Ohio House Health Committee

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Opposing Testimony - HB 162
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Chair Schmidt, Vice Chair Deeter, and Ranking Member Somani, thank you for giving me the opportunity to provide testimony today. My name is Lauren Manson, I am the Senior Executive Director of the Ohio Health Information Management Association (OHIMA), the non-profit association representing approximately 4000 credentialed health information professionals here in Ohio. OHIMA is a component state association affiliated with the American Health Information Management Association which represents health information professionals nationwide who work with health data for more than one billion patient visits each year. Our members work to ensure the accuracy, integrity and usability of patients' health information while ensuring it is kept private, confidential, and secure per HIPAA guidelines and other federal and state regulations.

On behalf of OHIMA, I am here today to share our concerns regarding the operational and technical implications surrounding House Bill 162. I testified last December with the same concerns when this bill was originally introduced during the last assembly – but with this round of testimony, I plan to go into more detail and would be happy to sit down individually with anyone wanting to have a more extensive conversation about how Electronic Medical Records and patient documentation must occur to ensure proper care and confidentiality of a patients.

While many might believe that the solution should be the "click of a button" or a "quick fix using artificial intelligence" to change how the Electronic Medical Record (EMR) functions and structures data – it is not. There is no tool – AI or otherwise – that can be applied to the many, many different Electronic Medical Record systems that exist in Ohio's health provider settings to segment data in a way that would make this bill possible. Even if there was, adding such technology to all the EMRs in 252 hospitals and countless other doctors' offices, clinics, rehab centers, and mental health providers would have an exorbitant price tag considering the fact that these entities are already in contract with Electronic Medical Record vendors and have no negotiating power to ask for additional features to be added to their software. According to Google, there are 500-600 different Electronic Medical Record software vendors. This is not a single EMR software that needs altering. Last year, when this bill was originally introduced as House Bill 463, OHIMA formed a task force of health information professionals who work throughout the state of Ohio at different hospitals that use different EMR systems – and every single member of that task force stated that this bill is not operationally feasible in their current Electronic Medical Record software and they would have no way of complying should it be made into law.

Further, there are ethical and legal implications that must be considered when utilizing tools such as artificial intelligence in healthcare, medical documentation and Electronic Medical Records. Those conversations are being had – at many levels – but we are nowhere near a point where AI can be utilized as "quick fix" for anything. Further, as a health information professional myself – who used to work for an Electronic Medical

Record company, if this bill were be made into law, I would have concerns about ensuring that patient information is being protected as it is required to be according to federal and state regulations such as HIPAA and the 8 sections of the Ohio Revised Code that allows minor patients to consent to treatment without their parents' knowledge or consent.

While in principle, we support and agree that parents should have access to their child's patient portals and health information; practically speaking, when a provider is treating a patient – care cannot be segmented or separated, nor can its documentation. This is why this bill cannot be operationalized. While we understand that the intent of House Bill 162 is to require that the patient record to be segmented on the portal side – not during the course of care; current EMRs limit the ability to segment the patient record in the patient portal if the documentation is not built in a segmented manner.

Allow me to share two examples to illustrate my point.

First example, Ohio Revised Code Section 2151.85 allows unmarried, unemancipated minors to go through a process to receive an abortion without notifying the parents. The Gravida Para score is used to evaluate risk factors and determine appropriate prenatal care. The "A" in this score references the number of miscarriages and/or abortions that a woman has had in her lifetime. This score will often appear in OB-GYN patient records because a woman's pregnancy history is important to her current prenatal care. This information and whether she had an abortion in her past – cannot be left out simply because the abortion was with or without parental consent. This information exists outside the abortion visit's documentation. Therefore, it is not as simple as ensuring that the actual abortion visit's documentation is hidden in the parent's portal. Every single instance that references that abortion, would *also* have to be hidden in the portal. With current Electronic Medical Record systems, it would be impossible to accurately identify every instance that it might be referenced – this Gravida Para score is just one example of that.

Second example, Ohio Revised Code Section 3719.012 allows minors to seek diagnosis and treatment of a condition caused by drug or alcohol abuse. During future patient visits, the fact that a patient received a diagnosis and/or treatment surrounding drug abuse would be very relevant when a provider is providing future care and possibly prescribing prescription drugs. The provider would document the existence of that drug abuse to provide reference as why the current course of treatment was decided – because the history of drug abuse most likely influenced the current medical decision. Once again, it is not a single visit that must be hidden from the portal if parental consent was not involved. The documentation pertaining to that medical service that the minor received without parental consent could exist throughout the record in other visits and it is impossible to identify them all and ensure patient confidentiality.

The current way that Electronic Medical Records give parent access in the portal is an operational reality that comes with minor patients being allowed to consent to medical services without parental consent in Ohio *and* the requirements of HIPAA and Ohio law to keep patient information confidential. Because ultimately, proper care, treatment and care coordination would suffer if the documentation and the medical record is segmented. If a provider were to not include a vital piece of historical information due to its consent status, it could result in an incorrect diagnosis, treatment plan and possibly harm the patient. Providers must treat a patient as a whole person – not just one segment. Therefore, should this legislation become law, it will be operationally impossible to ensure a patient's health information is complete, accurate, and protected – which is necessary to provide patients with the best possible care.

Thank you again for the opportunity to provide testimony today. We are happy to answer any questions you may have.