

MINUTES OF THE SENATE PUBLIC HEALTH AND WELFARE COMMITTEE

The meeting was called to order by Chairman Jim Barnett at 1:30 p.m. on March 2, 2009, in Room 136-N of the Capitol.

All members were present.

Committee staff present:

Nobuko Folmsbee, Office of the Revisor of Statutes
Doug Taylor, Office of the Revisor of Statutes
Kelly Navinsky-Wenzl, Kansas Legislative Research Department
Terri Weber, Kansas Legislative Research Department
Jan Lunn, Committee Assistant

Conferees appearing before the committee:

Dr. Marci Nielsen, Executive Director, Kansas Health Policy Authority
Jeff Ellis, Lathrop and Gage
Tom Bell, President, Kansas Hospital Association
Jerry Slaughter, Executive Director, Kansas Medical Society
Jeff Bloemker, Cerner Corporation

Others attending:

See attached list.

Informational Briefing on Health Information Technology (HIT)/Health Information Exchange(HIE)

Senator Barnett opened the informational briefing with comments about the capability to electronically move clinical information among disparate systems while maintaining the integrity of the information being exchanged. The goal is to access and to retrieve clinical data to provide safer, more timely, efficient, effective, equitable, and patient-centered care. This topic is of particular importance with the recent passage of the American Recovery and Reinvestment Act (ARRA).

Dr. Marci Nielsen, Kansas Health Policy Authority, distributed her testimony (Attachment 1) which included a one-page fact sheet, the National Governors' Association detailed version, and a hand-out relative to HIT/HIE plan development for Kansas. Dr. Nielsen provided information regarding available dollars to focus on HIT/HIE through ARRA. She indicated that in the United States, the best health care in the world is offered, but not the best health care system. Our current system lacks recognition of:

- a.) the complexity of information technology undertakings;
- b.) the need to integrate all aspects of projects;
- c.) work and physical environments;
- d.) and regulatory/policy requirements while engaging all the parts and participants in harmony.

Dr. Nielsen discussed the definition of a medical home, operationalizing the medical home, improving quality through health information technology, the history of Kansas HIT/HIE initiatives, and concluded with information on aligning the Kansas HITECH (Health Information Technology Economic and Clinical Health Act) plan.

Jeff Ellis, JD, Chair, Health Information Privacy and Security Collaboration (HISPC) and Chair of the Kansas HISPC Legal Work Group, discussed the background of the HISPC project from 2006 to the present time. The project included a steering committee and four work groups: Variations Work Group, Legal Work Group, Solutions Work Group, and the Implementation Work Group. The overall project outcomes were to develop a full understanding of variations in business and privacy/security policies and practices, to design practical solutions and implementation plans for health information systems while preserving privacy/security, and to establish long-lasting collaborative networks for states and communities to support future work. Mr. Ellis' testimony is attached, and therefore becomes part of this permanent record (Attachment 2). Mr. Ellis introduced Helen R. Connors, PhD, RN, FAAN, Chair, Kansas HISPC Steering Committee, and Julie A. Roth, MHSA, JD, and member of the Kansas Legal Work Group. Ms. Roth and the Legal Work Group developed the Comparative Analysis Matrix (CAM) and Assessment Tool which contains over 150 areas of subject matter addressed in state law that involves or impacts health information disclosure. It is designed to facilitate comparison and analysis of state laws by providing the framework for consistent and structured review. Mr. Ellis concluded his testimony by

CONTINUATION SHEET

Minutes of the Senate Public Health And Welfare Committee at 1:30 p.m. on March 2, 2009, in Room 136-N of the Capitol.

reporting that Kansas' HISPC accomplishments provide a mechanism to analyze state law and regulations through the CAM and Assessment Tool, as well as a blueprint for educating Kansas consumers and providers regarding the value of health information exchange and implementation methods.

Tom Bell, president, Kansas Hospital Association, testified (Attachment 3) the vision created through the American Recovery and Reinvestment Act is to include enhanced efficiencies through reduced paperwork, to eliminate duplicative or unnecessary testing, and to provide better decision support at the point of care. He included a summary of frequently asked questions, and a summary of the impact to Kansas of the American Recovery and Reinvestment Act. Mr. Bell shared that opportunities exist to capture federal dollars with the implementation and use of electronic information or an electronic health record (EHR). Mr. Bell discussed what the State has done to prepare for health information technology implementation, and he recommended that communication with the federal Secretary of Health and Human Resources occur as soon as possible encouraging rules and regulations development for provisions contained in the ARRA.

Jerry Slaughter, Kansas Medical Society, speaking from physicians' perspectives (Attachment 4), reminded committee members that while federal dollars could be forthcoming for implementation and expansion of HIT/HIE, there are still many unanswered questions. The recent passage of ARRA provides immense authority to the federal Secretary of Health and Human Services, and it could be several years before the impact of the legislation is realized. While the state of Kansas is well positioned and proactive, the Kansas Medical Society and its physician membership will continue to watch carefully the rules and regulations that are promulgated with the passage of this legislation as well as potential impact to all physicians' practices.

Jeff Bloemker, Cerner Corporation, provided a history of the Cerner Corporation. He indicated that Kansas is on the forefront of health care reform with the implementation of regional health information organizations (RIOS) through Cerner software (Attachment 5). He spoke about a community health record (CHR), the adoption of a Care and Trust Program for health information data, coordination of care for Medicare patients, understanding of information as critical for chronic disease management, and the importance of developing partnerships to create a tipping point to eliminate waste, fraud, abuse, and duplicative testing. He supported piloting the virtual medical home concept.

Senator Schmidt moved to approve the minutes of the February 2, 3, and 4, 2009, meetings as submitted; Senator Brungardt seconded the motion. The motion passed.

The next meeting is scheduled for March 3, 2009.

The meeting was adjourned at 2:30pm