

THE GENERAL ASSEMBLY OF PENNSYLVANIA

HOUSE BILL

No. 2106 Session of
2009

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SIPTROTH, SONNEY, SWANGER, THOMAS AND YOUNGBLOOD,
NOVEMBER 23, 2009

REFERRED TO COMMITTEE ON INSURANCE, NOVEMBER 23, 2009

AN ACT

1 Establishing the Pennsylvania Health Information Exchange
2 Authority and the Health Information Technology Fund; and
3 providing for grants and loans for health information
4 technology and for duties of the Department of Health.

5 The General Assembly of the Commonwealth of Pennsylvania
6 hereby enacts as follows:

7 CHAPTER 1

8 PRELIMINARY PROVISIONS

9 Section 101. Short title.

10 This act shall be known and may be cited as the Health
11 Information Technology Act.

12 Section 102. Definitions.

13 The following words and phrases when used in this act shall
14 have the meanings given to them in this section unless the
15 context clearly indicates otherwise:

16 "Clinical decision support system." An interactive computer
17 system that assists health care providers in applying new

1 information to patient care through the analysis of patient-
2 specific clinical variables.

3 "Community-based health care clinic." A nonprofit health
4 care center located in this Commonwealth providing comprehensive
5 health care services without regard for a patient's ability to
6 pay and:

7 (1) meets either of the following criteria:

8 (i) serves a federally designated medically
9 underserved area, a medically underserved population or a
10 health professional shortage area; or

11 (ii) serves a patient population with a majority of
12 that population having an income less than 200% of the
13 Federal poverty income guidelines; and

14 (2) includes any of the following:

15 (i) a federally qualified health center as defined
16 in section 1905(1)(2)(B) of the Social Security Act (49
17 Stat. 620, 42 U.S.C. § 1396d(1)(2)(B)) or a federally
18 qualified health center look-alike;

19 (ii) a rural health clinic as defined in 1861(aa)(2)
20 of the Social Security Act (49 Stat. 620, 42 U.S.C. §
21 1395x(aa)(2));

22 (iii) a hospital outpatient clinic certified by
23 Medicare;

24 (iv) a free or partial-pay health clinic that
25 provides medical home and primary care services by
26 volunteer and nonvolunteer health care providers; or

27 (v) a nurse-managed health care clinic that is
28 managed by advanced practice nurses, a federally
29 qualified health center or an independent nonprofit
30 health or social services agency.

1 "Department." The Department of Community and Economic
2 Development of the Commonwealth.

3 "Fund." The Health Information Technology Fund established
4 in section 503.

5 "Health care facility." A health care facility as defined
6 under section 802.1 of the act of July 19, 1979 (P.L.130,
7 No.48), known as the Health Care Facilities Act, or an entity
8 licensed as a hospital under the act of June 13, 1967 (P.L.31,
9 No.21), known as the Public Welfare Code.

10 "Health care provider." A person licensed by the
11 Commonwealth to provide health care or professional medical
12 services. The term includes, but is not limited to, a physician,
13 a dentist, a pediatrician, a certified nurse midwife, a
14 podiatrist, a certified registered nurse practitioner, a
15 physician assistant, a skilled nursing facility, nursing home,
16 home health entity, a community-based health care clinic and
17 community mental health center.

18 "Health information." Information that:

19 (1) is created or received by a health care provider,
20 health plan, public health authority or health care
21 clearinghouse; and

22 (2) relates to the past, present or future physical or
23 mental health or condition of an individual, the provision of
24 health care to an individual or the past, present or future
25 payment for the provision of health care to an individual.

26 "Health information exchange" or "HIE." The electronic
27 movement of health-related information among organizations
28 according to nationally recognized standards.

29 "Health information technology." Hardware, software,
30 integrated technologies or related licenses, intellectual

1 property, upgrades or packaged solutions sold as services that
2 are designed for or support the use by health care entities or
3 patients for the electronic creation, maintenance, access or
4 exchange of health information.

5 "Health information technology regional extension center." A
6 United States-based nonprofit institution or organization or
7 group of nonprofit institutions or organizations, meeting the
8 requirements established by the Office of the National
9 Coordinator and created to:

10 (1) Encourage adoption of certified electronic health
11 records by clinicians and hospitals.

