

15 GOVERNOR VILSACK: Mr. Secretary, thank
16 you. There's enough time for some questions or
17 comments from the taskforce.

18 MS. PRITTS: You mentioned that you had
19 issues with the Medicaid claims data being blended
20 with the private data, and this may be a little too
21 granular for you. If you want to talk about it,
22 fine, but we've encountered this issue in a number of

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1 different areas where I do work. I'm curious as to
2 whether it was a HIPAA issue or whether it was a
3 Medicaid confidentiality regulation issue. See, I
4 told you I was getting really in the weeds.

5 SECRETARY LEVINE: I believe you are
6 right. I stand corrected. It may not have been a
7 HIPAA issue. I think it was a federal Medicaid
8 provision that requires confidentiality of patient
9 records. I think you're correct.

10 MS. PRITTS: Did you have resistance
11 within the state itself as to how that provision was
12 interpreted or was that at least a hurdle that you
13 had to overcome?

14 SECRETARY LEVINE: We bumped into it very
15 heavily at the state level, even with my own general
16 counsel who was really concerned about violating that
17 provision and they were trying to find ways to
18 interpret it so we could share it. The fact was that
19 once Medicaid shared that data, and it can be used by
20 other enterprises, it could be theoretically be used

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21 for other purposes.

22 MS. PRITTS: Ultimately, were you able to

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1 share that data or not?

2 SECRETARY LEVINE: I don't know. I left
3 my role in Florida in June of '06. I don't know what
4 happened after that.

5 REPRESENTATIVE HARRELL: I can address a
6 little bit of that. We are overcoming that. I think
7 we are about to be able to--well, I believe had
8 access to that information.

9 SECRETARY LEVINE: Two years later, which
10 is really the problem. You run into the situation
11 where federal laws, as they were created 30 years
12 ago, bump against today's universe that we really are
13 operating in and that's been the problem with, for
14 instance, Medicaid on a number of fronts.

15 GOVERNOR VILSACK: We'll continue and then
16 we'll go to Jim.

17 REPRESENTATIVE HARRELL: One of the things
18 in Florida we were trying to do at this session,
19 unfortunately, the Senate didn't cooperate, as you
20 know.

21 GOVERNOR VILSACK: They gave us a hard
22 time over in the House. One of the things we were

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1 trying to do, which I think is a good way to address
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2 the rural hospital, address the small physician
3 practices, we had a bill that we were going to go
4 forward with dealing with a loan program--a no-
5 interest loan program to physician practices that the
6 state would give physicians six years to pay back.
7 They would set aside a certain amount of money--a
8 loan, not a grant--and repay it within six years.
9 You had to meet certain parameters in order to be
10 eligible for that. But unfortunately, we did not get
11 that passed this year thanks to the Senate.

12 SECRETARY LEVINE: Oh come on, they all
13 get along.

14 GOVERNOR VILSACK: Governor?

15 GOVERNOR GERINGER: Have you looked at
16 what California does with their Office of Statewide
17 Health Planning and Development?

18 SECRETARY LEVINE: Personally, no. I know
19 the taskforce is looking at what some of the
20 different states have done.

21 GOVERNOR GERINGER: That strikes me as one
22 way to encourage the type of thing you're talking

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1 about--your recommendation that hospital providers,
2 state and county long-term care facilities, privately
3 owned health. It's quite an extraordinary,
4 historical perspective as well. It goes back several
5 years. Another comment that relates somewhat to the
6 previous panel as well, three or four of us were at
7 the HIMS conference down in Orlando. Did any of you

8 go to Harry Schmitt's presentation about electronic
9 personal health records with the Cleveland clinic?
10 That was fascinating. I could see where something
11 like that might work its way into your incentives
12 side where somewhere like I think Louisiana on
13 Homeland Security information they've agreed to
14 provide a fusion center. In other words, a data
15 repository that takes responsibility for updates as
16 well as maintenance of this organization. But the
17 temptation for the states is they'll pay for all your
18 servers and even provide you with servers to help
19 access and return.

