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10 GOVERNOR DOUGLAS: Well, we're pleased now
11 to move into the report of the Health Information
12 Protection Taskforce. Sallie Hunt is with us.

13 Is Bill here?

14 MS. HUNT: No. Bill got iced in in
15 Kentucky.

16 MS. LIM WARNER: I'm standing in.

17 GOVERNOR DOUGLAS: Well, I'm sure you'll
18 do a fine job. We appreciate Bill Hacker's service.
19 Bill is the Commissioner of Health in Kentucky and
20 is co-chair of this taskforce along with Sallie
21 Hunt, who is with us.

22 Sallie is the State Chief Privacy Officer

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1 for West Virginia and is responsible for the privacy
2 program and has responsibility for facilitating the
3 executive branch's implementation of 20 federal and
4 state privacy laws. She is the executive director
5 of the West Virginia Health Information Network as
6 well.

7 Sallie, thanks for being with us, and
8 thanks for your flexibility on schedule, and we look
9 forward to your report and recommendations.

10 MS. HUNT: Thank you, Governor Douglas and
11 Governor Bredesen and the Alliance. I know that
12 Bill is disappointed he wasn't able to join us. He
13 had planned on flying in yesterday, and I think they
14 even closed 64, so there was absolutely no way we
15 could get here.

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16 We're going to move briefly through the
17 presentation. We're going to talk with you about
18 what has transpired since August of this past year.
19 We also have a new recommendation on harmonizing
20 state laws, and we had a workshop last week where we
21 identified a number of priorities and challenges
22 that we'll bring to you. So I'd like to start with

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1 just briefly refreshing you on some of the
2 recommendations that you adopted last August that we
3 brought to you, and we'll start with your charge.

4 You'll recall that the charge of this
5 taskforce is to look at protections for
6 interoperable health information exchange, assuring
7 that it occurs appropriately within states and
8 across states and to advance actionable policy
9 statements, resolutions, and recommendations for
10 your review and possible adoption.

11 As we proceeded throughout this past year,
12 we identified a number of recurring themes. We
13 heard that state law consents vary across the states
14 and within the states and that those variances can
15 interfere with health information exchange. We also
16 learned that health care entities use inconsistent
17 security protocols, and these inconsistencies can
18 also interfere with exchange. We also heard that
19 some federal privacy requirements can also pose
20 implementation challenges for exchange.

21 So as a taskforce, we felt that states

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need a framework to guide our individual efforts and

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1 facilitate a coordinated approach to privacy and
2 security, especially with respect to exchange. And
3 as states develop their networks for exchange, the
4 privacy and security policies need to be developed
5 in concert with the technical architecture.
6 Additionally, consumers not only need to be
7 informed, they need to be engaged in the entire
8 process of building the network, from the design all
9 the way to the implementation.

10 And we did craft several recommendations
11 with regard to these findings, and we prevented five
12 to you that you have already adopted. The first
13 group is around the technical security, and we urged
14 you to encourage states to recognize the
15 certification of newly acquired electronic health
16 record applications to ensure uniform adoption of
17 secure interoperable systems.

18 We also asked you to call upon the federal
19 government for the designation of a single national
20 certification body such as the Certification
21 Commission for Health IT. In order to ensure that
22 the state perspective is included in that process,

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1 we encouraged states to provide input into the
2 certification process itself.

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3 Our second set of recommendations deals
4 with the alignment of state and federal privacy
5 requirements, and I'll briefly walk through those.
6 We recommended that states continue to sustain
7 current privacy and security efforts through
8 financial and political support or other means to
9 reduce the variability of requirements within and
10 across the states.

11 Our second recommendation in this area
12 suggests that the executive branch of the federal
13 government identify challenges in the current
14 federal statutory requirements and work to create
15 solutions for alignments with the states.

16 At your August meeting we heard your
17 request for greater specificity, and we have crafted
18 our next recommendation to you all with that request
19 in mind. So you'll see on our slide our
20 recommendation for your consideration today with
21 regard to harmonizing state laws.

22 We recommended, after hearing a lot of

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1 testimony, that states look at harmonizing their
2 laws at least in the following three ways that
3 you'll see identified on the screen. We heard that
4 in some states they have provisions with regard to
5 privacy and security of health information scattered
6 across their codes. Some states have it in as many
7 as 300 different places, and at least one state was
8 undertaking a three-year effort to harmonize their

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9 requirements just so that they could get a handle on
10 them, understand where to find them, and make them
11 consistent.

