



230 E. Ohio Street, Suite 500
Chicago, IL 60611-3269

Tel 312 664 4467
Fax 312 664 6143

www.himss.org

October 21, 2008

Kerry N. Weems
Acting Administrator
Centers for Medicare and Medicaid Services
U.S. Department of Health and Human Services
Attention: CMS-0009-P / CMS-0013-P
7500 Security Boulevard
Baltimore, MD 21244-1850

Dear Mr. Weems:

The Healthcare Information and Management Systems Society (HIMSS) is pleased to submit our comments on the two CMS Proposed Rules: *“Health Insurance Reform; Modifications to the Health Insurance Portability and Accountability Act (HIPAA) Electronic Transaction Standards” Proposed Rule CMS-0009-P* and *“HIPAA Administrative Simplification: Modification to Medical Data Code Set Standards to Adopt ICD-10-CM and ICD-10-PCS CMS-0013-P”*. These two proposed rules were published on Friday, August 22, 2008 by the Department of Health and Human Services.

HIMSS is the healthcare industry’s membership organization exclusively focused on providing leadership for the optimal use of healthcare information technology and management systems for the betterment of healthcare. HIMSS represents more than 20,000 individual, 330 corporate members and 46 chapters nationwide. HIMSS seeks to shape healthcare public policy and industry practices through its educational, professional development and advocacy initiatives designed to promote information and management systems’ contribution to quality patient care.

We appreciate the work that went into the development of these two proposed rules. HIMSS has leveraged the subject matter expertise of our members to ensure that our response reflects the broadest level of industry experience. The viewpoints of these groups, along with those of their industry colleagues, ensure that HIMSS fulfills its requirement to offer a coordinated voice to the national discussion on these important healthcare issues.

HIMSS recognizes that the current ICD-9-CM is outdated and ICD-10 is needed to ensure improved quality of healthcare and data collection. HIMSS agrees with the intent of moving the industry forward and believes CMS has published two very important rules.

Additionally, HIMSS notes the expertise and knowledge of industry leaders provided to NCVHS resulting in the [September 26, 2007 letter to HHS](#) commenting on the sequencing and timeframe for the new classification system. In that letter, NCVHS indicated that up to two years would be needed between the compliance dates set for 5010 and ICD-10.

Consequently, HIMSS believes that the proposed rule with only an 18-month interval needs to be expanded to a minimum of two years. HIMSS would respect NCVHS leadership in developing a broad, coordinated timeline for compliance that recognizes existing efforts and ongoing activities such as, but not limited to, increased provider demand for functionality, quality reporting initiatives, CCHIT certification criteria and e-prescribing mandates. A coordinated plan's intent should be the optimization of our nation's significant cumulative efforts to modernize our healthcare infrastructure. In fact, we cannot afford to ignore this broader perspective. HHS and CMS should be complimented for the work they have begun and we urge both to take into consideration the existing multiple efforts and ongoing activities the healthcare industry is grappling with today.

HIMSS Supports the Intent of the Two Proposed Rules

Health Insurance Reform; Modifications to the Health Insurance Portability and Accountability Act (HIPAA) Electronic Transaction Standards; Proposed Rule 45 CFR Part 162–CMS-0009-P

HIMSS agrees with the concept of moving the industry forward on the proposed code sets: The Accredited Standards Committee (ASC) X12 005010 Technical Report Type 3s (TR3s) for healthcare transactions and the National Council for Prescription Drug Programs (NCPDP) Version D.0 for pharmacy transactions. Both of these organizations are accredited by the American National Standards Institute (ANSI). Comments found in this document apply to the ASC X12 005010 Technical Report Type 3s (TR3s). We do not have any specific comments on NCPDP Version D.0. *For the remainder of this document, ASC X12 005010 Technical Report Type 3s (TR3s) will be referred to as 5010.*

The move to 5010 is necessary because the current ASC X12 4010A1 version is outdated and lacks specific functionality required today. A sample of benefits of 5010 includes improvements around data content, data collection and reporting capabilities. Version 5010 supports growth of future industry needs including collection of additional data such as 'present on admission' indicators. The 5010 standard is required for implementation of the proposed rule: HIPAA Administrative Simplification: Modification to Medical Data Code Set Standards to Adopt ICD-10-CM and ICD-10-PCS.