12 (2) Increase the probability that adopters of electronic
13 health record systems will become meaningful users of the
14 technology.

15 (3) Assist clinicians and hospitals to become meaningful
16 users of electronic health records.

17 "Health informatics." Any of the following:

18 (1) The electronic exchange of health care information
19 among entities in the health care system, including, but not
20 limited to:

21 (i) Physicians and other health care providers.

22 (ii) Health insurance companies and health
23 maintenance organizations.

24 (iii) Federal and State government health payers.

25 (iv) Employers.

26 (v) Pharmacies and pharmacy benefit managers.

27 (vi) Laboratories.

28 (vii) Public health agencies.

29 (2) The provision of the most current, complete and
30 accurate information possible when making health care

1 decisions regarding patients.

2 (3) The sharing and exchange of health care information
3 among organizations that are owners or custodians of the
4 health care information.

5 (4) The use of information technology to enable and
6 improve the exchange and presentation of health care
7 information.

8 (5) The adoption and use of electronic medical record
9 technology, where appropriate, within the health care system.

10 (6) The reduction of total health care costs through
11 improved quality and reduction in redundancies and
12 administrative waste.

13 "Health information technology system." The secure use of
14 information and communication technology that may include:

15 (1) electronic health records;

16 (2) personal health records;

17 (3) e-mail communication;

18 (4) clinical alerts and reminders;

19 (5) clinical decision support systems; or

20 (6) other technologies that store, protect, retrieve and
21 transfer clinical, administrative and financial information
22 electronically within health care settings.

23 "Health insurer." Any of the following providers of health
24 care insurance coverage:

25 (1) an insurer licensed under the act of May 17, 1921
26 (P.L.682, No.284), known as The Insurance Company Law of
27 1921;

28 (2) a health maintenance organization as defined in
29 section 3 of the act of December 29, 1972 (P.L.1701, No.364),
30 known as the Health Maintenance Organization Act; or

(3) a nonprofit health plan corporation operating under 40 Pa.C.S. Chs. 61 (relating to hospital plan corporations) and 63 (relating to professional health services plan corporations).

"Interoperability." The ability of different information technology systems and applications to exchange data securely, accurately, effectively and in a manner that maintains and preserves the clinical purpose of the data.

"National Coordinator." The head of the office of the National Coordinator of Health Information Technology.

"Program." The Health Technology Program established in Chapter 3.

"Protected health information." Protected health information under 45 CFR Parts 160 (relating to general administrative requirements) and 164 Subpts. A (relating to general provisions) and E (relating to privacy of individually identifiable health information).

"Qualified electronic health record." An electronic health record that has been generated under the Recovery and Reinvestment Act of 2009 (Public Law 111-5, 123 Stat. 115) and that is applicable to the type of record involved.

CHAPTER 3

PENNSYLVANIA HEALTH INFORMATION EXCHANGE (PHIX)

Section 301. Scope of chapter.

This chapter relates to facilitating and assisting in the development and operation of a Statewide health information exchange.

Section 302. Definitions.

The following words and phrases when used in this chapter shall have the meanings given to them in this section unless the

1 context clearly indicates otherwise:

2 "Authority." The Pennsylvania Health Information Exchange
3 (HIE) Authority established under section 303(a).

4 "Board." The board of directors of the Pennsylvania Health
5 Information Exchange (PHIX) Authority established under section
6 303(b).

7 Section 303. Establishment of the Pennsylvania Health
8 Information Exchange Authority.

9 (a) Establishment.--There is established a body corporate
10 and politic to be known as the Pennsylvania Health Information
11 Exchange (PHIX) Authority.

12 (b) Board.--The powers and duties of the authority shall be
13 vested in and exercised by a board of directors.

14 (c) Board composition.--The board of the authority shall
15 consist of 17 members, appointed in accordance with the
16 following:

17 (1) An individual with experience in health informatics
18 appointed by the Governor.

19 (2) Four Commonwealth residents with an expertise in
20 health informatics. Each of the following persons shall
21 appoint one person:

22 (i) The President pro tempore of the Senate.

23 (ii) The Minority Leader of the Senate.

24 (iii) The Speaker of the House of Representatives.

25 (iv) The Minority Leader of the House of
26 Representatives.

27 (3) A physician appointed by the Governor who shall
28 serve an initial term of three years.