12 We also heard that even within the same
13 code various definitions are utilized, which makes
14 it difficult to understand what the requirements are
15 and difficult to get consistencies, which would
16 result in a barrier. And we also know that a the
17 lot of laws were written years ago, before we had
18 electronic health records, before we had exchange,
19 and so you still have requirements on the book,
20 requiring wet signatures, requiring that a signature
21 be in a certain color ink. So we're suggesting that
22 states look at there laws at least around these

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1 three areas and to harmonize them and bring them up
2 to date to facilitate exchange.

3 We also feel that this recommendation
4 recognizes several key challenges to electronic
5 security in the electronic environment today. The
6 variation in laws pertaining to health information
7 in the states is huge. It's a big issue. We need
8 to consolidate them into one location so that if
9 you're in one state and you're trying to find out
10 what laws might be in another, even within your own
11 state, it's very difficult. So we hope that you'll
12 consider adoption of this recommendation.

13 At this point I'd like to turn to our work
14 at our workshop, which was just last week. We

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15 probably had over 50 different participants from the
16 public and private sectors from all over the country
17 join with us to talk about the challenges and
18 strategies and priorities for state policymakers
19 around privacy and security and health information
20 exchange.

21 As we -- over the past months as we have
22 deliberated on privacy and security, we've realized

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1 that there are many projects underway at the same
2 time, both within the states, projects at the
3 federal law, and state projects funded by ONC. We
4 felt like it was really important to put all of the
5 different project leaders together to hear what was
6 going on, hear where maybe there were some
7 synergies, and figure out where maybe we should
8 focus, because the landscape is huge. It's complex,
9 and it's a giant web of different requirements. And
10 we felt, by getting rid of noise, we could get some
11 focus on the areas that this taskforce should focus
12 on next.

13 So these experts, along with the members
14 of the Health Information Taskforce, deliberated
15 extensively on the issues, identified the
16 priorities, the challenges, and the strategies. And
17 the main goal was really to develop some consensus
18 on the issues and encourage strategic thinking to
19 address the complex challenges.

20 The workshop structure was really

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21 fascinating, and it was highly productive, so I'll
22 report today to you the outcome of the workshop and

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1 the deliberations. While there were certainly many
2 issues that popped up, in the end really three main
3 priorities emerged. And I'm going to walk you
4 through the priorities, and they are in no specific
5 ranking.

6 The first priority has to do with
7 alignment of all of the different rules, and you'll
8 recall it's very similar to recommendation that we
9 made in August. Ensuring accountability, that's
10 important from a governor's standpoint and a
11 consumer interest.

12 And even that title -- you'll see there
13 are three subpoints. That was a consensus. We
14 couldn't really get consensus around the different
15 views for consumers -- it's so multifaceted, so we
16 felt like we needed to identify three subcomponents,
17 because not one title accurately can represent all
18 of the different components of the consumer role in
19 health information exchange.

20 The groups then discussed the challenges
21 around these priorities. For the first priority,
22 which is alignment of intrastate and interstate

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1 requirements, I'll just highlight a few of the
2 challenges that we identified last week. The first
3 is marshaling state-level leadership and resources
4 to focus on this issue. Misconceptions about risk
5 and benefits drive discussion. There are a number
6 of misconceptions about what laws will allow. It's
7 difficult to align state and interagency policy and
8 technical alignment. It's a challenge to truly
9 understand the beliefs and values of stakeholders.
10 How do you do that?

11 Politics can make it difficult to work
12 across states. And we also recognize there may be
13 some health information exchanges located in border
14 cities who hold some of these answers because they
15 are already working with different states at the
16 same time.

17 Our next priority is accountability, and
18 I'll just hit a few of the challenges that we
19 identified with accountability. Many policymakers
20 think that accountability is taken care of with the
21 passage of a breach notification law. And the
22 discussion that we had last week was to the effect

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1 that that was not the case. There needs to be
2 different layers of accountability and
3 accountability to more than notification of a
4 breach.

