

**New York eHealth Collaborative Policy Committee Meeting**  
**February 15, 2023**  
**12 p.m. – 3 p.m.**  
**Meeting Notes**

A meeting of the NYeC Policy Committee was held on February 15, 2023. Present via telephone or videoconference were:

*Policy Committee Voting Members:*

Dr. Lawrence Brown, Addiction Medicine and Public Health  
Dr. David Cohen, Chair, Maimonides Medical Center  
Taiymoor J. Naqi, JD, MBA, CHP, Hixny  
Dr. Ram Raju, Health Disparities Consultant  
Todd Rogow, Healthix  
Paul Uhrig, Bassett Health

*Ex-Officio:*

Patti Burandt, CHPE/CCAP, HealthLink (BOC Representative to the SHIN-NY Policy Committee)  
Deirdre Depew, NYS DOH  
Emily Engel, OHIP  
Christie Hall, NYSTEC  
Daniel P. Hallenbeck, OHIP  
Thomas Hallisey, HANYS  
Jonathan Karmel, NYS DOH  
Puja Khare, GNYHA  
Jim Kirkwood, NYS DOH  
Meredith Locke, OHIP  
Leilani Prusky, NYSTEC  
Chelsea Sack, NYS DOH  
Jennifer Unser, NYS DOH  
Meg Vijayan, OPWDD  
Rinzin Wangmo, NYCDOHMH

*Other Attendees:*

Steve Allen, HealthLink  
Elizabeth Amato, HealthConnections  
Carmen Barber, OMH  
Dr. John Barbuto, OPWDD  
Allison Behan, OPWDD  
Bob Belfort, Manatt, Phelps & Phillips, LLP  
Alison Bianchi, NYeC  
Nicole Casey, NYeC  
Salvatore Cerniglia, OPWDD  
Rebecca Coyle, NYeC  
Alexander Dworkowitz, Manatt, Phelps & Phillips, LLP

Nicolas Elcock, NYCDOHMH  
Jen Freeman, RD, CDN, OPWDD  
David Horrocks, NYeC  
Donald Juron, NYeC  
Kathryn Lucia, NYeC  
Russell Lusak, Selfhelp Community Services  
Sarina Master, OHIP  
Kristen McLaughlin, OMH  
Natasha Pernicka, The Food Pantries / Alliance Hunger Free NY  
Liana Prosonic, HealtheConnections  
Clara Robertson, NYCDOHMH  
Sam Roods, NYeC  
Nance Shatzkin, Bronx RHIO  
Julia Sisti, NYeC  
Jen Spencer, Rochester RHIO  
Cindy Sutliff, NYeC  
Michele Warner, OHIP

The meeting was called to order by Dr. Cohen at 12 p.m.

### **I. Welcome and Introductions**

Dr. Cohen welcomed the Committee members and introduced the two new members: Todd Rogow, CEO of Healthix, and Paul Uhrig, Chief Legal & Digital Health Officer for Bassett Health. Mr. Rogow and Mr. Uhrig introduced themselves to the Committee members. Once a quorum was reached, the meeting minutes from the prior meeting were approved.

### **II. Federal and State Updates**

Mr. Dworkowitz provided an overview of expected federal rulemaking related to HIPAA, information blocking, and 42 C.F.R. Part 2. He described the ways in which such rules could impact SHIN-NY policy and the agenda of the Policy Committee during 2023.

Mr. Naqi noted that the federal government's proposed Part 2 rule had stopped well short of harmonizing Part 2 with HIPAA. Dr. Brown observed the importance of clarifying which types of CBOs could obtain protected health information under the revised HIPAA rules.

### **III. DOH Update**

Mr. Kirkwood said the updated version of the SHIN-NY policies was going through the DOH approval process and should be approved prior to the next Policy Committee meeting. He noted that there were many different state initiatives being implemented, including DOH's efforts related to public health reporting and surveillance.

#### **IV. SHIN-NY Policy Committee General Business Items**

Ms. Sutliff said the goal for the year was to add three additional members to the Policy Committee. She explained that three new candidates had been submitted to the NYeC nominating committee, and recommendations would be submitted to the NYeC board for approval at the March 28, 2023 meeting.