29 (4) Seven individuals with expertise in health
30 informatics appointed as follows:

1 (i) Two individuals representing a community-based
2 health care clinic, one of whom from a federally
3 qualified health center. One shall be appointed by the
4 Majority Leader of the Senate and one shall be appointed
5 by the Majority Leader of the House of Representatives.

6 (ii) Three individuals recommended by the Hospital
7 and Healthsystem Association of Pennsylvania, one of whom
8 shall be a representative of rural hospitals. One shall
9 be appointed by the President pro tempore of the Senate
10 and one appointed by the Speaker of the House of
11 Representatives. The remaining individual shall be the
12 representative of rural hospitals and appointed by the
13 Majority Leader of the House of Representatives.

14 (iii) One representative of the Blue Cross and Blue
15 Shield plans in Pennsylvania, appointed by the Minority
16 Leader of the Senate.

17 (iv) One representative of a licensed insurer other
18 than a Blue Cross or Blue Shield plan, appointed by the
19 Minority Leader of the House of Representatives.

20 (5) The Deputy Secretary of Public Welfare or a
21 designee.

22 (6) A representative of consumers who is not primarily
23 involved in the provision of health care or health care
24 insurance appointed by the Governor.

25 (7) Two individuals appointed by the Governor, one with
26 expertise in privacy and the other with expertise in health
27 information security.

28 (d) Terms.--Members of the board shall not serve more than
29 three full consecutive terms. Each board member shall serve a
30 term coterminous with the board member's appointing authority

1 unless replaced earlier by the appointing authority.

2 (e) Quorum.--A majority of the members of the board shall
3 constitute a quorum.

4 (f) Action.--Notwithstanding any other provision of law,
5 action may be taken by the board at a meeting upon a vote of the
6 majority of its members present in person or through the use of
7 amplified telephonic equipment if authorized by the bylaws of
8 the board.

9 (g) Meetings.--The board shall meet at the call of the
10 chairperson or as may be provided in the bylaws of the board.
11 The board shall hold quarterly meetings which shall be subject
12 to the requirements of 65 Pa.C.S. Ch. 7 (relating to open
13 meetings). Meetings of the board shall be held within this
14 Commonwealth.

15 (h) Chairperson.--The chairperson shall be the person
16 appointed under subsection (c)(1).

17 (i) Formation.--The authority shall be formed within 60 days
18 of the effective date of this section.

19 Section 304. Powers and duties.

20 (a) General rule.--The board shall:

21 (1) Adopt bylaws necessary to carry out the provisions
22 of this chapter.

23 (2) Employ staff as necessary to implement this chapter.

24 (3) Make, execute and deliver contracts and other
25 instruments.

26 (4) Apply for, solicit, receive, establish priorities
27 for, allocate, disburse, contract for, administer and spend
28 moneys in the fund under Chapter 5 and other funds made
29 available to the board from a source consistent with the
30 purposes of this chapter.

1 (5) Participate with the department in applying for and
2 distributing grants and loans under Chapter 5.

3 (6) Accept Federal grants to carry out the purpose of
4 the authority that includes administering grants and loans in
5 accordance with the terms of the grants.

6 (b) Exchange of electronic information.--The authority
7 shall:

8 (1) Define the vision for a Statewide health information
9 exchange system to electronically exchange health care
10 information among entities in the health care system. This
11 shall include, but is not limited to:

12 (i) Health care providers.

13 (ii) Health insurance companies and managed care
14 organizations.

15 (iii) Federal and State government health payors.

16 (iv) Employers.

17 (v) Pharmacies and pharmacy benefit managers.

18 (vi) Laboratories.

19 (vii) Public health agencies.

20 (2) Encourage, facilitate and assist in:

21 (i) The development of the Statewide health
22 information exchange system.

23 (ii) The ongoing operation of the Statewide health
24 information exchange system, including monitoring the
25 performance, quality and security of the Statewide health
26 information exchange system.

27 (3) Oversee a collaborative Statewide process using
28 public and private expertise to develop common policies,
29 clinical goals, technical requirements and architectural
30 standards for this Commonwealth's health information exchange

1 system consistent with emerging Federal requirements.

2 (4) Develop policies using a collaborative Statewide
3 process to ensure compliance with section 305.