5 There was a lot of discussion around the
6 challenge of setting up a mechanism for compliance

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7 determination. How do you do that? Who does that?
8 How does that progress? And that leads to the next
9 challenge, the balance between government regulation
10 and private sector involvement. What happens with
11 that? Do we need more regulation or is it fine the
12 way it is?

13 Our third priority is, as I said -- we'll
14 call it consumer interest. And we had a number of
15 consumer groups present at the meeting, and I think
16 protecting consumers was at the forefront of
17 everybody's mind. The stakeholders and the
18 taskforce recognized the vital role that consumers
19 play in this and the fact that improving the quality
20 of health care that is delivered to the consumer is
21 the reason that we're here.

22 So some of the challenges that we

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1 identified around the consumer issue -- the first
2 one is simply the difficulty of engaging consumers.
3 When you hear from states and health information
4 exchanges that have reached out to consumers, it's
5 hard to get actual consumers, to keep them at the
6 table, to keep them coming to the meetings. It's
7 much easier to use associations to represent
8 consumers whose job it is to be there, so it's
9 really difficult to get to the true consumer.

10 It's difficult to develop information that
11 is objective and fully informative. It needs to be
12 at the level that the consumer can understand, it

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13 that was challenge for states. It's difficult to
14 help consumers understand what it might mean for
15 them, what health information exchange might mean
16 for them, as well as electronic health record
17 systems. And that difficulty stems from the fact
18 that consumers really do not understand the health
19 care process today. They don't understand how
20 information flows, who accesses their records, what
21 rights they have.

22 So when you try and have a conversation

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1 with consumers around the electronic environment,
2 they're starting at a deficit, so we recognized a
3 big challenge in getting consumers to the table and
4 then really crafting a message and educating
5 consumers to have a meaningful dialog and have them
6 involved in the process to help make decisions.

7 We also identified that there is a big
8 concern of consumers about abuse or possible misuse
9 of data. So after we worked through the challenges
10 we identified strategies for your consideration.
11 And I'll just highlight a few, although a lot of
12 ideas came out of our discussion.

13 With regard to alignment, we suggested
14 that a framework be created for privacy and security
15 for intrastate and interstate harmonization, and the
16 steps in the framework could include a variety of
17 actions. One interesting suggestion that we heard
18 come forth from a number of people in the work group

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19 was to look at: Where does this information really
20 need to flow through your health information
21 exchange?

22 Look at your patient flow. Look at your

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1 medical training areas. Whose patients are flying
2 from where? I'm from West Virginia. We get a lot
3 of patients from Ohio, and a lot of our patients go
4 to Virginia. So that would be important for our
5 exchange. Where do physicians send their patients?
6 We've heard other states talk about how while they
7 have some patient flow with boarder states, they
8 might have -- say New York has a lot of patients go
9 to Florida in the winter.

10 So we felt that it was essential that
11 folks get a handle on their state to understand,
12 from looking at their population data, where it was
13 that their patients go, so that they could
14 understand exactly what was required by the other
15 states and figure out what some of the specific
16 barriers and challenges might be.

17 We also felt that all states really needed
18 to review their policy and security regulations
19 regarding the appropriate use and sharing of
20 protected health information and to analyze whether
21 it actually needs to be changes. Secondly, we
22 wanted to use the framework to develop coordination

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1 between states to address the intrastate privacy and
2 security misalignments. And we felt that some of
3 the research behind patient flow and the medical
4 trading areas would help inform this discussion
5 where the states needed to come together, where it
6 mattered to a state that their patients were
7 traveling to another state.

8 In terms of the next priority with regard
9 to accountability, we suggest that policymakers
10 establish a value statement for accountability and
11 oversight, recognizing the importance of health IT
12 and health information exchange and larger health
13 care transformation activities. In developing the
14 value statement, state policymakers should conduct
15 an environmental scan to identify the affected
16 populations and state programs that might be
17 impacted by this oversight accountability model. In
18 addition they should conduct a scan of broader
19 health information exchange efforts going on within
20 the state.

21 We also recommend that state policymakers
22 form or leverage an existing statewide

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1 public/private advisory body to address and make
2 recommendations on accountability. It was
3 recommended that the National Governors Association
4 provide technical assistance on how to develop such
5 an advisory body, making information available, key

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6 characteristics of like advisory bodies, and that
7 governors should identify at least a five-year
8 budget and make available permanent financing to
9 support the information and sustainability of such
10 an advisory body, and this advisory body is for the
11 accountability and oversight.