HIPAA Administrative Simplification: Modification to Medical Data Code Set Standards to Adopt ICD-10-CM and ICD-10-PCS; Proposed Rule 45 CRF Parts 106 and 162-CMS-0013-P

This rule proposes adoption of the International Classification of Diseases, Tenth Revision, Clinical Modification (ICD-10-CM) for diagnosis coding, and the International Classification of Diseases, Tenth Revision, Procedure Coding Systems (ICD-10-PCS) for inpatient hospital procedure coding. These new codes will replace the International Classification of Diseases, Ninth Revision, Clinical Modification (ICD-9-CM) Volumes 1 and 2, and the International Classification of Diseases, Ninth Revision, Clinical Modification (CM) Volume 3 for diagnosis and procedure codes, respectively. *For the remainder of this document, ICD-10-CM and ICD-10-PCS will be referred to as ICD-10.*

HIMSS agrees with the concept of moving the industry forward with ICD-10 due to the current version's limitations and inability to meet business needs. Limitations of the current version include limited precision and specificity of the existing codes, finite ability to add new codes and inability to accommodate emerging industry needs. These limitations can be addressed only with adoption of ICD-10. Benefits to be realized with ICD-10 include support of emerging data requirements such as with bioterrorism and public health reporting, improved data reporting and accuracy for quality and patient safety as well as improved data accuracy for claim processing. Support of an industry move to ICD-10 is congruent with [HIMSS' existing position statement on medical coding standards](#) published December 2, 2005. In addition, HIMSS is in agreement with the industry moving to ICD-10 from ICD-9 and not waiting for completion of ICD-11-CM and ICD-11-PCS.

Compliance Dates of the Two Proposed Rules

HIMSS strongly believes implementation of both 5010 and ICD-10 is very important for the industry and fully supports the intent of these two proposed rules. HIMSS appreciates the position of HHS in clearly establishing firm compliance dates for the industry; however, HIMSS believes the compliance dates should reflect what the industry can reasonably achieve. In our opinion, a minimum of two years is needed between the compliance dates set for 5010 and ICD-10.

The proposed 5010 compliance date of April 1, 2010 and the proposed ICD-10 compliance date of October 1, 2011 are believed to be too aggressive. Also, the proposed 18-month gap for implementation dates between these two proposed rules will be very challenging for industry stakeholders. The transition to 5010 and ICD-10 will significantly impact all stakeholders including all providers, software vendors, clearinghouses and payors who must work in tandem to achieve successful implementations. In addition, ICD-10 usage will have a great impact on other areas that are 'data users' such as various reporting initiatives and accreditation agencies involving quality and performance information.

There are several key reasons for this position:

