

**New York eHealth Collaborative Policy Committee Meeting**  
**June 12 2019**  
**2 p.m. – 3:30 p.m.**  
**Meeting Notes**

A meeting of the NYeC Policy Committee was held on June 12, 2019. Present either in person or via telephone were:

Art Levin, Center for Medical Consumers, Chair of Policy Committee  
Nance Shatzkin, Bronx RHIO  
Steve Allen, HealthLink  
Todd Rogow, Healthix RHIO  
Amy Warner, Rochester RHIO  
Sarah Lesser, NYS OPWDD  
David Nardolillo, NYS OPWDD  
Lynn Dicerbo, NYS OMH  
James Kirkwood, NYS DOH  
Jonathan Karmel, NYS DOH  
Deirdre Depew, NYS DOH  
Dan Tietz, the AIDS Institute  
Dr. John-Paul Mead, Cayuga Medical Associates  
Dr. Tom Mahoney, Common Ground Health  
Dr. Glenn Martin, Queens Health Network  
Dr. David Cohen, Maimonides Medical Center  
Zeynep Sumer King, GNYHA  
Valerie Grey, NYeC  
Eric Boateng, NYeC  
Cindy Sutliff, NYeC  
Alison Birzon, NYeC  
Bob Belfort, Manatt  
Alex Dworkowitz, Manatt

The meeting was called to order by Mr. Levin at 2 p.m.

**I. Welcome and Introductions**

Mr. Levin welcomed the Committee members, provided an overview of the meeting materials, and described the meeting agenda.

**II. Disclosures for Death Investigations**

Mr. Dworkowitz provided an overview of New York State and federal law regarding disclosures of protected health information for purposes of determining cause of death. He described the difference between coroners and medical examiners under state law. Mr. Dworkowitz summarized the death investigation proposal, which would allow disclosures to licensed

physicians or nurse practitioners – including licensed coroners and medical examiners – who are professionally responsible for determining the cause of death.

Dr. Mahoney said he was concerned that the proposal would block access to unlicensed coroners who are charged with making a decision about cause of death. Dr. Mead responded that all unlicensed coroners are required to work with physicians to determine cause of death, and those physicians could have access to the necessary data through the SHIN-NY. Dr. Mahoney said this helped address the issue.

Mr. Levin asked if there were any other questions or objections about the proposal. Hearing none, he said there was consensus on the proposal, which would be sent to the NYeC board and subsequently to the state Department of Health for final approval and release as policy guidance.

### **III. SHIN-NY Consent Transferability Update**

Ms. Sutliff provided an update on the issue of transferability of consent among QEs. She said DOH has been interested in moving this issue forward, and that DOH and NYeC would collaborate on drafting new policy language that would allow for the transferability of consents. She said that in parallel with those efforts, the consent workgroup would be reconvened to help develop language for a new SHIN-NY consent form, and that the draft policy language and draft consent form would be presented to the Policy Committee for review and discussion at the September in-person Policy Committee meeting.

### **IV. Executive Director Update**

Mr. Levin introduced Ms. Grey to provide an update. Ms. Grey explained that many things were occurring at the federal level, largely related to implementing requirements under the 21<sup>st</sup> Century Cures Act. She described NYeC's response to the CMS and ONC proposed rules on interoperability, explaining that NYeC wholeheartedly supports the goals regarding interoperability but recommends to the federal government that they should consider leveraging existing health information exchanges, including the SHIN-NY. She noted that the CMS rule would require the sending of ADTs, and CMS needs to ensure that what the SHIN-NY already does counts for meeting this requirement. Similarly, Ms. Grey highlighted the CMS requirement that health plans connect to a trusted exchange, and she said that NYeC had recommended that health plans be able to meet this requirement by connecting to the SHIN-NY.

Regarding the TEFCA, Ms. Grey said NYeC supports the concept of a national network, but the timelines may be overly ambitious. Ms. Birzon said they needed further clarification on fees under the TEFCA, as the value proposition for participation needs to be further articulated. Ms. Grey noted that although the TEFCA is touted as voluntary, it is possible that health information exchanges could be given relief from some of the information blocking rules if they participate in TEFCA.

Ms. Sumer King said she thought that many participants in the SHIN-NY would feel pressure to participate in the TEFCA, and therefore it is important for the SHIN-NY to be an option for participating in the TEFCA. Ms. Grey agreed.

## **V. Closing**

Ms. Sutliff said the July committee time would be used for the consent workgroup meeting. Mr. Levin thanked the Committee members for their time and adjourned the meeting.

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