12 The group also highlighted the need to
13 hold data-holding entities accountable for being
14 transparent about how they're actually using the
15 data.

16 The third area has to do with consumer
17 interest, and the first step that we identified is
18 to create a system that is constructed and designed
19 to educate and engage consumers. You need to
20 identify or charge a state entity to lead the system
21 design process and create this multi stakeholder
22 advisory body to recommend system elements engaging

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1 the consumer.

2 It's important to ensure public resources
3 to support the process through grants, through the
4 budget, through private match, and then to create a
5 message that would directed to the consumers to the
6 medical providers, and to all the other stakeholders
7 and to identify educational channels to make sure
8 that information about the exchange is getting to
9 really everybody in the community.

10 In terms of consumer choice, the group
11 felt that leaders could promote privacy by

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12 developing a set of consumer-friendly messages and
13 brochures that would talk about consumer rights and
14 goals and responsibilities in the current
15 environment and then in terms of exchange, so that
16 at least the consumer could develop some baseline
17 understanding of how they access the current system
18 and what they could understand the changes to be in
19 an electronic system.

20 There needs to be a funded state mechanism
21 for continuously engaging consumers through the
22 process so there is a continual understanding and

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1 collecting of information about consumers'
2 interests, needs, how they feel things are going,
3 how they feel their needs are being met, including a
4 reflection of their perceptions of the health care
5 that they receive and what their expectations are
6 moving forward.

7 In closing, I hope that you'll find the
8 information that I presented to you today is
9 helpful. We hope that it will help inform the
10 future work of the Alliance. As I've heard many
11 people say, the tough questions are really the
12 social and political ones, not the technical ones.

13 Our taskforce really had a lot of very
14 difficult policy-based questions that we wrestled
15 with. I know at our workshop last week they really
16 came to the fore as we heard very different
17 viewpoints on all of the different issues around

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18 privacy and security and exchange.

19 We hope that the foundation that we've
20 built in this past year will help the work of the
21 new taskforce focusing on privacy and security move
22 forward and serve as a platform for them to narrow

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1 the focus and further hone these issues and provide
2 you with recommendations that you would find helpful
3 to promote interoperability within and across states
4 with regard to privacy and security.

5 It's been a real honor for me to serve on
6 this taskforce. It has been a pleasure, and if
7 there's anything I can do in the future, please
8 don't hesitate to call upon me. Thank you.

9 GOVERNOR DOUGLAS: Sallie, thank you very
10 much. I know you knew at the beginning it wouldn't
11 be an easy task because of the sensitivity and
12 concerns about privacy and security. And you and
13 Bill and your colleagues have really wrestled with
14 it in a very constructive way and offered some great
15 recommendations to us, so thanks for all you've
16 done.

17 There's one recommendation that Sallie has
18 presented, so why don't we take that up and deal
19 with it. And then we'll chat about the priorities
20 that she mentioned from the workshop last week.

21 The text of the recommendation is on the
22 screen. It's the proposed harmonization of state

1 laws regarding privacy and security. Is there a
2 motion with respect to that recommendation?

3 REPRESENTATIVE CONAWAY: So moved.

4 SENATOR MOORE: Seconded.

5 GOVERNOR DOUGLAS: Moved and seconded by
6 Richard. Discussion on this recommendation?

7 DR. SUNDWALL: I'll just say that NGA held
8 last week a meeting, and we had a whole day to talk
9 about public health issues, and this was one of the
10 things that seemed remarkable to me. The state
11 health officer from New York was there, and we
12 compared the environments we work in, and they
13 couldn't be more different. And the litigation or
14 the paranoia or sensitivity about records is
15 certainly very different, so this is absolutely
16 essential is harmonizing the security and privacy
17 laws. They ought to apply to all so I commend you
18 on this. It's very important to public health, I
19 think, in general.

20 GOVERNOR DOUGLAS: Brian.

21 MR. DE VORE: This is very good work. One
22 of the questions I've got as a layperson, the common

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1 definition seems to be huge. I think Joy knows more
2 about this than I do, but if I ask 50 different
3 people or 50 different experts on what privacy and

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4 security is, I guarantee you get 50 different
5 definitions.

