

Codify Office of National Coordinator for HIT

2008 Advocacy Day, June 11

The Issue: Single National Focus

On April 27, 2004, the President issued an Executive Order 13335 creating the Office of the National Coordinator for Health Information Technology. On May 6th, 2004, Dr. David Brailer was appointed by the President as the 1st National Coordinator. Dr. Rob Kolodner has been appointed as the 2nd National Coordinator for HIT.

Strategies to implement initiatives included in Executive Order 13335 include: incentivizing EHR adoption, reducing the risk of EHR investment, promoting EHR diffusion in rural and underserved areas, fostering regional collaborations, developing a national health information network, coordinating federal health information systems, encouraging use of Personal Health Records, enhancing informed consumer choice, promoting use of telehealth systems, unifying public health surveillance architectures, streamlining quality and health status monitoring, and accelerating research and dissemination of evidence.

In fulfilling the requirements of the Executive Order, the National Coordinator is charged with developing an industry and federal government-wide strategy for widespread adoption of health information technology and translating this strategy into substantial quality and efficiency improvements within a decade

Key Messages

We Need One National Coordinator for HIT: Our nation only has five National Coordinators. Our goal is to have one national coordinator specifically focused on HIT. With the end of the current Administration on January 20, 2009, this office may be disbanded because it has not been written into law. To codify means to write into law.

Support Nationwide Health Information Network: Only a fully staffed Office of the National Coordinator for HIT will ensure that a Nationwide Health Information Network is fulfilled by the year 2014.

Pass legislation to codify National Coordinator for HIT:

As proposed in S. 1693 and H.R. 3800, codify the Office of the National Coordinator for Health IT in order to accelerate the appropriate development of health information exchange through integration and interoperability, standards adoption, and privacy and security in the healthcare community.

HIMSS Advocacy Day 2008 Congressional Ask

For more information, contact advocacy@himss.org or 703-562-8800

Fully Fund HHS FY09 HIT Budget Request

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The Issue: President's HIT Budget should be a Floor

The President's Budget Request for Fiscal Year 2009 has been presented to Congress calling for priority action on four areas, including initiatives to improve the availability and affordability of healthcare, addressing public health and emergency preparedness requirements, strengthening human service programs, and advancing research agendas. The President's Budget Request includes over \$735 billion for Health and Human Services (HHS) programs, an increase of \$29 billion over FY2008.

Healthcare IT as a percentage of the overall federal IT commitment is expected to remain at approximately 10%. Program specific HHS-wide healthcare IT initiatives have a fiscal year 2009 budget request of \$117.8 million. The funds are broken down as follows:

- **\$66 million for the Office of the National Coordinator for Health Information Technology (ONC):**
 - \$5 million increase over the \$61 million received in FYs 07/08
 - \$52 million decrease from the President's request from a year ago
- **\$45 million for the Agency for Healthcare Research and Quality (AHRQ):** Advances the use of HIT to enhance patient safety (Clinical Decision Support initiatives, Quality improvement, Ambulatory Care initiatives)
- **\$3 million for the HHS Assistant Secretary for Planning and Evaluation:** Funding independent assessments of electronic health record adoption and economic factors impacting clinician participation in EHR adoption
- **\$3.8 million for the CMS EHR Adoption Program:** Described as year 2 funds for the CMS demonstration project that will provide incentive reimbursements to providers in 12 areas of the U.S. Up to 100 provider groups in each area will be eligible to participate in the demonstration. Locations and application criteria are expected to be announced in Spring 2008 with a target start date of Summer 2008.

Key Messages

Fully fund the Fiscal Year 2009 President's Health Information Technology Budget Request for the Department of Health and Human Services \$118 million as a minimum baseline for transforming healthcare using information technology and management systems.

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Pass E-MEDS Legislation

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The Issue: How to Incentivize Electronic Prescribing

On December 5, 2007, Senator John Kerry (D-MA) and John Ensign (R-NV) introduced S. 2408, the Medicare Electronic Medication and Safety Protection (E-MEDS) Act of 2007, that they hope will expedite the adoption of electronic prescribing technology in every doctor's office in America. A companion piece of legislation has been introduced in the House (H.R. 4296) which is being co-sponsored by Representatives Allyson Schwartz (D-PA) and Jon Porter (R-NV).

This bipartisan, bicameral legislation encourages physicians to use e-prescribing in Medicare by providing a one-time payment bonus to physicians for the initial cost of purchasing e-prescribing technology. The bill also provides an extra 1% percent bonus for the administrative costs attached to every Medicare prescription a doctor writes electronically. In order to ensure widespread adoption of e-prescribing, the bill also establishes financial penalties for Medicare physicians who do not begin using e-prescribing by 2011.

Key Provisions of Legislation

1. Provide permanent Medicare funding for one-time grants to physicians to help offset the start-up costs paid by physicians to acquire and implement e-prescribing technology.
2. Provide permanent Medicare funding for payment bonuses to physicians for use of e-prescribing. For every Medicare prescription that is written electronically, physicians would be paid an extra 1% bonus.
3. Starting on Jan 1, 2011, physicians would be required to write their Medicare outpatient prescriptions electronically. Physicians that continue to write prescriptions by hand would face a per-claim financial penalty.
4. The Secretary of HHS would be given authority to grant one- or two-year hardship waivers for physicians who face particular difficulties in acquiring and implementing e-prescribing; especially those from rural areas or very small (or solo) practices.
5. The Government Accountability Office and Centers for Medicare and Medicaid Services would be directed to report within two years on the status of e-prescribing adoption within Medicare.

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Key Messages

Legislation will Score as a SAVINGS. Legislation should be scored as a savings by Congressional Budget Office (around \$3 billion) rather than cost. First time that the CBO has scored HIT legislation as a savings, instead of a cost.

Administration supports Legislation. Health and Human Services Secretary Michael Leavitt has said that the Administration would support this e-prescribing legislation if passed by Congress.

Will Expand Currently Small Adoption Rate. With only about 9% of physicians actually using this technology, HIMSS position is to **endorse this legislation** to help advance the use of electronic prescribing as one first step in the overall transformation of healthcare using information technology.

Pass E-MEDS legislation:

Pass S. 2408/H.R. 4296 (Medicare Electronic Medication and Safety Protection [E-MEDS] Act of 2007) as one of many steps needed to implement a longitudinal lifetime electronic health record.

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