20 Harry Schmitt's comment at the conference
21 in Florida was we're not violating HIPAA. It's
22 totally under the control of the individual personnel

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1 health record, but the incentive is you can Google
2 and make something out of that access at the first
3 Google to make your own record. You're more likely
4 to visit another Google site and click on an ad. It
5 might that states are enticed to look at something
6 like this because Google has already made some
7 significant inroads in other areas. This would not
8 be unusual considering the PHR approach they're
9 taking as well. You might want to anticipate that
10 and see what, if anything, we should be anticipating.

11 SECRETARY LEVINE: Good point. Google and
12 Microsoft are doing similar things, similar
13 approaches to the creation of personal health

14 records. From the perspective that you're talking
15 about, the ability to cross-pollinate, if you will,
16 the investments they're using the investment,
17 creating that infrastructure for one purpose, which
18 also has cross-purposes, which does coincide with
19 what states are trying to do here, so that's a great
20 point.

21 GOVERNOR VILSACK: Other comments or
22 questions?

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1 (No response)

2 GOVERNOR VILSACK: If not, thank you very
3 much for your work. I'll turn it back to Governor
4 Douglas.

5 GOVERNOR DOUGLAS: Thank you, Governor
6 Vilsack. Thank you, Secretary Levine. Thanks to all
7 the members of the taskforce for all your hard work.
8 You've been very prolific with recommendations, which
9 I want to direct the attention to the members to now.
10 I'm not sure what your preference is in terms of
11 considering that we have five guidelines within which
12 are 19 recommendations. Do you want to take them
13 individually or do it by guidelines? Any preference
14 on how we move forward or would you like to consider
15 them in their entirety? They're so substantial I
16 don't want to put the whole load on you.

17 GOVERNOR GERINGER: Mr. Chairman, if it
18 would be okay, I'd move the entire list. Then if
19 anyone had a question they could ask that they be

20 considered separately.

21 GOVERNOR DOUGLAS: I'd be happy to

22 entertain that. Seconded by Senator Moore to adopt

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1 all the recommendations of the PPI Taskforce.

2 Secretary Levine went through them. Are there

3 further questions of him or discussions about the

4 individual recommendations? Again, they're in five

5 categories--understanding the environment, education,

6 encourage and support, in certain areas requiring

7 adoption of the use of HIT. Any questions or

8 discussion?

9 (No response)

10 GOVERNOR DOUGLAS: If not, are you ready

11 for the question? If so, all in favor of adopting

12 the recommendations say aye.

13 (Chorus of ayes.)

14 GOVERNOR DOUGLAS: Opposed no.

15 (No response)

16 GOVERNOR DOUGLAS: The ayes have it.

17 We've adopted all the PPI Taskforce recommendations.

18 Thank you, Mr. Secretary. I look forward to moving

19 forward with these items. We're now well ahead of

20 schedule.

21 (Laughter)

22 GOVERNOR DOUGLAS: Kathleen, what is your

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1 counsel on what to do from a scheduling standpoint?

2 MS. NOLAN: Why don't we take at least
3 until 1 o'clock. I think we're to reconvene at 1:30.
4 If we could go ahead and move that up to 1 o'clock,
5 we can just keep ourselves a little bit ahead of
6 schedule.

7 GOVERNOR DOUGLAS: That would be fine with
8 me. I assume the presenters will be here or are
9 here.

10 MS. NOLAN: I'm pretty sure that at least
11 half of them are here. So we'll switch them around
12 if we need to at that point.

13 GOVERNOR DOUGLAS: And make sure that
14 lunch is ready.

15 MS. NOLAN: Yes.

16 GOVERNOR DOUGLAS: Good work, Cara. Let's
17 break until 1 o'clock.

18 (Whereupon, at 11:50 a.m., the hearing in
19 the above-entitled matter was recessed, to reconvene
20 at 1:05 p.m., this same day.)

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