4 (c) Statewide health information technology plan.--The
5 authority shall facilitate with the department the development
6 of a Statewide health information technology plan that includes
7 the implementation of an integrated electronic health
8 information infrastructure for the sharing of electronic health
9 information among health care facilities, health care
10 professionals, public and private payers and patients. The
11 health information technology plan shall:

12 (1) Support the effective, efficient, Statewide use of
13 electronic health information in patient care, health care
14 policymaking, clinical research, health care financing and
15 continuous improvements to quality.

16 (2) Propose methods to educate the general public and
17 health care providers about the value of an electronic health
18 infrastructure for improving patient care.

19 (3) Promote the use of national standards for the
20 development of an interoperable system, which shall include
21 provisions relating to security, privacy, data content,
22 structures and format, vocabulary and transmission protocols.

23 (4) Propose strategic investments in equipment and other
24 infrastructure elements that will facilitate the ongoing
25 development of a Statewide infrastructure.

26 (5) Recommend funding mechanisms for the ongoing
27 development and maintenance costs of a Statewide health
28 information system, including funding options and an
29 implementation strategy for a loan and grant program.

30 (6) Propose to incorporate the existing health care

information technology initiatives in order to avoid incompatible systems and duplicative efforts.

(7) Address issues related to data ownership, governance and confidentiality and security of patient information.

(d) Statewide health information exchange.--The authority shall establish Statewide health information exchange capabilities for streamlining health care administrative functions, including:

(1) Communicating point-of-care services, including laboratory results, diagnostic imaging and prescription histories.

(2) Communicating patient identification and emergency room required information in conformity with Federal and State privacy laws.

(3) Real-time communication of enrollee status in relation to health plan coverage, including enrollee cost-sharing responsibilities.

(4) Current census and status of health plan-contracted providers.

(e) Security measures.--The authority shall develop and establish appropriate security standards to protect both the transmission and the receipt of individually identifiable health information or health care data that include:

(1) Appropriate security standards to protect access to any individually identifiable health information or health care data that may be collected, assembled or maintained by the authority.

(2) Levels of security and protection for access to and control of individually identifiable health information, including mental health care data and data relating to

specific disease status that is governed by more stringent Federal or State privacy laws.

(3) Policies and procedures for the authority for taking disciplinary actions against a board member, employee or other person with access to individually identifiable health care information that violates Federal or State privacy laws related to health care information or data maintained by the corporation.

(4) Privacy, security operational and technical standards to assist health information exchanges in this Commonwealth to ensure effective Statewide privacy, data security, efficiency and interoperability across networks.

(f) Advisory panels.--The board may create any advisory panels that the board considers useful to advise the board and the authority on issues determined by the board. The authority may create advisory panels to advise the board and the authority on a particular issue. The board shall consider the interests of the following when creating an advisory panel:

- (1) Health care provider.
- (2) Insurers.
- (3) Managed care organizations.
- (4) Health care information systems.
- (5) Hospitals and health systems.
- (6) Laboratory services.
- (7) Radiological services.
- (8) Community-based health care clinics.
- (9) Health information exchange organizations.
- (10) Pharmacies.
- (11) Dentists.
- (12) Pediatricians.

1 (13) Any other health care providers.

2 Section 305. Prohibited use of information.

3 The authority shall not engage in any of the following:

4 (1) The collection and analysis of clinical data.

5 (2) The comparison of health care providers to other
6 health care providers.

7 (3) Providing access to aggregated, de-identified
8 protected health information to local health information
9 exchanges and other users of quality care studies, disease
10 management and population health assessments.

11 (4) Providing access to public health programs trended,
12 aggregated, de-identified protected health information to
13 help assess the health status of populations and providing of
14 regular reports of trends and important incidence of events
15 to public health avenues for intervention, education and
16 prevention programs.

17 (5) The creation of evidence-based standards for the
18 practice of medicine.

19 Section 306. Annual report.

20 (a) Deadline and contents.--The board shall report no later
21 than July 1, 2010, and annually thereafter to the General
22 Assembly on the activities in the preceding year. The report
23 shall include:

24 (1) A schedule of the year's meetings.

25 (2) Updates to the Statewide plan created under section
26 304.

27 (3) Updates to privacy, security, operational and
28 technical standards to assist health information exchanges in
29 this Commonwealth to ensure effective Statewide privacy, data
30 security, efficiency and interoperability across networks.

