



MINNESOTA  
MEDICAL  
ASSOCIATION



*Minnesota Hospital Association*

March 22, 2016

Representative Glenn Gruenhagen  
487 State Office Building  
Saint Paul, MN 55155

Representative Gruenhagen & Members of the House HHS Reform Committee:

We write today to share our reservations about HF 1560, Rep. Gruenhagen's bill to require a patient's initials for each item of consent when requested to release health records. This would add new layers of complexity and administrative burdens on top of Minnesota's already problematic laws that hinder clinically appropriate data sharing among providers.

The Minnesota Medical Association (MMA) and Minnesota Hospital Association (MHA) share the concern that the bill would undermine the delivery of quality patient care, add needless complexity to healthcare operations, and drive up the overall cost of healthcare in Minnesota.

High-quality, efficient patient care is only possible when care is coordinated over time and between providers; without coordinated care, patients may not always receive timely care, and often receive duplicative care. It is not possible to coordinate care when patient records are released selectively. This bill would result in less comprehensive sharing of crucial medical information, which would in turn affect all providers' ability to deliver quality, coordinated patient care.

The consent process envisioned under the bill would be an extraordinarily difficult one to manage and would add significant administrative burden and costs to all providers and sites. Existing law, the Minnesota's Health Records Act, places extremely narrow limits on the type of data sharing that can be conducted by providers. The complexity of the bill would demand a new level of operational complexity that would increase costs for all providers and sites. This bill is at odds with the statewide efforts being made by all providers to provide quality care while keeping healthcare costs low.

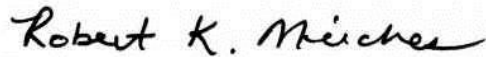
By requiring patients' initials, the bill presumes ongoing paper recordkeeping by providers. This is counterproductive in light of both state and federal laws requiring providers to maintain and use electronic medical records. If the bill is enacted in its current form, Minnesota's providers will be required to keep both hard copy and electronic records, thereby increasing the chances of confusion and duplication of effort.

Further, by mandating that all providers treat patients who refuse to allow their medical information to be released for billing purposes, the practical effect of the bill would be to compel providers to deliver free care to anyone and everyone as patients learn that they can receive care without any cost to themselves or their health plans simply by withholding their consent.

Minnesota's physicians, clinics, and hospitals take seriously the charge to protect patient data. The proposal before you would compromise the delivery of care, drive up costs, and place providers in the untenable position of being required to provide care for which they are unable to seek reimbursement.

Thank you for your consideration.

Sincerely,



Robert Meiches, MD  
CEO  
Minnesota Medical Association



Matthew L. Anderson, J.D.  
Senior Vice President of Policy & Strategy  
Minnesota Hospital Association