6 How is it you're working on -- the ONC is
7 working on some sort of a subgroup tasked with
8 common definitions. Are you planning on working
9 with that group or is this kind of a separate
10 initiative? Because they're including a lot of HIV
11 definitions, but this seems to be a giant barrier.

12 MS. HUNT: I think the new taskforce will
13 be taking this work forward. And I won't be serving
14 on the new taskforce, so I can't really speak for
15 them. But what I would anticipate is that the
16 taskforce would hear from ONC and coordinate. I
17 think the taskforce is scheduled to meet twice I
18 would imagine --

19 Michelle, you probably can speak to it
20 better than I. I imagine it would be more hearing
21 what they're doing.

22 MS. LIM WARNER: Actually I want to

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1 correct. We have had little bit of error with this
2 particular slide. It should read that the State
3 Alliance should recommend that states conduct a
4 review and make necessary changes to their health
5 information laws. The State Alliance doesn't have
6 their own health information laws, so my apologies
7 for that.

8 But yes, as states conduct their reviews
9 and make the necessary changes, that would turn to

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10 sources such as what you had described to identify
11 what those common definitions are.

12 GOVERNOR DOUGLAS: The text that has been
13 distributed to us is correct. It says that the
14 State Alliance should recommend that states conduct
15 a review and make necessary changes.

16 MS. LIM WARNER: Great.

17 GOVERNOR DOUGLAS: I assume that's the
18 recommendation.

19 Joy?

20 MS. PRITTS: I'd like to respond briefly
21 to Brian's question, which is that the issue with
22 the state laws is in some ways broader than what the

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1 group that has been commissioned by the federal
2 government will be looking at. The state laws, the
3 terminology just for a lot of the different things
4 are not necessarily HIT-oriented, so there will be
5 some overlap, but it's not co-extensive.

6 GOVERNOR DOUGLAS: Richard, do you have
7 something?

8 SENATOR MOORE: No, I was just looking at
9 the wording.

10 GOVERNOR DOUGLAS: Jim.

11 GOVERNOR GERINGER: Well, this doesn't
12 pertain to the specific recommendation, but based on
13 a conversation that a couple of us had over lunch,
14 the federal government probably has more discrepancy
15 and lack of harmonization within its agencies and

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17 between its agencies than states do. Did you
18 evaluate any of that?

19 And the specific discussion that came up
20 was over the Veterans Administration and the fact
21 that they aren't harmonized across even their
22 hospitals and that the Department of Defense is not
harmonized with the VA or HHS. Did any of that come

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1 up during your evaluation?

2 MS. HUNT: We didn't hear the specific
3 discrepancies. We heard other types of challenges.
4 But our charge was really focused on: Where can
5 policymakers effect change? We did have a
6 recommendation that spoke to the federal government,
7 but that's really not where we were to focus.

8 GOVERNOR GERINGER: I guess, Mr. Chairman,
9 my concern is if we're expecting the federal
10 government to at least participate in setting the
11 standards, we'd at least like to be reassured that
12 they're looking in-house to standardize and
13 harmonize themselves.

14 GOVERNOR DOUGLAS: Lack of harmony in the
15 federal government?

16 (Laughter.)

17 GOVERNOR DOUGLAS: I think that did come
18 up in some earlier Alliance meetings, Jim. You're
19 absolutely right. There are some inconsistencies.

20 The focus, as Sallie articulated, is on
21 state action, and we are a group of state officials

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but we certainly could pursue that, and maybe the

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1 next taskforce would want to consider it.

2 GOVERNOR GERINGER: Mr. Chairman, the
3 reason I bring it up here is that we all look to
4 some beginning point as a candidate for how to
5 harmonize or what is a benchmark against which we
6 can say, "This is our road map to comply with
7 between our states and within our states." And the
8 way I read this, the states had better lead the way.

9 GOVERNOR DOUGLAS: Good point.
10 Herb?

11 REPRESENTATIVE CONAWAY: Just picking up
12 what Dr. Sundwall mentioned, I want to get some
13 clarification with what he said to see if there was
14 agreement. It sounded like there is.