1 (4) A list of any grants or loans that the authority
2 assisted in attaining for any health care provider or health
3 information exchange.

4 (5) A summary of the fund receipts and expenditures,
5 including a financial statement and balance sheet.

6 (b) Distribution.--The report shall be distributed to the
7 Secretary of Health, the chair and minority chair of the Public
8 Health and Welfare Committee of the Senate and the chair and
9 minority chair of the Health and Human Services Committee of the
10 House of Representatives.

11 (c) Public access.--The annual report shall be made
12 available for public inspection and shall be posted on the
13 authority's publicly accessible Internet website.

14 CHAPTER 5

15 LOANS OR GRANTS FOR INFORMATION NETWORKS PROGRAM

16 Section 501. Purpose.

17 This chapter relates to assisting health care providers in
18 funding for health technology information facilitating and
19 assisting in the development and operation of a Statewide health
20 information exchange.

21 Section 502. Health Information Technology Program.

22 (a) Establishment.--The Loans or Grants for Information
23 Networks (LOGIN) Program is established in the department to
24 administer loans or grants:

25 (1) under the American Recovery and Reinvestment Act of
26 2009 (Public Law 111-5, 123 Stat. 115); or

27 (2) from sources other than those in paragraph (1) that
28 shall be used to provide funding to health care providers or
29 health information technology regional extension centers to
30 encourage the adoption and implementation of health

1 information technology.

2 (b) Eligible activities.--The program may provide grants or
3 loans to health care facilities, health care providers or health
4 information exchanges.

5 (c) Grants.--Grants shall be used to conduct activities to
6 facilitate and expand the electronic movement and use of health
7 information among organizations according to nationally
8 recognized standards through activities that include:

9 (1) Training and dissemination of information on best
10 practices to integrate health information technology.

11 (2) Promoting the interoperability of clinical data
12 repositories or registries.

13 (3) Promoting technologies and best practices that
14 enhance the protection of health information by all holders
15 of individually identifiable health information.

16 (4) Improving the secure electronic exchange of health
17 information.

18 (5) Improvement and expansion of the use of health
19 information technology by public health departments.

20 (6) Providing technical assistance for the development
21 and dissemination of solutions to barriers to the exchange of
22 electronic health information.

23 (7) Promoting effective strategies to adopt and utilize
24 health information technology in medically underserved
25 communities.

26 (8) Assisting patients in utilizing health information
27 technology.

28 (d) Loans.--Loans may be used for the following activities:

29 (1) The purchase by health care providers and health
30 care facilities of qualified electronic health record

1 technology.

2 (2) Enhancing the utilization of qualified electronic
3 health record that may include costs associated with
4 upgrading health information technology so that it meets
5 criteria for a qualified electronic health record technology.

6 (3) Training personnel in the use of qualified
7 electronic health record technology.

8 (4) Improving the secure electronic exchange of health
9 information.

10 (5) Purchasing clinical decision support systems.

11 (e) Limitations.--

12 (1) The amount of a loan to a health care facility or
13 health care provider may not exceed:

14 (i) \$1,000,000 for a health care facility.

15 (ii) \$50,000 for a health care provider.

16 (2) A grant under this subsection shall require a
17 matching commitment of 20% of the grant or loan which can be
18 in the form of cash or equivalent in-kind capital or
19 services.

20 (3) No less than 25% of available funds shall be used
21 for loans to health care providers in counties of the fourth,
22 fifth, sixth, seventh or eighth class.

23 (f) Loan requirement.--A loan made under this section shall
24 require all of the following:

25 (1) Have an interest rate that does not exceed the
26 market interest rate.

27 (2) Require the principal and interest payments on each
28 loan to commence not later than one year after the date the
29 loan was awarded.

30 (3) Require each loan to be fully amortized no later

than ten years after the date of the loan.

(g) Health information technology regional extension centers.--Nothing in this section shall prevent a health care provider or health care facility from using a loan received under this section to contract for services provided by a health information technology regional extension center.

Section 503. Fund.

(a) Establishment.--A fund is established in the State Treasury to be known as the Health Information Technology Fund. The following shall be deposited in the fund:

(1) Money appropriated to the fund by the General Assembly.

(2) Grants and loans received under the American Recovery and Reinvestment Act of 2009 (Public Law 111-5, 123 Stat. 115) or other Federal law.

