*** § 2816. Statewide planning and research cooperative system.** 1. (a) The statewide planning and research cooperative system in the department is continued, as provided in and subject to this section, within amounts appropriated for that purpose. The system shall be developed and operated by the commissioner in consultation with the council, as may be specified by regulation of the commissioner. Any component or components of the system may be operated under a different name or names, and may be structured as separate systems. In making regulations under this section, subsequent to April first, two thousand eleven, the commissioner shall consult with the superintendent of financial services or the head of any agency that succeeds the department of financial services, health care providers, third-party health care payers, and advocates representing patients; protect the confidentiality of patient-identifiable information; promote the accuracy and completeness of reporting; and minimize the burden on institutional and non-institutional health care providers and third-party health care payers.

(b) As used in this section, unless the context clearly requires otherwise:

(i) "Health care" means any services, supplies, equipment, or prescription drugs referred to in subdivision two of this section.

(ii) "Health care provider" includes, in addition to its common meanings, a clinical laboratory, a pharmacy, an entity that is an integrated organization of health care providers, and an accountable care organization of health care providers.

(iii) "System" means the statewide planning and research cooperative system under this section, and any separate system under this subdivision.

(iv) "Third-party health care payer" includes, but is not limited to, an insurer, organization or corporation licensed or certified pursuant to article thirty-two, forty-three or forty-seven of the insurance law, or article forty-four of the public health law; or an entity such as a pharmacy benefits manager, fiscal administrator, or administrative services provider that participates in the administration of a third-party health care payer system.

(v) "Covered person" is a person covered under a third-party health care payer contract, agreement, or arrangement.

2. Notwithstanding any provision of law to the contrary, regulations governing the system shall include, but not be limited to, the following:

(a) Specification of patient, covered person, claims, and other data elements and format which shall be reported including data related to:

(i) inpatient hospitalization data from general hospitals;

(ii) ambulatory surgery data from hospital-based ambulatory surgery services and all other ambulatory surgery facilities licensed under this article;

(iii) emergency department data from general hospitals;

(iv) outpatient, clinical laboratory, and prescription data, including but not limited to data from or relating to services, supplies, equipment, and prescription drugs provided or ordered by general hospitals and diagnostic and treatment centers licensed under this article, pharmacies, clinical laboratories, and other health care providers;

(v) covered person and claims data; and

(vi) the data specified in this paragraph shall include the identification of patients transferred, admitted or treated subsequent to a medical, surgical or diagnostic procedure by a licensed health care professional or at a health care site or facility.

(b) Standards to assure the protection of patient privacy in data collected, published, released, used and accessed under this section, including compliance with applicable federal law.

(c) Standards for the publication, release, and use of and access to data reported in accordance with this section, including fees to be charged.

(d) Provisions requiring specified health care providers and third-party health care payers to report data to the system, with specifications of the data, circumstances, format, time and method of reporting.

(e) Provisions to acquire data relating to health care provided (i) to patients for whom there is no third-party health care payer and (ii) under arrangements that do not involve fee-for-service payment.

(f) Phased-in implementation of the system.

3. The commissioner may provide that the system may participate in or cooperate with a similar system operated by, or receive information from or provide information to, a regional or national entity or another jurisdiction, including making appropriate agreements and applying for approvals, provided that the protections for health care providers, patients, and third-party health care payers in this section are preserved and comparable provisions are included in the other system.

4. The commissioner may provide for access to data in the system by a health care provider relating to a patient being treated by the health care provider, subject to this section and applicable state and federal law.

5. In operating the system, the commissioner shall consider national standards, including but not limited to those approved by the National Uniform Billing Committee (NUBC) or required under national electronic data interchange (EDI) standards for health care transactions. The commissioner shall also consider the use of the Statewide Health Information Network for New York in relation to the system.

6. Notwithstanding any inconsistent provision of law to the contrary, including but not limited to section one hundred two of the executive law, such rules and regulations may describe data elements by reference to information reasonably available to regulated parties, as such material may be amended in the future, even though such material cannot be precisely identified to the extent that it is amended in the future; provided, however, that the commissioner shall precisely identify and publish such data elements.

7. The commissioner may contract with one or more entities to operate any part of the system subject to this section.

8. The commissioner may accept grants and enter into contracts as may be necessary to provide funding for the system.

9. The commissioner shall publish an annual report relating to health care utilization, cost, quality, and safety, including data on health

disparities.

* NB Effective until March 31, 2029

* § 2816. Statewide planning and research cooperative system. 1. The statewide planning and research cooperative system in the department is continued, as provided in this section. The statewide planning and research cooperative system shall be developed and operated by the commissioner in consultation with the council, and shall be comprised of such data elements as may be specified by regulation.

2. Regulations governing the statewide planning and research cooperative system shall include, but not be limited to, the following:

(a) Specification of patient and other data elements and format to be reported including data related to:

(i) inpatient hospitalization data from general hospitals;

(ii) ambulatory surgery data from hospital-based ambulatory surgery services and all other ambulatory surgery facilities licensed under this article;

(iii) emergency department data from general hospitals;

(iv) outpatient clinic data from general hospitals and diagnostic and treatment centers licensed under this article, provided, however, that notwithstanding subdivision one of this section the commissioner, in consultation with the health care industry, is authorized to promulgate or adopt any rules or regulations necessary to implement the collection of data pursuant to this subparagraph; and

(v) the data specified in this paragraph shall include the identification of patients transferred, admitted or treated subsequent to a medical, surgical or diagnostic procedure by a licensed health care professional at a site or facility other than those specified in subparagraph (i), (ii), (iii) or (iv) of this paragraph.

(b) Standards to assure the protection of patient privacy in data collected and released under this section.

(c) Standards for the publication and release of data reported in accordance with this section.

* NB Effective March 31, 2029