15 Did you -- did you say that you thought
16 that we ought to try to harmonize these privacy and
17 security laws across the country or that is a goal
18 or is this something that -- certainly I think
19 states need to do it, but I can imagine, with the
20 different cultures we have across the country and
21 the way that folks perceive the federal government
22 and their own personal health information or their

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1 own state governments or corporations that we could
2 get a set of laws that would work for the nation

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3 maybe as a baseline. But there're going to be
4 jurisdictional -- I mean there's Minnesota and New
5 Jersey as one extreme and then, you know, perhaps
6 Iowa on the other extreme. I don't know. I'm
7 sorry.

8 I was trying to pick another state and
9 didn't want to use Indiana. Thank you.

10 (Laughter.)

11 MR. SUNDWALL: New York, Utah, New Jersey,
12 Minneapolis, same kind of thing. I think what I
13 meant was based on -- you know, like the FSMB has
14 model legislation for malpractice that would be
15 great if every state adopted it, but at least
16 there's consensus on what are the basics that would
17 be good, and I think that's what we need.

18 I can't imagine either, unless you want a
19 federal law that says this is what privacy is -- but
20 I would say there should be a baseline of agreement.
21 Then if other states want to have more restrictions
22 or different -- but there ought to be some

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1 commonalities within the principles of privacy and
2 security that we can agree upon.

3 GOVERNOR DOUGLAS: Just so I'm clear,
4 then, Sallie, is this recommendation intended to be
5 intrastate? It says to consolidate all relevant
6 laws in one chapter and use common definitions.
7 Isn't that to address discrepancies within a state's
8 law?

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9 MS. HUNT: This is within a state. The
10 discussion that you heard with regard to the
11 workshop that we held last week is interstate as
12 well as intrastate, and we don't have any
13 recommendations today with respect to the workshop.

14 GOVERNOR DOUGLAS: This is for each state
15 to get its own --

16 Stephen?

17 MR. PALMER: I'm sure that the taskforce
18 communicated a lot with the Health Information
19 Security and Privacy Collaborative, and I suspect --
20 which is another of the big federal initiatives of
21 the Office of the National Coordinator, and I'm sure
22 that the next taskforce will continue to coordinate

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1 with that group.

2 Just to make a point, one of the
3 initiatives in the next round of that funding is
4 specifically around harmonizing state privacy law,
5 and so there is already going to be at least one
6 other federal initiative very much in line with
7 this, which isn't to suggest that this group should
8 not go ahead and make that recommendation but there
9 will be some coordination going on, I'm sure.

10 GOVERNOR DOUGLAS: Well, there obviously
11 are other areas of harmonization that could be
12 pursued and perhaps will be in the future. How do
13 you feel about this recommendation in terms of
14 interstate harmonization? Is there a motion?

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15 GOVERNOR GERINGER: So moved.

16 GOVERNOR DOUGLAS: Or did we have one?

17 Well, refresh our memories. Any further discussion
18 on this recommendation on the taskforce?

19 Brian?

20 MR. DE VORE: Do you want to put a
21 timeline on the review? When is the review due?
22 Otherwise we could be sitting here five years from

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1 now awaiting a review. It's quite a prospect.

2 GOVERNOR DOUGLAS: Yeah. I don't see one.
3 I know we run into the challenges of some state's
4 legislatures meeting only every other year, and
5 regulatory steps can often take a long time so
6 that's why we've been reluctant to be too
7 unrealistic at least with time frames.

8 I don't know. Did the taskforce address
9 that?

10 MS. HUNT: I'd want to defer to the next
11 chair of the taskforce simply because his group is
12 focusing on this as well, and I'd also want to see
13 what emerges from that process.

14 GOVERNOR DOUGLAS: Brian's trying to keep
15 us on task, focused and aggressive, and that's good.
16 But we'll hope that states take this recommendation
17 seriously. I think it's a good one. Any other
18 discussion?

19 MR. PALMER: I might make one other point
20 to address some of the other concerns that were

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21 raised. Harmonizing doesn't necessarily mean making
22 it exactly the same. You know, what you want to be

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1 able to do is look at the laws from one state to the
2 other state and be able to say, "For this type of
3 health information, you can't go across state
4 lines." When state laws are so differently
5 constructed, it's almost impossible to make that
6 determination. But if there's similarity of
7 construction, it's much easier to say, "Yes, that
8 can" because of the similarity or "No, that can't,"
9 because they do have these different thresholds for
10 privacy or security.

11 GOVERNOR DOUGLAS: Thanks. Anything else?
12 Ready for the question? If so, all in favor of
13 adopting that recommendation say "aye."