- We believe that the 18-month interval between the proposed 5010 compliance date of April 1, 2010 for 5010 and the proposed ICD-10 compliance date of October 1, 2011 is not adequate for successful implementation of 5010. Eighteen months would not allow enough time for implementation and testing of 5010 across all stakeholders to ensure interoperability and successful transaction processing of the new code set. Adequate testing time is critical for 5010 to address all implementation issues prior to changeover to ICD-10. Unaddressed 5010 implementation issues will be problematic for successful ICD-10 implementation and will result in additional costs and delays.
- The industry has demonstrated difficulty with voluntary compliance towards a single target date while implementing previous HIPAA regulations. If the industry does not make a coordinated approach to this single goal, the cost of achievement is escalated. One option to avoid past history would be for HHS to consider setting phased compliance dates by regulation including specific testable target (or interim) dates which would lead to the final compliance.
- The combined transitions to 5010 and ICD-10 represent a significant workload for all stakeholders. The ICD-10 implementation will have a broad-reaching industry impact ranging from software systems updates to changes in workflow, business rules, operations and procedures. Achieving successful implementation will require thoughtful planning, development, implementation and testing prior to actual compliance dates. These activities must be synchronized across multiple software applications and processes and across all industry stakeholders. This will be challenging for the industry to accomplish within the proposed period for the combined migration.
 - 5010 and ICD-10 represent two distinct and significant software upgrades for vendors and end-users over a three-year period. Within this time, software vendors must develop and test the upgraded versions and make them available to their client base for acquisition, installation and testing prior to the proposed compliance dates.
 - Funding the two needed software upgrades within a three-year period will be equally challenging for healthcare organizations and medical practices.
 - Clearinghouses and payors will need to have their software systems upgraded and tested in order to accept and process these new transactions.
 - From a clearinghouse and software vendor perspective, concerns include readiness of their vendor interface partners and their dependency on these partners.
 - Vendors may be placed in a position of having to provide alternatives to customers when their trading partners are not ready.
 - With migration to ICD-10, some clearinghouses may see changes in the services provided to clients due to ICD-10 increased code specificity and

precision. This will require additional time spent with their clients in order to support a smoother transition.

- Physician and clinician education will require a significant effort which most likely will reduce clinician availability for patient care.
- To achieve the two proposed compliance dates, all stakeholders need to be aggressively working on both efforts *now*. HIMSS believes that it would be unwise to assume that all industry stakeholders are currently addressing this issue. While we know some are actively working on both 5010 and ICD-10 compliance with assessments and planning, we also believe many have not yet begun efforts due to multiple factors such as limited available resources and other more immediate priorities.
- The industry is experiencing an ever-increasing number of regulatory requirements which drive information technology (IT) projects – both in number of requirements and scope of effort. Healthcare IT has only a finite bandwidth in terms of staff resources, time and money to support all regulatory requirements and business needs. Preparation, planning and implementation of 5010 and ICD-10 represent two very large efforts.
 - Stakeholders are working and will continue to on work multiple projects simultaneously, not only 5010 and ICD-10, but also Medicare/Medicaid compliance projects such as e-prescribing, prospective payment system changes, other compliance projects such as CCHIT, and additional work efforts such as healthcare enterprise integration to include ambulatory practices, and daily operations.
- ICD-10 implementation will be far more overarching than the 5010 implementation and directly impact a broader scope of staff, technology tools and operations. (Impact of ICD-10 will be discussed in a later section.)

In September, 2008, HIMSS conducted a *Vantage Point* Survey, asking participants if the industry would be ready to adopt 5010 and ICD-10 by their respective proposed compliance dates. The results support concern over these proposed compliance dates and the potential inability to successfully achieve these dates as an industry. The HIMSS *Vantage Point* Survey report is presented in Exhibit A; highlights include:

- Industry Readiness on April 1, 2010 for 5010:
Approximately one quarter of the respondents indicated that the industry will be ready to adopt 5010 on or before April 1, 2010. Another 28 percent believed that the industry needs an extension of less than a year, while 30 percent believe that the industry needs an extension to the proposed compliance date of at least one year.
- Industry Readiness on October 1, 2011 for ICD-10:
One quarter of the respondents indicated that the industry will be ready to adopt ICD-10 on or before October 1, 2011. Another one quarter of respondents

believes the industry needs a one-year extension, while 30 percent believe that the industry needs an extension of one to three years.

Estimated Cost Analysis and Benefits of the Two Proposed Rules

HIMSS believes there will be significant benefits realized from implementation of these two proposed rules. The attempt to develop and document a cost/benefit impact analysis of these proposed rules was a significant undertaking by HHS. HIMSS appreciates the work required to complete the analysis found in these two proposed rules.

