

**Testimony**  
**Pennsylvania House of Representatives**  
**House Insurance Committee**  
**April 22, 2010**  
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**TechQuest Pennsylvania**

Chairman Deluca, Representative Taylor, members of the Committee and public, I am pleased to have the opportunity to offer written testimony regarding HB 2106. On behalf of the technology industry and our many members and partners, we strongly support the establishment of an open, interoperable and affordable Health Information Exchange ("HIE") in Pennsylvania. Without question, health care information technology is poised to unleash tremendous savings of time, resources and costs, while saving lives, improving healthcare quality and patient safety. With so many benefits and opportunities, it is crystal clear we need to do this right the first time.

The technology industry and our many partners are very interested in making this HIE legislation and the resulting integrated healthcare systems; world-class, best-in-class, because Pennsylvania is more than capable of doing so, and our citizens deserve the very best.

To improve the legislation we suggest your consideration on the following amendments or modifications,

1. Even upon gaining Authority status, require all contracts and outside contractors to bid in accordance with Department of General Services (DGS) procurement including but not limited to open, transparent and fair procurements.
2. As the Hospital Association is identified to recommend three board member positions, we believe at least two licensed physicians should have permanent board positions, and at least two of the named physicians should be named by the two associations, to wit, one by the Pennsylvania Medical Society and the other rotating amongst the several physician specialty-practice associations.
3. In addition to number 2, a board appointee from the health information technology industry shall be recommended by a technology industry organization, like the Technology Council of Central Pennsylvania, Pittsburgh Technology Council or Northwest Technology Council.
4. In addition to number 2 and 3, a board appointee should be named from the nursing administration industry, recommended by an industry association.
5. Like most authorities, we believe the Act should have a sunset clause at ten (10) years. The tech industry does not support authorities in perpetuity.
6. The Authority legislation should include provisions that make the Authority subject to the Sunshine laws and Right to Know Act.
7. All technology purchases shall be subject to the rules and regulations of the Office of Administration.
8. We believe the legislation should be more defined as to sustainability of the authority, including more definition on the revenues needed to support the authority.
9. We believe the best way to deploy an effective health information exchange is through the establishment and sustainable funding mechanism of ten (10) regional health information exchanges ("RHIEs") based on medical referral regions that promote and reinforce the business case to exchange health information. The legislation should better define its relationship with RHIEs, provide for initial and operational funding for RHIEs and set-governance language for RHIEs. Also, the interconnections between the statewide HIE and the ten RHIE's should be clearly defined, funded and pronounced.
10. In addition to the loan and grant provisions identifying specific funding guidelines for rural Pennsylvania, the legislation must include language that delineates funding for healthcare providers between large and small hospitals, 1 and 10 physicians, 11 to 50 physicians and 51 and greater physicians in medical practices. Small healthcare providers do not

have the resources of larger organizations and need a fairer playing field to gain adequate and fair funding. Or, the language should reserve 25% of funding for organizations of 25 licensed physicians or less.

11. We don't understand Section 305 on prohibited use. With all state and federal privacy laws and regulations, not using HIE data to protect the public against pandemic disease or identified health issues via regional or sub-regional situations eliminates a potential benefit of the HIE. The Committee and sponsor should weigh these issues against the public good, and Center for Disease Control guidelines.
12. Instead of creating yet another loan and grant form, we strongly advise using the existing single use application at the Department of Community and Economic Development (DCED). We have too many different forms and filing requirements.
13. The terms for health care provider should be expanded to include visiting nurse associations, nursing homes, jails and correctional facilities.
14. A definition should be added and incorporated into the legislation that includes schools, K-12, so our children get the best care in emergency situations. Having schools interconnected to health information exchange systems is one of the ideal uses and reason for health information exchange.
15. On a technical basis, a definition for health information "registry" should be added to health care provider definitions so the technology aspects of the actual deployment are realized. A key aspect of HIE technology is making sure the patient is the patient, called identity management or patient identification systems.
16. Within the definition of a qualified electronic health record the health information should be generated by a health care provider not a federal law.
17. The legislation references the health information technology plan. As with all public plans we believe the legislation should call for all plans to be subject to a thirty (30) day public review period that provides for written input that is reviewed and consider by the Board before the plan is adopted for use.

We look forward to assisting with this legislation and any amendments to the same in both the House and Senate to make Pennsylvania's health information exchange the best it can be.

Thank you for permitting my testimony in support of the same.

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