

**New York eHealth Collaborative Policy Committee Meeting**  
**June 18, 2024**  
**1:00 p.m. – 3:00 p.m.**  
**Meeting Notes**

A meeting of the NYeC Policy Committee was held on June 18, 2024. Present via telephone or videoconference were:

*Policy Committee Voting Members:*

Dr. David Cohen, Maimonides Health Center (Chair)  
Elizabeth Amato, HealthConnections  
Dr. Lawrence Brown, Weill Cornell Medical College  
David Finkelstein, RiverSpring Living  
Dr. Sabina Lim, MD, Mount Sinai Health System  
Russell Lusak, Selfhelp Community Services  
Natasha Pernicka, Food Pantries for the Capital District  
Paul Pettit, Orleans County Health Department  
Dr. Ram Raju, Health Disparities Consultant  
Todd Rogow, Healthix  
Paul Uhrig, Bassett Health  
Louann Villani, Athena

*Ex-Officio Members:*

Carmen Barber, OMH  
Patti Burandt, HealthLink (BOC Representative)  
Gladys Crawford, NYS DOH OHSQA  
Samantha Delia, OASAS  
Deirdre Depew, NYS DOH OHSQA  
Geraldine Johnson, NYS DOH (Public Health)  
Jonathan Karmel, NYS DOH OHSQA  
Puja Khare, GNYHA  
Karen Lipson, Leading Age NY  
Chelsea Sack, NYS DOH OHSQA  
Rinzin Wangmo, NYCDOHMH  
Ken Wiczerza, NYS DOH OHSQA

*Other:*

Alison Bianchi, NYeC  
George Chalissery, hMetrix  
Rebecca Coyle, NYeC  
Vivienne Destefano, Healthix  
Alexander Dworkowitz, Manatt  
Nicholas Elcock, NYCDOHMH  
Charlie Feldman, NYeC

Alexandra Fitz, NYeC  
Jen Freeman, OPWDD  
Alice Hollocher, NYeC  
Alice Leiter, Manatt  
Magdalena Mandziewska, Healthix  
Astrid Marz, NYeC  
Kristen McLaughlin, OMH  
Kathryn Miller, Bronx RHIO  
Dan Porreca, HealtheLink  
Leilani Prusky, NYSTEC  
Kylie Riese, HealthConnections  
Sam Roods, NYeC  
Elisa Sacco, NYSTEC  
Wendy Saunders, Hinman Straub  
Anne Schettine, NYS DOH OHSQA  
Jen Spencer, Rochester RHIO  
Cindy Sutliff, NYeC

The meeting was called to order by Dr. Cohen at 1:00 p.m.

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

Dr. Cohen welcomed the Committee members. The Committee approved the minutes from the May 2024 meeting.

### **II. Federal and State Update**

Mr. Roods explained that the Recognized Coordinating Entity (RCE) under the Trusted Exchange Framework and Common Agreement (TEFCA) is planning to release new Standard Operating Procedures in July. He said that in light of a recent incident with Carequality, there were discussions about the scope of the treatment exchange purpose.

Mr. Roods noted that the HTI-2 proposed rule was still pending at the Office of Management and Budget.

### **III. DOH Update**

Ms. Depew said the SHIN-NY regulations had gone through the review period and were scheduled to be sent back to the Public Health and Health Planning Council (PHHPC). She said if PHHPC approves the regulation, it should be published in the State Register two weeks later. She said there were not substantial changes to the regulation.

Ms. Depew said the updated SHIN-NY Policies and Procedures were held up during the comment period for the regulation, and they should be shared soon.

#### **IV. New York Common Agreement Process**

Dr. Cohen informed the Committee that the new SHIN-NY regulations require the development of a common participation agreement. He said the Committee would establish a smaller ad hoc group to review the term sheet being developed by NYeC so that they can bring recommendations to the full Committee.

#### **V. Utilization Review**

Dr. Cohen explained that the Policy Committee had previously approved utilization review as a Level 1 purpose, and that the Committee needed to finalize the language. Mr. Dworkowitz described the proposed language, and he provided additional language that was based on a suggestion from GNYHA. Ms. Khare responded that GNYHA's recommendation was intended to address the timing of the notice, not a requirement for a separate notice.