In review of the impact analysis, HIMSS does not believe the cost analysis accurately reflects the total impact these two rules will ultimately have on all stakeholders in the industry. In both rules, the costs may be understated and the benefits overstated. Either all stakeholders were not accounted for or total stakeholder involvement was not addressed in the analysis, resulting in a cost underestimation. All stakeholders should be addressed including all providers (hospitals, physicians, ancillary services) as well as software vendors, clearinghouses and payors. Stakeholders also span across environments to include rural healthcare settings, which are very different from urban and suburban settings. 'Data users' such as reporting initiatives and/or accreditation organizations that are dependent on the data impacted by these rules should be included, especially with ICD-10 reporting. Also, functional areas in organizations should be included to reflect the total impact. Examples of these functional areas include process and workflow re-engineering, data analytics and business intelligence. Implementation costs addressing assessment, implementation and testing appear to be underestimated and should cross the span of stakeholders—providers, software vendors, payors, clearinghouses and functional areas in order to gain a true picture of cost impact.

The impact of ICD-10 adoption will be widespread. Implementation involves moving from ICD-9's 17,000 codes identifying medical diagnoses and procedures to a more extensive system composed of over 155,000 codes. Impacted areas of ICD-10 implementation that are believed to be inadequately reflected in the proposed rule cost analysis include the following:

- ICD-10 implementation cuts across many organizational areas and staff with direct impact on operations, workflow, business rules development as well as reporting.
- Software changes will be widespread extending beyond core financial, business and clinical systems to other systems such as decision support tools, reporting and other support software systems.
 - The scope of system change is great and vendors may have to charge additional fees to provide all necessary system upgrades to end-users.
 - Additional software functionality may be highly desirable to support implementation, migration and ongoing automation and use of ICD-10.

- Operations and workflow will require impact assessments to be completed to determine needed changes across all stakeholders. The assessments will direct workflow and operational re-engineering efforts and training activities.
 - This will create both direct and indirect costs as well as potential loss in productivity.

- Physician and clinician involvement to support ICD-10 compliance appears to be underestimated.
 - There will be more physician involvement with coding activities and additional clinical documentation may be required as compared to ICD-9.
 - Physician training appears to be underestimated with training and education needs that are more far reaching than projected. Physician and clinical training will reach into clinical documentation to ensure granularity and specificity of documentation are provided by clinicians to support the complexity of the new codes.
 - Impacts on physician office practice operations, staff, and workflow appear to be inadequately addressed. Even though other practice venues will be impacted, office practices (physicians and staff) will most likely experience more stress from ICD-10 implementation due to the amount of change the practice will have to absorb. Practices will require workflow and process improvement efforts, increase in staff work demands, additional training and education, as well as higher demands on information technology support. The practices, especially smaller practices, may require outside resource support to accommodate these activities which will be an additional expenses for the practice.

- Training will be a significant component of ICD-10 implementation and appears to have been underestimated across all stakeholders. This includes not only health information management (HIM) professionals/coders, billing/administrative staff, but also clinicians, physicians, clinical support staff, IT professionals, business intelligence/analytics professionals, process engineers and others.

- Tools and resources are required prior to the final compliance date. These include easy accessibility to the code sets, authorized crosswalks/mapping as well as coding guidelines. Training materials are required that focus on coding as well as areas around business processes, operations re-engineering, operational impact assessments and workflow assessments.

- HIMSS acknowledges that a transitional phase will be required by the industry supporting use of both ICD-9 and ICD-10. The current version will be required for activities such as rebilling and resolution of service prior to the compliance date. This transition period using both versions will create complexity in operations with use of software systems and supporting workflow. This will cause an additional burden on resources for all industry stakeholders.