Ms. Sutliff explained that several years prior, the Policy Committee had been receiving many ad hoc requests for policy changes, and at the time the Committee decided to put in place a process that formalized such requests. She said that there is a particular template that can be used for proposed policy changes, which had been provided to Committee members and is available for use by SHIN-NY stakeholders.

#### **V. Review and Discussion of the 2023 Policy Agenda and Key Areas of Focus**

Ms. Sutliff provided a background for the areas of focus for the 2023 policy agenda. She noted that over the past two years the Committee has focused on reforms for statewide consent, and now changes are needed to aid with implementation of the 1115 Medicaid waiver demonstration. She noted that health data privacy and third-party applications was another important area, and the policies do not fully address how to handle requests from applications on behalf of patients. She described public health, disclosures to health plans, and ongoing policy modernization as other areas of focus. Dr. Brown said it would be an exciting year.

#### **VI. SHIN-NY Consent Framework**

After a break, Mr. Dworkowitz described the consent framework under the SHIN-NY. He noted that the SHIN-NY generally requires written patient consent for the exchange of health information. He noted that some reforms to the consent policies had been undertaken to promote disclosures under the new 1115 waiver, such as changes in policies related to CBO disclosures, but other reforms should be considered as well.

Mr. Rogow said it was helpful to put New York's policies in context, and that most other states did not have as strict consent rules for their health information exchanges. Mr. Kirkwood explained that SHIN-NY policy was developed to be a high bar and once that high bar is passed an organization has access to a lot of information, but there are also use cases where an organization does not need all information on an individual.

Dr. Brown asked: what resources exist for the evaluation of SHIN-NY policy implementation. He noted that the 1115 waiver may provide an opportunity to evaluate what is happening and the impact and outcomes of the policies.

## **VII. Health Equity and SDOH: 1115 Waiver**

Ms. Engel provided the Committee with background on the new 1115 waiver amendment. She noted that the \$13.52 billion waiver is still under negotiation with CMS. She described the role of Health Equity Regional Organizations (HEROs) as planning entities who are tasked with fixing the health care system where it broke during the pandemic. She explained that the waiver would include \$860 million in funding for Social Determinants of Health Networks (SDHNs), which are networks of CBOs. She explained that simply addressing one social need was not enough, and that is not sufficient to help a person find an apartment if they have no access to food.

Ms. Engel noted that with respect to health information technology, the state did not want to undo investments already made, and they would leverage current IT systems to collect data on referrals. She noted there would be a standardized screening tool used for Medicaid enrollees. She said the negotiations with CMS were going very well, but it was a huge waiver and time was needed for approval.

Ms. Pernicka presented on the CBO perspective of the waiver. She provided background on food as medicine, which can include medically tailored meals and fruit and vegetable prescriptions. She said that food-as-medicine CBOs typically are food pantries or food banks that do not have significant data infrastructure. She said such CBOs are not experts in data analysis.

Ms. Pernicka said she had concerns related to SDHNs focusing on just one area, such as housing, and that food policies may not be the priority of a particular SDHN. Ms. Engel noted that the state will be tracking the different types of services and the goal is to offer a menu of different services. Ms. Pernicka agreed that information needs to flow, but added a lot of time, money and expertise are needed in order to make that happen.

## **VIII. Patient Engagement and Access**

Mr. Naqi provided an overview of Hixny's experience with Apple. He explained that in 2020, two Hixny participants began a pilot program under which Hixny's patient portal would act as their own portal. He described how Hixny's portal was used to share data with Apple Health, so that patients could view their data on the app. He described the process for authentication and various security protocols.

Mr. Naqi said the most significant limit is that Apple does not contract directly with data aggregators and that they contract only with covered entities. He also noted that the scope of data was very limited, in that Apple would only import data from a covered entity that has contracted with Apple and would not import all Hixny data.

Mr. Naqi also noted that Apple did not want to execute a business associate agreement and therefore would only receive data under a consumer-directed exchange. He expressed concern about the potential misuse of data by certain apps, but noted that as a health information

exchange Hixny is required to follow patient requests in compliance with the information blocking rule.

Ms. Khare asked if Apple was straightforward on how they would use the data. Mr. Naqi said it would have been helpful to receive more information from Apple, and that QEs are limited in their negotiation power in this context.

## **IX. Closing**

Dr. Cohen thanked the Committee members and adjourned the meeting. The next meeting of the Policy Committee is scheduled for March 15, 2023 from 2-3 pm.