



**151st GENERAL ASSEMBLY  
FISCAL NOTE**

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<b>BILL:</b>	<b>SENATE BILL NO. 121</b>
<b>SPONSOR:</b>	<b>Senator Gay</b>
<b>DESCRIPTION:</b>	<b>AN ACT TO AMEND TITLE 16 AND TITLE 29 OF THE DELAWARE CODE RELATING TO THE DELAWARE HEALTH INFORMATION NETWORK AND THE DEPARTMENT OF CORRECTION.</b>

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**Assumptions:**

1. This Act becomes effective upon signature by the Governor.
2. This Act addresses a gap in care coordination efforts for individuals in the custody of the Delaware Department of Correction (DOC) by ensuring appropriate health data is provided to the Delaware Health Information Network (DHIN) for inclusion in the clinical health data repository and the Delaware Health Care Claims Database.
3. Under this Act, the DOC or a third-party entity that provides medical care to an individual in the Department's custody or care must enroll in DHIN under § 8916(1) of Title 29 no later than 30 days after the date of enactment and must enter into an agreement with DHIN under § 8916(2) of Title 29 to provide a summary of each visit or episode of care in an electronic format no later than 90 days after the date of enactment.
4. According to the DOC, there are several financial requirements necessary to implement an interface to allow for such a data exchange between DHIN and the DOC Electronic Medical Record, ICHRT. DOC would require additional functionality that would provide two years of the offender's medical history upon admission. This functionality would allow the DOC's medical vendor to have a comprehensive medical profile to outline a plan of care while in the Department's custody.
5. DOC reported initial costs estimates included a one-time setup fee of \$45,500 for DHIN project management and a one-time setup of \$44,550 for enhancements to ICHRT to support a bidirectional interface in the first year to move toward full implementation. Additionally, ICHRT would require yearly interface maintenance and support totaling \$9,500 per year with an increase to \$10,450 in year three.
6. Initial cost estimates also included fees for the yearly transaction of information through the interface. DOC anticipates an estimated 86,000 accessions of information including Patient Care Summaries, Admissions, Release and Transfer transactions, and Laboratory results in the first two years. DOC anticipates an increase to an estimated 95,450 accessions in year three; each accession is costed at \$0.235.

**Cost:**

Fiscal Year 2023: \$119,760  
Fiscal Year 2024: \$29,710  
Fiscal Year 2025: \$32,881

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