It may be beneficial for a panel of industry experts (e.g., NCVHS or AHIC 2.0) to continue the documentation of the cost/benefits analysis of these two proposed rules—even after finalization of the rules. This would build upon the existing documented information and reflect the total picture. This information could be used to support industry awareness of the total impact anticipated as a consequence of these rules from a cost, operations and resources perspective, as well as expected benefits to be realized.

The HIMSS *Vantage Point* Survey revealed that cost and time associated with completing necessary upgrades were most frequently identified as the primary barriers to adoption of these two standards.

- **Barriers to adopting 5010:**
One-third of respondents believed that costs and time associated to complete the necessary upgrades are the key barrier to adopting 5010. An equal number indicated that either insurers/clearinghouses may not be ready to accept 5010 or that vendors may not be prepared to offer 5010-compliant systems. Only four percent of the respondents indicated that they believed there would not be barriers to implementation while 11 percent were unsure.
- **Barriers to adopting ICD-10:**
One third of respondents believed the biggest barrier to adopting ICD-10 will be the lack of readiness on the part of the vendor community. Another 20 percent believe the insurers/clearinghouses will not be ready to accept ICD-10 claims while 19 percent cited costs associated with acquiring new software as a barrier. Only three percent believed there would be no barriers while three percent were unsure.
- **More difficult to address:**
Nearly half of the respondents indicated that it will be more difficult to address the conversion to ICD-10 codes. Twenty-nine percent believe that both will be equally difficult to address.

Recommendations

Proposed Two Rules Compliance Dates

HIMSS recommends, *at a minimum*, allowing two years between compliance dates.

Single Collection Point for Compliance Project Plans and Timelines – A Coordinated Approach

In order to achieve maximum value from 5010 and ICD-10 implementation, it is recommended that all related compliance project efforts be coordinated into a broader industry-wide plan. It is recommended that CMS consider establishing a single point of contact or communications clearinghouse providing a comprehensive listing of Medicare

and HIPAA compliance projects that will support a more coordinated approach for the industry.

These two proposed rules represent significant work for the industry with ICD-10 directly impacting many other industry initiatives ranging from daily operations to other compliance efforts. Compliance of these two proposed rules will be balanced by the industry with other work efforts such as Medicare/Medicaid projects, e-prescribing, prospective payment systems changes, as well as other industry accreditation efforts such as with CCHIT.

Having a coordinated industry plan addressing efforts with associated timelines will assist in using the industry's finite resources with maximum efficiency and minimal cost. In turn, this approach will maximize the value and benefits these projects will have on the transformation of the patient care delivery process while promoting overall interoperability. This value would be demonstrated directly in areas such as chronic disease management, public health reporting and value-based purchasing.

Specific to ICD-10 Proposed Rule

ICD-9 / ICD-10 Crosswalks

The CMS Web site provides the official ICD-10 listing in both index and tabular form, general equivalence mappings (crosswalks) of ICD-9 and ICD-10, user guides and official coding guidelines.

- It is recommended that CMS (or its designee) be positioned as the single authoritative resource in the industry for these resources—especially the crosswalk information. This would facilitate compliance by all stakeholders and promote using the codes in a consistent and uniform manner in the conversion and support of the new codes. Conversely, this will prevent other industry crosswalks that may vary in content information from being developed and used. Benefits of this would include decreased claim errors and the facilitation of payments.
- This recommended single authoritative resource would be a key component in supporting a smoother transition from ICD-9 to ICD-10 with industry-wide data reporting efforts such as with various quality reporting initiatives.

Crosswalk between ICD-10 CM and SNOMED (CMS-0013-P, Page 49803, section VI)

This section discusses SNOMED CT and states that:

The benefits of using SNOMED CT increase if it is linked to a classification system such as ICD-10-CM and ICD-10-PCS for the purpose of generating health information that is necessary for statistical analysis and reimbursement. The use of both SNOMED-CT and ICD-10-CM and ICD-10-PCS brings value to the development of interoperable electronic health records (EHR). The linkage of these two different coding systems for multiple purposes is accomplished through mapping.

