



DATA SHARING STATE LAWS Summary

Summary of State Laws that Facilitate Data Sharing Among State Agencies

State governments recognize the value in data sharing. Sharing across government assists agencies in addressing social determinants of health, environmental needs and risk factors; in better aligning services that support individuals; and in enhanced public health surveillance.¹ Further, better information for health and human services agencies generally produces better care.²

Here are several examples of state laws that facilitate data sharing among state agencies.

Indiana

Indiana law, IC 4-3-26 et seq., P.L.269-2017, creates the Indiana Management Performance Hub to establish and maintain a program to support data collection, analysis, and exchange among executive state agencies and to provide access to – and release of – government data by executive state agencies to local government, educational institutions, researchers, nongovernmental organizations, and the general public, as permitted by confidentiality and disclosure laws.

For further information, visit the Management Performance Hub home page at <https://www.in.gov/mpg/index.htm>.

Massachusetts

Massachusetts law ([Chapter 55](#)), enacted in August 2015, permits the analysis of different government datasets to guide policy decisions and to better understand the opioid epidemic. For further information, visit <https://chapter55.digital.mass.gov/#chapter55>. See Chapter 55 reports at <https://www.mass.gov/files/documents/2017/08/31/legislative-report-chapter-55-aug-2017.pdf> (2017 report) and <https://www.mass.gov/files/documents/2016/09/pg/chapter-55-report.pdf> (2016 report).

New Jersey

New Jersey Law, [N.J. Stat. § 30.4D-65 et seq.](#), enacted in 2016, establishes the New Jersey Integrated Population Health Data (iPHD) project to facilitate data sharing among state agencies and with researchers for purposes described by the iPHD Act. These purposes include the improvement of public health, safety, security and well-being of New Jersey residents and improvement of the overall cost efficiency of government assistance programs. The iPHD Act requires that the Rutgers Center for State Health Policy establish an operational iPHD Project to securely receive, maintain, and



transmit data in accordance with the act and other applicable laws. The Rutgers Center for State Health Policy website provides detailed information about the iPHD project, including its policies and procedures, at <http://www.cshp.rutgers.edu/content/nj-iphd>.

West Virginia

[West Virginia's law](#), enacted in 1997, was repealed in March 2017 and reenacted in another section of the code in June 2017. It provides for the board of directors of the West Virginia Health Care Authority (“Authority”), a division within the state Department of Health and Human Resources, to coordinate and facilitate health data collection by, and exchange among, state agencies.

[§16-29B-25. Data repository.](#)

- A. The authority shall:
 1. Coordinate and oversee the health data collection of state agencies;
 2. Lead state agencies' efforts to make the best use of emerging technology to effect the expedient and appropriate exchange of health care information and data, including patient records and reports; and
 3. Coordinate database development, analysis and report to facilitate cost management, review utilization review and quality assurance efforts by state payor and regulatory agencies, insurers, consumers, providers and other interested parties.
- B. A state agency collecting health data shall work through the authority to develop an integrated system for the efficient collection, responsible use and dissemination of data and to facilitate and support the development of statewide health information systems that will allow for the electronic transmittal of all health information and claims processing activities of a state agency within the state and to coordinate the development and use of electronic health information systems within state government.
- C. The authority shall establish minimum requirements and issue reports relating to information systems of state health programs, including simplifying and standardizing forms and establishing information standards and reports for capitated managed care programs;
- D. The authority shall develop a comprehensive system to collect ambulatory health care data.
- E. The authority may access any health-related database maintained or operated by a state agency for the purposes of fulfilling its duties. The use and dissemination of information from that database shall be subject to the confidentiality provisions applicable to that database.
- F. A report, statement, schedule or other filing may not contain any medical or individual information personally identifiable to a patient or a consumer of health services, whether directly or indirectly.
- G. A report, statement, schedule or other filing filed with the authority is open to public inspection and examination during regular hours. A copy shall be made available to the public upon request upon payment of a fee.
- H. The authority may require the production of any records necessary to verify the accuracy of any information set forth in any statement, schedule or report filed under the provisions of this article.
- I. The authority may provide requested aggregate data to an entity. The authority may charge a fee to an entity to obtain the data collected by the authority. The authority may not charge a fee to a covered entity to obtain the data collected by the authority.
- J. The authority shall provide to the Legislative Oversight Commission on Health and Human Resources Accountability before July 1, 2018, and every other year thereafter, a strategic data collection and analysis plan:
 1. What entities are submitting data;
 2. What data is being collected;
 3. The types of analysis performed on the submitted data;
 4. A way to reduce duplicative data submissions;

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- a. The current and projected expenses to operate the data collection and analysis program.
 - K. The Secretary of the Department of Health and Human Resources may assume the powers and duties provided to the authority in this section, if the secretary determines it is more efficient and cost effective to have direct control over the data repository program.

Virginia

While it could include data sharing among state agencies, this law appears to focus more on creating a secure system for any HIPAA covered entity to report or provide identifiable health information to the entities named in the law.

§ 32.1-127.1:04. Use or disclosure of certain protected health information required.

A. The coordination of prevention and control of disease, injury, or disability and the delivery of health care benefits are hereby declared to be (i) necessary public health activities; (ii) necessary health oversight activities for the integrity of the health care system; and (iii) necessary to prevent serious harm and serious threats to the health and safety of individuals and the public.

B. The Departments of Health, Medical Assistance Services, Behavioral Health and Developmental Services, and Social Services, and the Departments for Aging and Rehabilitative Services, the Blind and Vision Impaired, and the Deaf and Hard-of-Hearing, or any successors in interest thereof shall establish a secure system for sharing protected health information that may be necessary for the coordination of prevention and control of disease, injury, or disability and for the delivery of health care benefits when such protected information concerns individuals who (i) have contracted a reportable disease, including exposure to a toxic substance, as required by the Board of Health pursuant to § 32.1-35 or other disease or disability required to be reported by law; (ii) are the subjects of public health surveillance, public health investigations, or public health interventions or are applicants for or recipients of medical assistance services; (iii) have been or are the victims of child abuse or neglect or domestic violence; or (iv) may present a serious threat to health or safety of a person or the public or may be subject to a serious threat to their health or safety. For the purposes of this section, "public health interventions" shall include the services provided through the Departments for Aging and Rehabilitative Services, the Blind and Vision Impaired, and the Deaf and Hard-of-Hearing, or any successors in interest thereof.

Pursuant to the regulations concerning patient privacy promulgated by the federal Department of Health and Human Services, covered entities may disclose protected health information to the secure system without obtaining consent or authorization for such disclosure. Such protected health information shall be used exclusively for the purposes established in this section.

C. The Office of the Attorney General shall advise the Departments of Health, Medical Assistance Services, Behavioral Health and Developmental Services, and Social Services and the Departments for Aging and Rehabilitative Services, the Blind and Vision Impaired, and the Deaf and Hard-of-Hearing, or any successors in interest thereof, in the implementation of this section.

SUPPORTERS

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¹ See, Integration Forum, supported by ASTHO: *Actionable Data Sharing: Opportunities to Leverage Public Health Data to Enhance Cross-sector Partnerships*. Retrieved from: <https://www.astho.org/Integration/Integration-Forum-Actionable-Data-Sharing/>.

² Hoff, C. and Sarkar, S. *Information Sharing Model For Health and Human Services Agencies*. 2019. Retrieved from: <https://nic-us.org/wp-content/uploads/2019/04/Information-Sharing-Model-for-Health-and-Human-Services-Agencies-.pdf>.