14 (Several "aye" votes were cast.)

15 GOVERNOR DOUGLAS: Opposed, "no."

16 (No negative votes were cast.)

17 GOVERNOR DOUGLAS: The ayes have it.

18 We've approved it. Thank you, Sallie.

19 MS. HUNT: Thank you.

20 GOVERNOR DOUGLAS: Let's turn briefly to
21 the priorities, the three that you listed. We're
22 not looking for action on these at this point.

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1 We're going to talk later this afternoon about the
2 next steps, but if there are any thoughts or
3 questions about the three priorities from the
4 workshop last week, we can certainly address them.
5 Again, we're not adopting them at this point. We're
6 just absorbing them.

7 Oh, sure, Tom.

8 THE HON. MR. VILSACK: Again I'm struck by
9 the notion of how consumers engage and get involved
10 in this. When you talked about associations
11 representing consumers, were these associations that
12 were general in terms of consumer rights or were
13 they associations and alliances that were
14 specifically formed to represent consumers in health
15 matters or both?

16 MS. HUNT: I'm thinking back to the
17 comments made by individuals of the workshop, and I
18 don't think they were specific. I think they were
19 just speaking -- I am imagining that most of their
20 experience has been with consumer-focused
21 organizations around health, probably not health IT
22 but particular interest groups, but they didn't

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1 really get into detail.

2 THE HON. MR. VILSACK: I think it would be
3 helpful as alliances are being formed around the
4 country representing consumers so that they have
5 better bargaining position vis-a-vis insurance and
6 provides that there be a real effort to try to

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7 incorporate those groups into the discussions
8 because they really do have a consumer orientation
9 and focus. There aren't that many of them, but
10 there are enough of them being developed throughout
11 the country where I think you might be able to get
12 some significant consumer input.

13 MS. HUNT: Thank you.

14 GOVERNOR DOUGLAS: Any thoughts or
15 questions on the priorities at this point?

16 Joy.

17 MS. PRITTS: I just have a very brief
18 comment. I attended this meeting, but I just have
19 the comment that these three priorities were -- they
20 just bubbled to the top at every breakout session
21 repeatedly. So it wasn't just one group or it
22 wasn't what I would call a "groupthink" issue. It

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1 was a number different breakout sessions that
2 identified pretty much the same issues.

3 GOVERNOR DOUGLAS: Great minds think
4 alike, I'm sure. Thank you. Thanks for taking of
5 time to be a part of that too.

6 Marshall?

7 DR. RUFFIN: A question, Sallie. Is this
8 entirely focused on electronic health information
9 exchange like an Availability or a Shared Health or a
10 West Virginia Health Information Network would give?
11 Or is it also considering the many kinds of health
12 information exchange that go on now like telephone

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calls, faxes?

14 One of my concerns is if I have a patient
15 sick in Florida, I'll get on the phone, do whatever
16 I need to do, send faxes back and forth. And it
17 would be a shame, I think, if somehow we impose more
18 rigorous accountability and sort of drove people to
19 maintain those old ways of doing things. So how do
20 you resolve what laws may exist around current
21 electronic communication with the health information
22 exchanges?

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1 MS. HUNT: I think that's a really good
2 point that ought to be explored. You know, as we
3 discussed issues of accountability and governance,
4 people were most focused on the brave new world, and
5 I don't think we differentiated between the current
6 system, what we currently have in terms of
7 accountability, so that's a really good point.

8 GOVERNOR DOUGLAS: Thoughts? Well, again,
9 we'll circle back to some of these topics later when
10 we talk about our next steps, and where we want to
11 go in the future.

12 Sallie, thanks so much. Please give Bill
13 our best wishes and thank him for his service.

14 I want to thank all the taskforce members
15 who worked so diligently during the last year.
16 They've tackled some tough issues but important ones
17 if we're going to have make it a success, as our
18 charge suggests, to move forward on e-health around

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19 our nation. So I want to thank Thelma, Darleen,
20 Rhonda and Tony, Sallie and Bill for their
21 leadership and all the members of the taskforces.
22 We really do appreciate it very much indeed.

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1 MS. HUNT: Thank you.

2 GOVERNOR DOUGLAS: Phil.

3 GOVERNOR BREDESEN: Let me say I add my

4 thanks to that as well. Thank you.