



March 6, 2018

RE: Support of H.F. 3312

Dear Members of the House Health and Human Services Reform Committee:

On behalf of the Minnesota Medical Association (“MMA”) and its more than 10,000 physician and medical student members, I submit this letter to offer strong support for H.F. 3312 and its approach to modernizing the Minnesota Health Records Act (“MHRA”). For years, the MMA has advocated for alignment of the MHRA with HIPAA based on the experiences of physicians and patients. As a physician, I have seen first hand how conflicts between the MHRA and federal standards impede timely, coordinated, and cost-effective care. H.F. 3312 will improve patient care by eliminating these conflicts and removing the barriers that hinder physicians from providing the type of care that Minnesotans expect and deserve.

Health privacy protections are vital to fostering effective physician-patient relationships by ensuring that patients can be candid with their physicians. Taken to excess, however, privacy regulations can erect barriers between patients and their physicians and undermine patient care by restricting physician access to timely and accurate information. Under the MHRA, patient information may not be shared or received by a physician in most circumstances without explicit consent. Although intended to protect patients, in reality, the requirements of the MHRA can often harm patients more than they help – resulting in duplicative tests, rescheduled visits, and unnecessary delays in treatment.

The MHRA places delays and burdens on patients at nearly every point of health care delivery:

**Complex Care Coordination:**

Patients with complex conditions often receive care from physicians in multiple specialties across different health systems. Rather than traveling seamlessly with the patient, a patient’s health record is hindered by current MHRA requirements, potentially requiring patients to sign dozens of consents across multiple locations, visits, and physicians – even for those patients that want and expect their medical record to be available to their providers.

**Emergency Care:**

In emergency rooms, time is of the essence to effective patient care, but too often the MHRA stands in the way. Under current law, physicians must often provide care without patient records and without even knowing where to go for information due to the limitations of the MHRA. This lack of information puts physicians at a disadvantage and Minnesotans at risk of duplicative or inappropriate care.

**Long-Term Care and Social Service Coordination:**

In long-term care settings, physicians and social service providers are called on to coordinate a wide variety of services for their patients and clients. The MHRA hinders care coordination by preventing timely information transfer, forcing social service agencies and physicians to focus on administrative tasks at the expense of helping Minnesotans to live well in their homes and communities.

In each of these scenarios and more, the MHRA adds delay and burden to an already complex health care system – all to the detriment of patients. H.F. 3312 will address these concerns by incorporating the protections of HIPAA into Minnesota law, modernizing the MHRA to work with the realities of Minnesota’s health care system. If passed, Minnesotans will receive better-coordinated and safer care while continuing to enjoy protections of the MHRA and existing data security, transfer, and access protections afforded under federal law.

Minnesota physicians are dedicated to providing quality, timely, and respectful care rooted in strong, trusting physician-patient relationships. Our code of ethics compels us to maintain patient privacy and we take that mandate seriously. H.F. 3312 will allow Minnesota physicians to provide ethical and quality care while reducing outdated and burdensome requirements. The MMA strongly urges the passage of H.F. 3312 to rectify weaknesses in the MHRA that create barriers to timely, coordinated, and cost-effective care.

Thank you for your consideration.

Sincerely,

A handwritten signature in cursive script, appearing to read "George Schoephoerster".

George Schoephoerster, MD  
President, Minnesota Medical Association