Although the results of such mapping activities are available through the National Library of Medicine's UMLS (Unified Medical Language System), the mappings are only

available with effort. The look-up mechanisms are too slow to be of real value in a run-time operation.

- We urge HHS to provide a more usable set of authoritative mappings between SNOMED CT and ICD-10 CM well in advance of the final ICD-10 rule compliance date. It has been demonstrated by the National Quality Forum that using SNOMED as a basis for including patients in the population to be measured provides more accuracy in measurement and more quality in care. To ensure performance measurement that accurately reflects care, the crosswalk is a must and it needs to happen now. An operations-ready set of mappings between these two terminologies will give vendors and providers additional incentive to migrate toward interoperable health records.

ICD-10-PCS Expanded Use: (CMS-0013-P, Page 49804, section VII B)

This section discusses the use of CPT-4 for coding hospital inpatient procedures. The authors of the proposed rule conclude that CPT-4 continues to be unacceptable for inpatient procedures. However, there are no convincing arguments made in the proposed rule for retaining CPT-4 for outpatient procedures. All of the arguments against using it for inpatient procedures apply equally to using it for outpatient procedures, especially with the continued movement of procedures from inpatient to outpatient settings. In the future, HHS might want to carefully review and evaluate potential use of ICD-10-PCS for both inpatient and outpatient procedures. Moving to ICD-10-PCS codes for both will be more in-line with the ultimate goal of administrative simplification.

ICD-9 Transition

HIMSS recommends consideration of a moratorium on ICD-9 code updates and changes beginning on the final date established for 5010 compliance. Preparation for ICD-10 implementation will be a significant work effort that will only be compounded by the work required to support the ICD-9 annual updates. From the provider's perspective, it is a significant challenge every year to implement the ICD-9 updates in time for the January 1st compliance date. Not having to deal with ICD-9 updates during this time period will allow focused attention and work effort on ICD-10.

Conclusion

In closing, HIMSS and our members would like to commend HHS and CMS for continued efforts to move the industry forward with 5010 and ICD-10. We believe this is very important for the industry and we appreciate the efforts expended to publish these two proposed rules. In addition, we appreciate the consideration and review of our comments.

We believe the compliance dates and timeframes need to be expanded to incorporate a minimum of two years between the compliance dates set for 5010 and ICD-10. These two proposed rules represent efforts which are very important to the industry and reasonable time should be allowed for proper implementation. We believe that a balance can be

achieved between current industry initiatives and a timeline can be established that allows for the sequencing of compliance dates.

Through our volunteer activities and educational venues, HIMSS anticipates continuing our support of CMS in moving the industry forward with 5010 and ICD-10. HIMSS and our members look forward to working with the federal government and CMS in the future as we move down this path.

If you have any questions, please contact Pam Matthews, Senior Director, Healthcare Information Systems, at pmatthews@himss.org or (706) 838-0583, and/or Thomas M. Leary, Senior Director, Federal Affairs, at tleary@himss.org or (703) 562-8814.

Sincerely,

Sincerely,

The image shows two handwritten signatures in black ink. The signature on the left is 'Steve Lieber' and the signature on the right is 'Charles E. Christian'.

H. Stephen Lieber, CAE
HIMSS President/CEO

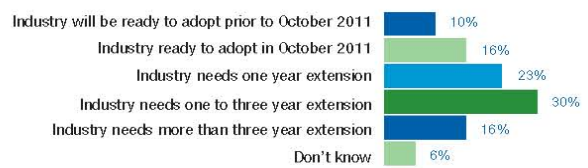
Charles E. Christian, FCHIME, FHIMSS
Chair-Elect, HIMSS Board of Directors
Director IS/CIO
Good Samaritan Hospital

