

SENATE BILL REPORT

SB 5064

As Reported By Senate Committee On:
Health & Long-Term Care, February 28, 2005
Ways & Means, March 7, 2005

Title: An act relating to electronic medical records and health information technologies.

Brief Description: Studying the use of electronic medical records.

Sponsors: Senators Thibaudeau, Deccio, Jacobsen, Parlette, Kohl-Welles, Weinstein and Keiser.

Brief History:

Committee Activity: Health & Long-Term Care: 1/27/05, 2/28/05 [DPS-WM].
Ways & Means: 3/4/05, 3/7/05 [DPS(HEA), w/oRec].

SENATE COMMITTEE ON HEALTH & LONG-TERM CARE

Majority Report: That Substitute Senate Bill No. 5064 be substituted therefor, and the substitute bill do pass and be referred to Committee on Ways & Means.

Signed by Senators Keiser, Chair; Thibaudeau, Vice Chair; Benson, Brandland, Franklin, Johnson, Kastama, Kline, Parlette and Poulsen.

Staff: Stephanie Yurcisin (786-7438)

SENATE COMMITTEE ON WAYS & MEANS

Majority Report: That Substitute Senate Bill No. 5064 as recommended by Committee on Health & Long-Term Care be substituted therefor, and the substitute bill do pass.

Signed by Senators Prentice, Chair; Doumit, Vice Chair; Fraser, Vice Chair; Zarelli, Ranking Minority Member; Brandland, Fairley, Hewitt, Kohl-Welles, Parlette, Pflug, Pridemore, Rasmussen, Regala, Rockefeller, Schoesler and Thibaudeau.

Minority Report: That it be referred without recommendation.

Signed by Senator Roach.

Staff: Erik Sund (786-7454)

Background: Electronic medical record systems provide real-time access to patient medical records at the point of treatment and often include other functions allowed users to enter orders for tests and medications. These systems may provide a means to ensure that patients' medical records are up to date and to reinforce best practices and clinical guidelines, potentially reducing the risk of medical errors. They may also be used to reduce paperwork, and streamline administrative and billing transactions.

The State Health Care Authority (HCA) is the state agency which administers state employee insurance benefits and the Basic Health Plan (BHP), which is the state subsidized health

insurance program for low income persons. The HCA is also generally responsible for coordinating the study and implementation of state initiatives regarding health care cost containment.

Summary of Substitute Bill: A Washington "health information infrastructure advisory board," composed of seven to twelve members, is created. The Health Care Authority must appoint the chair and the members of the board, which will include representatives of the provider community, including hospitals, information technology experts, health care policy experts, consumers, a representative from the Department of Information Services, and the agency medical directors group.

The Health Care Authority and the advisory board will develop and implement a strategy for the adoption and use of electronic medical records and health information systems that are consistent with national standards and promote interoperability. The strategy should be informed by best research practices, should seek to encourage greater adoption, and should seek to promote standards and systems that are compatible with current adopters of electronic medical records in Washington. The Health Care Authority also will provide policy recommendations to remove obstacles to the implementation of the necessary infrastructure and must identify ways that state programs can employ incentives that encourage providers to adopt and use health information technologies.

An interim status report on the preliminary findings is due by December 1, 2005, and the final report of findings and recommendations must be submitted by December 1, 2006, which is the date of expiration for the act.

Substitute Bill Compared to Original Bill: A hospital representative and a representative from the Department of Information Services are added to the board. The strategy to create a statewide interoperable system of health information technologies should be informed by best research practices and also should seek to promote standards that are compatible with current adopters. The Health Care Authority is required to look at ways state programs can encourage providers to adopt and use information technologies. The definition of "health information technologies" is clarified.

Appropriation: None.

Fiscal Note: Available.

Committee/Commission/Task Force Created: No.

Effective Date: Ninety days after adjournment of session in which bill is passed.

Testimony For (Health & Long-Term Care): It is encouraging that individual providers are beginning to use clinical information technologies, but standards need to be set so that the different systems are compatible and can link up with other systems. It is actually easier to ensure privacy of electronic records than traditional paper records because there is an electronic footprint that can be traced. This proposal fits well with federal efforts around clinical information technologies

Testimony Against (Health & Long-Term Care): None.

Who Testified (Health & Long-Term Care): PRO: Dr. Smokey Stover, Multicare Health System; Ken Bertrand, Group Health Cooperative. OTHER: Richard Onizuka, Health Care Authority.

Testimony For (Ways & Means): Clinical information technologies can help providers give more effective care in ways that are also very cost effective. Enabling providers to reduce their costs will also save the state money in the long run by reducing Medicare and related expenses.

Testimony Against (Ways & Means): None.

Who Testified (Ways & Means): PRO: Ken Bertrand, Group Health Cooperative; Phil Watkins, MultiCare Health System.