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# Overview of Assembly Bill 7 (2023) and Implementation Update

Division of Health Care Financing and Policy

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Deputy Administrator

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Department of Health and Human Services

*Helping people. It's who we are and what we do.*



# Agenda

- Overview of Assembly Bill 7 (2023)
- Overview of Regulations Development Process
- Implementation Update:
  - Approved regulations
  - Notification to providers and medical facilities
  - Completed reports
  - DHHS waiver process
  - DHHS grant program



# Overview of Assembly Bill 7



# PPC Bill Draft Request

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Began as Patient Protection Commission BDR 40-381 in advance of Nevada's 2023 Session, later printed as Assembly Bill 7.

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The Commission initially proposed mandating that providers of health care and custodians of health care records implement an interoperable electronic health care records system and ensure patients can receive and/or forward their medical records electronically based on their personal preference.



# Overview of AB 7 (2023)

[Assembly Bill 7](#) as approved through the 2023 Nevada Legislature requires the DHHS Director to adopt regulations governing health information exchanges and the transmittal, ownership, management, use and confidentiality of electronic health records.

- Prescribe by regulation a framework for the electronic maintenance, transmittal and exchange of electronic health records, prescriptions and health-related information.
- Require the ability for patients to access and forward their records electronically.
- Require the interoperability of such networks and technologies.

The DHHS Director must convene an advisory group to advise the Director in the adoption of those standards.



# Regulations Development



# Electronic Health Information Advisory Group

## **Assembly Bill 7: Section 2.7 subsection 8 –**

*The advisory group shall advise the Director of the Department on the development and implementation of the regulations adopted pursuant to NRS 439.589, as amended by section 1.08 of this act.*

NRS 439.589: Adoption of regulations to prescribe standards relating to electronic health records, health-related information and health information exchanges.



# Electronic Health Information Advisory Group Membership

1. Representatives of third parties, as defined in [NRS 439.589](#), as amended by section 1.08 of this act, that provide health coverage in this State;
2. Representatives of hospitals, as defined in [NRS 449.012](#), other medical facilities, as defined in [NRS 449.0151](#), and facilities for the dependent, as defined in [NRS 449.0045](#);
3. Representatives of consumers of health care;
4. Representatives of labor organizations;
5. Professionals in the field of information privacy and security;
6. Professionals in the field of health information technology and the interoperability of health information;
7. Representatives of community-based organizations whose work relates to health information;
8. Representatives of county and city health departments;
9. Representatives of social services agencies; and
10. Representatives of community-based organizations whose work relates to social services.

**For a complete list of the 20 EHIAG appointed members plus 9 ex-officio members, [click here](#).**





# EHlAG Timeline for Draft Regulation Development

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**March 7, 2024**

*Meeting 1: Group Orientation, Outline Responsibilities*

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**April 4, 2024**

*Meeting 2: Provide Constructive Feedback on Regulations Draft 1*

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**May 2, 2024**

*Meeting 3: Provide Constructive Feedback on Regulations Draft 2*

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**June 17, 2024**

*Meeting 4: Discussion, Finalize and Approve Draft Regulations*



# Draft Regulations: EHIAG Main Points

## Flexible Options for Providers of Health Care

- Allow **two** options for compliance:
  - Compliant Electronic Health Record (EHR)
  - Compliant Health Information Exchange (HIE)

## Direct Patient Access and Forwarding Electronically

- Important that both compliant solutions allowed patients direct access to their health records electronically, and the ability to forward those records electronically to others of their choosing

## Alignment with Federal Best Practices re: Interoperability

- Compliant EHR must be certified by the [Office of the National Coordinator for Health Information Technology](#) of the United States Department of Health and Human Services
- Compliant HIE must be a member of the [Trusted Exchange Framework and Common Agreement \(TEFCA\)](#)



# Draft Regulations Submitted to LCB

DHHS chose to add language in the draft regulations:

**No provider of health care is required to use a health information exchange.**

Maintaining alignment with all requirements as set forth in the bill

- AB 7 Section 1.08 subsection 3





# Draft Regulations after EHIAG Approval





# Implementation Updates



# Approved Regulations

Approved regulation **effective date**: December 19, 2024



All health care providers and medical facilities licensed to operate in Nevada must be able to maintain, transmit, and exchange health information in accordance with state law and regulations. See [NRS 439.589](#) and [LCB File No. R173-24](#). These requirements must be met as follows:

**By July 1, 2024:**

- Hospitals
- Physician group practices with more than 20 employees

**By July 1, 2025:**

- All other healthcare providers and entities (unless listed below)

**By January 1, 2030:**

- Physician group practices with 20 or fewer employees
- Solo practitioners
- Small health care businesses



# Provider Waiver Process

AB 7 requires DHHS to implement a process for health care providers to apply for a waiver from NRS 439.589 on the basis that:

- The health care provider does not have the infrastructure necessary to comply with those provisions; **and**
- Obtaining such infrastructure is not reasonably practicable, including, without limitation, because the cost of such infrastructure would make it difficult for the health care provider to continue to operate.

Public Workshop on draft waiver process held December 31, 2024.

New waiver process coming soon! Monitor [this website](#) for updates.





# Grant Program

DHCFP is managing funding appropriated through Assembly Bill 7 for the purpose of **awarding grants to health care providers to comply with the requirements** of Nevada Revised Statute (NRS) 439.589. One-time funding is available for eligible applicants to purchase and implement a system for the electronic maintenance, transmittal and exchange of electronic health records, prescriptions, and health-related information in compliance with NRS 439.589.

**Funding for this purpose will only be available through June 30, 2025**, and is subject to availability pending number of applications received and amount of each approved application.

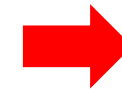
**Per AB 7, eligible applicants for the one-time appropriated grant funds include:**

- a provider of health care, as defined in [NRS 629.031](#), who is licensed pursuant to title 54 of NRS; or
- any person licensed pursuant to title 57 of NRS; **and**
- who have a staff of less than 50 people, or who work for an entity that has a staff of less than 50 people.

For all grant application materials and instructions, including the [Notice of Grant Funding Opportunity](#), navigate to the [EHIAG website](#), right-hand column:

## Meetings

[DHCFP Public Meetings](#)



## Grant Program

[Notice of Funding](#)

[Opportunity](#)

[Attachment B Template](#)

[Attachment C Template](#)





# Questions?



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Website for updates for all AB 7 programs:  
<https://dhcfp.nv.gov/Boards/AdminSupport/EHIAdvisoryMain/>



# Acronyms

**AB 7** = Assembly Bill 7 as passed through the 2023 Nevada Legislature

**BDR** = Bill Draft Request

**EHR** = Electronic Health Record

**DHCFP** = Division of Health Care Financing and Policy

**DHHS** = Nevada Department of Health and Human Services

**EHIAAG** = Electronic Health Information Advisory Group

**HIE** = Health Information Exchange

**LCB** = Legislative Counsel Bureau

**NRS** = Nevada Revised Statute

**TEFCA** = Trusted Exchange Framework and Common Agreement