Summary

In August 2008, the Department of Health and Human Services (HHS) issued a proposed rule that would require healthcare providers to adopt ICD-10 Code Sets for electronic transactions by October 2011. Only one-quarter of respondents believe that the industry will be able to meet this deadline. Half of respondents were concerned that either a lack of readiness on the part of the vendor community or by insurers/clearinghouses to accept ICD-10 claims will impact their ability to be ready on time. In a separate ruling, HHS also called for the adoption of the updated X12 standard, Version 5010 to be in place by April 1, 2010. Only one-quarter of respondents believe the industry will be able to meet this timeline. The cost and time associated with completing necessary upgrades was most frequently identified as the primary barrier to adoption of these standards.

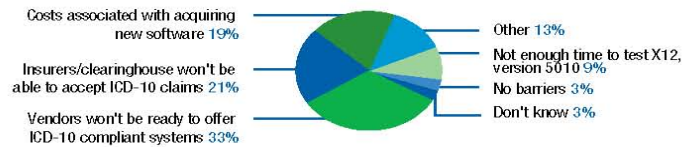
Adoption of ICD-10 Code Sets

Only one-quarter of respondents indicated that the industry will be ready to adopt the ICD-10 code sets on or before the October 2011 deadline. Another one-quarter of respondents believed that the industry needs a one year extension, while 30 percent believe that the industry needs an extension of one to three years.



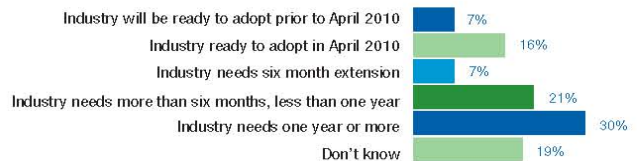
Barrier to Adopting ICD-10 Code Sets

One-third of respondents believed that the biggest barrier to adopting ICD-10 code sets will be a lack of readiness on the part of the vendor community. Another 20 percent believe that insurers/clearinghouses won't be ready to accept ICD-10 claims. Only three percent indicated that there would be no barrier to adopting ICD-10 code sets.



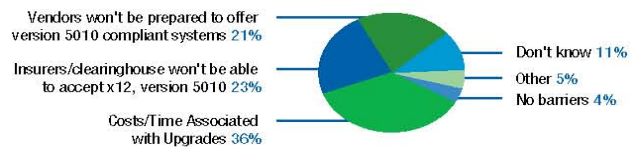
Adoption of X12 Standard, Version 5010

Approximately one-quarter of respondents indicated that the industry will be ready to adopt the updated X12, version 5010 standard on or before April 1, 2010. Another 28 percent believe that the industry needs an extension of less than a year, while 30 percent stated that an extension of at least a year is required.



Barrier to Adopting X12, Version 5010

One-third of respondents believe that the costs and time associated to complete the necessary upgrades is the key barrier to adopting X12, version 5010. An equal number indicated that barriers to converting to the new standard are either that insurers/clearinghouses won't be able to accept x12, version 5010 standards or vendors won't be prepared to offer version 5010 compliant systems.



Vantage Point is a monthly publication of HIMSS, which surveys healthcare IT professionals on current industry trends. Editor: Jennifer Horowitz (jennifer.horowitz@himssanalytics.org), HIMSS, 230 E. Ohio, Suite 500, Chicago, IL 60611 312.664.4467 ©2008 Healthcare Information and Management Systems Society

Note: Percents may not equal 100 due to rounding. Respondents had the opportunity to take the survey in September of 2008. Number of Respondents = 260 For more information, visit www.himss.org/vantagepoint.

EXHIBIT A

HIMSS Vantage Point Survey – web posting only

Which Rule will be Most Difficult to Address?

Nearly half of respondents indicated that it will be most difficult to address the conversion to ICD – 10 code sets. Only 10 percent of the respondents noted that it will be more difficult to convert to X12, Version 5010. Twenty-nine percent believe that both will be equally difficult to address.