Dr. Cohen said health plans were concerned that they will be required to give notice every time they look at SHIN-NY data, which would be very cumbersome. Dr. Raju said a blanket notification could be given as part of a contract. Ms. Khare questioned the level of burden and asked whether the notice could be automated. Ms. Sutliff responded that she thought the general notification from payers, reinforced by a notice prior to a denial, should be sufficient. Dr. Cohen added that plans sometimes look for information to justify a procedure, and if separate notice is required in that situation, it is excessive.

Dr. Cohen called for a motion to approve the proposed language. The motion was approved.

#### **VI. Training Requirements**

Dr. Cohen said the Committee was working to ensure that SHIN-NY training requirements are not causing unnecessary redundancies in training.

Mr. Dworkowitz provided proposed policy language addressing three areas of potential reform: (1) removing the current requirement for QEs to provide training to participants related to HIPAA; (2) ending the requirement that SHIN-NY access and use refresher training occur every year; and (3) permitting SHIN-NY focused trainings to be combined with other privacy-related trainings.

Dr. Brown said he loved the concept of trying to reduce burden. He added that there is a potential risk of requirements being more burdensome on certain classes of providers, and he expressed concern about the impact on small providers. He said they need to be cognizant of the

diversity of providers. Dr. Cohen agreed, saying the size of an entity is a large factor in determining burden.

Ms. Amato said she agreed with the direction of the proposed language. However, she expressed concern about the proposed language in Section 4.7.5 relating to ensuring that the content is not unnecessarily repetitive, saying that the proposal seemed to create a different type of burden on QEs. Mr. Dworkowitz responded that the point was collaboration of participants to avoid unnecessarily repetitive trainings, and said the language could be revised to clarify that point.

Dr. Cohen called for a motion to approve the language, subject to edits to address Ms. Amato's concern. The motion carried.

## **VII. Introduction to the Statewide Consent Management System**

Ms. Sutliff provided an overview of SHIN-NY consent rules and recent reforms. She explained that QEs other than HealthLink use single-provider consents, and that the Policy Committee had approved a statewide community consent model. She noted that the regulation also adopted such a model.

Mr. Rogow noted that one of the goals for the SHIN-NY is to connect to national networks, and that it is important that the policies support that participation. Ms. Sutliff agreed.

Mr. Chalissery described hMetrix's work to develop the statewide consent management system. He said hMetrix has built similar systems in other states. He said his role is oversight and a colleague is the chief architect of the new system. Mr. Chalissery said the idea is to have one system across the state to reduce the burden for all stakeholders in the consent process. He described other aspects of the proposed system, including the fact that the system could query multiple patients at one time.

Mr. Rogow said it looked like the system would require the value in the statewide system to be passed to the providers, which would be a big change. Mr. Chalissery responded that if the provider systems needed to maintain the consent and be the central source of information, there is nothing in the system that would prevent that from occurring.

Mr. Lusak asked about the cost burden on providers. He said if this is not a mandate, then software companies will view it as a custom build and then impose additional costs on their provider customers. He suggested that it should be a requirement that the software companies cannot impose costs on providers. Ms. Sutliff questioned whether the Committee could regulate the software companies. Dr. Cohen said they could make a recommendation to the state, but the Committee did not have purview over technology providers.

## **VIII. Reproductive Health Privacy Developments**

Ms. Leiter provided an overview of recent developments in reproductive health privacy. She noted that in the spring the federal government adopted amendments to the HIPAA privacy rule intended to promote protections of reproductive health data. She said that the Office of Civil Rights (OCR) enacted the amendments in reaction to the *Dobbs* Supreme Court decision. She said that the regulation broadly defined reproductive health data, and although the regulation did not call out gender affirming care, it could be read to encompass such care.

Ms. Leiter described recently enacted California and Maryland laws that also provide new protections for reproductive health data. She also discussed New York State legislation that has not yet been enacted that similarly would impose new restrictions on the disclosures of such data.

Ms. Leiter said there have long been efforts to reduce data silos, and these laws could be viewed as potentially counterproductive to the push for interoperability. She noted that the New York State bill applies to many categories of data beyond reproductive health data, including substance use disorder and mental health data. Dr. Cohen noted there are significant cost implications of the bill. Ms. Miller noted that one of the sponsors of the bill is a Bronx legislator, and the Bronx RHIO had met with her to discuss concerns. Ms. Khare noted that GNYHA is opposed to the bill as it is currently written.

## **IX. Closing**

Dr. Cohen thanked the Committee members and adjourned the meeting.