



HB 46 - ELECTRONIC PERSONAL MEDICAL RECORDS

SOCIAL SERVICES APPROPRIATIONS SUBCOMMITTEE
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ISSUE BRIEF

SUMMARY

This issue brief provides an update to the Legislature on the implementation of HB 46 *Electronic Personal Medical Records* (Menlove) passed during the 2012 General Session (<http://le.utah.gov/~2012/bills/hbillenr/HB0046.pdf>). Through November 2012 the legislation has helped to enroll 360,600 individuals in the electronic exchange of clinical health records. This brief is for informational purposes only and requires no Legislative action.

DISCUSSION AND ANALYSIS

HB 46 *Electronic Personal Medical Records* (<http://le.utah.gov/~2012/bills/hbillenr/HB0046.pdf>) made several changes regarding enrollment of certain individuals into the clinical health information exchange (<http://mychie.org/>). All individuals affected are to receive notice regarding the enrollment in the electronic exchange of clinical health records and the option to opt out of enrollment at any time. The following is a discussion of the three groups affected by HB 46:

1. **Enrollment of Medicaid and Children's Health Insurance Program beneficiaries** - enroll Medicaid beneficiaries in the electronic exchange of clinical health records unless the individual opts out.
 - a. As of November 2012 this provision has resulted in the enrollment of approximately 296,000 beneficiaries.
2. **Enrollment of Public Employees Health Program beneficiaries** - enroll state employees and their dependents in the electronic exchange of clinical health records unless the individual opts out.
 - a. As of November 2012 this provision has resulted in the enrollment of approximately 64,600 beneficiaries.

Cost to Implement

The Department indicated that it could absorb implementation costs of \$70,100 one-time and \$20,400 ongoing by reducing its General Fund contribution to the Utah Health Information Network. The one-time cost estimates included pay for establishing data interfaces with the Utah Health Information Network, changes to myCase, and mailing information to all clients on Medicaid and the Children's Health Insurance Program. The ongoing cost estimates included an annual mailing information to all new clients on Medicaid and the Children's Health Insurance Program.

Actual implementation costs have been minimal and the agency has absorbed these costs. The electronic exchange of clinical health records notifications were included in other notifications already being sent to clients.