

Testimony of Serena Clayton

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Safety Net Coalition

Before the Senate Committee on Health

Health Information Technology

January 6, 2010

Good afternoon Madam Chair and members of the committee. My name is Serena Clayton, Executive Director of the California School Health Centers Association. I am here on behalf of my 19 other partner organizations with the California Safety Net Coalition, the thousands of providers we represent, and the millions of safety net patients they serve. Thank you for the opportunity to testify today.

The California School Health Centers Association advocates for the expansion of health services in schools. There are currently 153 school-based health centers in California and many more school nurses, mobile vans, mobile dental providers and mental health providers delivering services in schools. Schools offer a tremendous opportunity for providing access to health services as part of a broad, effective safety net. HIT, including electronic health records, health information exchange and telehealth, is critical for making the services provided by school health centers, and by other safety net providers, part of an effective system of care. This is particularly important for the vulnerable populations who receive their care through the patchwork of clinics, hospitals, and behavioral and mental health sites that constitute the safety net in California.

The California Safety Net Coalition was formed in response to the overwhelming amount of HIT activity stemming from the federal stimulus legislation passed almost a year ago. Numerous policy decisions impacting the safety net were laid open by the HITECH Act, however, there was no avenue for conversation among safety net providers. The Safety Net Coalition was formed to engage all interested safety net representatives and to ensure that state-level HIT activities and decisions support the maintenance and development of a real safety net for the state's low-income and uninsured residents. To date we have produced HIE Principles for the safety net, officially commented on the state HIE/HIT strategic plan, and submitted our position on the HIE Governance Entity.

We appreciate the extensive lengths the California Health and Human Services Agency, and Jonah Frohlich, Deputy Secretary of HIT specifically, have gone to to engage the array of stakeholders in California. We appreciate the Agency's willingness to be responsive and transparent through the entire process.

At this stage of the process, we have comments in three areas:

The first regards the HIE Governance Entity. HIE, as the state clearly understands, is a political process that will inevitably create friction between players. We support efforts to date to put mechanisms in place to create a foundation of fairness that will help to ensure success into the future. We are supportive of the HIE Governance Entity being a neutral body, and to the extent possible, not operating health information exchanges. We also support the plan's requirement that the HIE Governance Entity must have measures to ensure transparency and accountability, we ask that whatever entity is chosen works with the Safety Net Coalition to create such measures. We are further supportive of the requirement for diverse board composition from multiple types of organizations from multiple regions throughout the state. We ask that safety net provider representatives have designated seats on the board.

Our second area of comment regards the HITECH provider incentives to adopt electronic medical records. The legislation identifies five types of medical providers eligible for these incentives. However the safety net is not just individual providers, but rather a quilt of systems, providers, and payers. Federally qualified health centers and rural health clinics are identified in the legislation with special provisions that maximize their eligibility for these incentives. However there remain many questions about how eligibility will be determined for smaller non-FQHC clinics, school clinics, tribal clinics, Planned Parenthood sites and other safety net providers that *are not FQHCs or RHCs*. If California is going to have a useful health information exchange system, all of these providers need to implement EHRs and actively exchange electronic health information. As there is no cap on the number of providers who may receive these funds, it is in the best interest of California to ensure as many providers are eligible as possible. We ask that the state to utilize whatever flexibility is provided by CMS to ensure the EHR incentive funds can be made available to the largest pool of providers possible.

Finally, even with the greatest possible flexibility, there are still *entire types of providers* left out of the ARRA legislation. It ignores mental health and substance abuse treatment providers. These providers are a critical component of the safety net for our underserved and uninsured populations, who are the most vulnerable and often have the most complex and chronic health conditions. We ask that the state include these providers in the development of California's HIT infrastructure and leverage funds wherever possible to facilitate their adoption of EHRs.

The California Safety Net Coalition will continue to monitor and weigh in on policy related decisions impacting the HIT infrastructure in California. We believe that we have become a resource to the state as a Coalition with a unique vantage point. The providers we represent and the patients we serve are counting on our involvement in the Coalition to serve as their voice to California's vision for HIT. Thank you for providing me the opportunity to present the perspective of the safety net today.