Seat at the Table: Testimony to NCVHS

Save to myBoK

By Melissa Martin, RHIA, CCS, CHTS-IM

Back in June I had the opportunity to represent both AHIMA members and the HIM profession while testifying at a National Committee on Vital and Health Statistics (NCVHS) hearing on the need for a better definition of the minimum necessary standards. I would like to share with you some highlights from my testimony experience.

NCVHS Subcommittee on Privacy, Confidentiality, and Security Chair Linda Kloss, MA, RHIA, FAHIMA, president at Kloss Strategic Advisors, Ltd. and a former CEO of AHIMA, asked that I share specific examples with the committee to help them frame the impact of minimum necessary to patients and the industry.

The questions from the committee directed to me had to do with how exactly patients got their records and exactly what staff did to ensure the minimum necessary was provided to other requestors.

It seemed very effective to share with the committee that even though the current minimum necessary standard does not require full review of records before they are provided, this does indeed occur. Without clarification from the Department of Health and Human Services (HHS), the industry assumes this must be done to avoid potential sanctions, as well as ensure sensitive information such as behavioral health, domestic abuse, sexually transmitted diseases, and HIV status are not released without specific consent from patients.

This increases the time it takes to release information and drives up the cost for healthcare to provide the information safely.

As part of my testimony I read the following statement: “I understand we are not here today to discuss costs and charging, but we must at least recognize that without minimum necessary clarification often the requestor asks for the entire record, driving the cost up. I believe this is why we are seeing so many states set their own regulations and many more class action suits in this area. I recognize this is an unintended consequence but it is important to realize how we might be able to drive costs down if we could establish clarification on minimum necessary.”

Rita Bowen, MA, RHIA, CHPS, SSGB, vice president of privacy, HIM policy and education at MRO and past president of AHIMA, also testified on behalf of the Association of Health Information Outsourcing Services (AHIOS) and was able to help clarify for the committee how the process really works, as AHIOS represents many of the vendors that provide release of information services for healthcare facilities across the country. Kloss also read written testimony provided by the American Medical Association stating they do not agree with any requests to expand minimum necessary to treatment.

In her closing remarks, Kloss stated that the committee must make recommendations to HHS by September 2016.

Deven McGraw, deputy director of the Office for Civil Rights, was present in the audience and requested to meet with me and AHIMA’s CEO to further discuss our position.

AHIMA has a seat at the table for the discussions on what comes next.

I would like to thank AHIMA staff members Angela Rose, MHA, RHIA, CHPS, FAHIMA, Pamela L. Lane, MS, RHIA, and Lauren Ellis Riplinger, JD, for the help they gave me preparing for this testimony.

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Article citation:
Martin, Melissa. "Seat at the Table: Testimony to NCVHS" *Journal of AHIMA* 87, no.9

(September 2016): 8.

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