authorized representative.

2   (b) Vendors shall annually certify in writing that they comply with subsection (a)(3) of

3   this section..

4   (c) The office of the health insurance commissioner shall maintain a register of valid

5   certifications, which it shall publish on its website.

6   SECTION 2. This act shall take effect on June 1, 2017.

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EXPLANATION

BY THE LEGISLATIVE COUNCIL

OF

A N   A C T

RELATING TO INSURANCE -- THE MEDICAL BILLING INNOVATION ACT OF 2016

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1   This act would ensure that health care consumers have access to all information to make

2   informed purchasing decisions, that they benefit from rights guaranteed to consumers of other

3   products and services, that consumers possesses technologies to understand and control their

4   health care related expenses and that patients participate in the association of financial costs with

5   their health care decisions.

6   This act would take effect on June 1, 2017.

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