(3) Earnings derived from the investment of the money in the fund after deducting investment expenses.

(4) Loan repayments of principal and interest.

(5) Funds derived from any other source.

Section 504. Application.

(a) Submission.--In order to receive a loan or grant under this chapter, a health care facility or health care provider center shall submit an application in a form and manner prescribed by the department.

(b) Requirements.--An application submitted under subsection (a) shall set forth the manner in which the health information technology system will do the following:

(1) Comply with all criteria adopted by the National Coordinator.

(2) Protect privacy and security of health information.

1 (3) Maintain and provide permitted access to health
2 information.

3 (4) Improve the quality of health care by reducing
4 health care costs, serious preventable adverse events,
5 medical errors, inappropriate care and incomplete information
6 and the coordination of care and information among health
7 care providers, health insurers and other entities.

8 (5) Ensure interoperability with other systems and
9 health care providers.

10 (6) Provide consumer access to personal medical
11 information.

12 (7) Comply with all Federal and State laws and
13 regulations relating to security and notification of any
14 breach of electronic medical records.

15 (8) Ensure that the health care provider or health care
16 facility will become a meaningful user, as determined by the
17 Centers for Medicare and Medicaid Services, of a qualified
18 electronic health record.

19 Section 505. Duties of department.

20 The department shall:

21 (1) Administer the health information technology program
22 to provide grants and loans to eligible health care providers
23 and health care facilities.

24 (2) Award grants and loans in all geographic areas of
25 this Commonwealth.

26 (3) Require the use of standards for health information
27 technology that are consistent with those developed by the
28 National Coordinator and the Centers for Medicare and
29 Medicaid Services, when applicable.

30 (4) Develop a grant and loan application form with input

1 from the Pennsylvania Health Information Exchange Authority,
2 the Department of Public Welfare, the Insurance Department,
3 the Department of Health and the Governor's Office.

4 (5) Develop the criteria for awards of a grant and loan
5 with input from the Pennsylvania Health Information Exchange
6 Authority, the Department of Public Welfare, the Insurance
7 Department, the Department of Health and the Governor's
8 Office.

9 (6) Provide a loan application form within 90 days of
10 the effective date of this section.

11 (7) Ensure that health information technology policies
12 and programs of the department are coordinated with the
13 Pennsylvania Health Information Exchange Authority, the
14 Department of Public Welfare, the Department of Health, the
15 Governor's Office of Health Care Reform and other executive
16 branch agencies with Federal agencies.

17 (8) Share appropriate data relating to the use of health
18 information technology systems with the Pennsylvania Health
19 Information Exchange Authority, the Department of Public
20 Welfare, the Health Care Cost Containment Council, the
21 Patient Safety Authority and other State agencies. Data
22 collected by a State agency relating to the operation of
23 health information technology systems in this Commonwealth
24 shall be shared with the department.

25 (9) Give preference to applications which provide health
26 information technology systems that link multiple health care
27 providers and which provide direct patient access to health
28 care information.

29 (10) Audit loans awarded under this act.

30 (11) Provide ongoing assessment of the benefits and

1 costs of health information technology systems, including
2 information relating to reduction in medical errors,
3 reduction in physician visits, economic impact, efficiencies
4 and other information.

5 (12) Develop a public information program to inform the
6 public of the efficiency and safety advantage of health
7 information technology.

8 Section 506. Accountability.

9 (a) Information required.--Within one year of the award of a
10 loan under this act, the recipient shall provide all of the
11 following to the department:

12 (1) A report on the status of the strategic plan and the
13 development of the health information technology system.

14 (2) An accounting of the expenditure of funds from the
15 loan and from other sources.

16 (3) A report on any reductions in medical errors,
17 increases in efficiency and advances in the delivery of
18 patient-centered medical care.

19 (b) Annual report.--The department shall submit an annual
20 report to the chair and minority chair of the Banking and
21 Insurance Committee of the Senate and the chair and minority
22 chair of the Insurance Committee of the House of
23 Representatives, which report shall include the number and
24 amount of grants and loans awarded, a description of the system
25 being funded, total amount of funds spent and the projected
26 impact on the delivery of health care.

27 CHAPTER 20

28 MISCELLANEOUS

29 Section 2001. Effective date.

30 This act shall take effect in 60 days.