



Massachusetts' Inclusion of Healthcare Information Technology (HIT) in Healthcare Reform Legislation

On August 10, 2008, Governor Deval Patrick (D) signed into law Senate Bill 2863, the second piece of healthcare reform legislation for the Commonwealth of Massachusetts in the last two years. In 2006, Governor Mitt Romney (R) signed into law sweeping healthcare reform legislation that required residents to obtain healthcare coverage and established subsidies for low-income residents to obtain coverage.¹ Unlike other healthcare reform measures in the state, Senate Bill 2863 sets the groundwork for state led HIT initiatives and large scale HIT adoption among providers. In addition to HIT, the bill, among many things:

- Establishes a healthcare quality and cost council to promote public transparency of the quality and cost of healthcare in the state and reduce racial and ethnic health disparities
- Directs the Department of Public Health, in cooperation with Commonwealth Medicine at the University of Massachusetts medical school, to develop, implement, and promote an evidence-based outreach and education program about the therapeutic and cost-effective utilization of prescription drugs
- Establishes, within the Department, a Healthcare Workforce Center to improve access to healthcare services
- Calls for the Department to promulgate regulations for the establishment of a patient and family advisory council at each hospital in the state
- Directs the MassHealth Payment Policy Advisory Board to study the methods for improving payments or bonuses for primary care providers
- Calls upon the trustees of the University of Massachusetts to develop a master plan for expanding medical student enrollment and increasing internships and residencies for medical school graduates who are committed to practicing in primary care and practicing in underserved regions
- Institutes a study of the costs of medical malpractice coverage for healthcare providers
- Sets forth a public awareness campaign to highlight the importance of end-of-life planning

In an effort to improve the overall efficiency of healthcare delivery in Massachusetts through HIT, SB 2863 establishes the Massachusetts e-Health Institute to plan and oversee state HIT activities and directs the development of regulations for providers to adopt HIT. The bill directs the Massachusetts e-Health Institute to advance the dissemination of HIT across the state, including the deployment of electronic health record (EHR) systems in all healthcare provider settings that are networked through a statewide health information exchange. The bill authorizes \$25 million in initial funding for the Institute. Specifically, the Institute would:

- Facilitate the implementation and use of EHR systems by healthcare providers;
- Facilitate the creation and maintenance of a statewide interoperable EHRs network;
- Identify and promote the dissemination of emerging healthcare technologies that are proven to improve the overall delivery of healthcare; and
- Develop a statewide plan for EHRs.

To assist in these activities, the bill establishes an E-Health Institute Fund to support the Institute's activities in advancing HIT. The fund, managed by the Institute, shall be provided for through such means as appropriations, federal grants and loans, and state bonds or notes, as well as private donations.

In an effort to establish firm requirements for providers in the state in utilizing HIT, the bill directs the Massachusetts Department of Public Health to develop regulations requiring hospitals and community health centers to adopt computerized physician order entry (CPOE) systems and EHRs. Specifically, the bill directs the Department to:

- On or before October 1, 2012, adopt regulations requiring hospitals and community health centers, as a standard of eligibility for original licensure and renewal of licensure, to implement CPOE systems that are certified by the Certification Commission for Healthcare Information Technology or a successor agency or certification organization; and
- On or before October 1, 2015, adopt regulations requiring hospitals and community health centers, as a standard of eligibility for original licensure and renewal of licensure, to implement interoperable EHR systems that are certified by the Certification Commission for Healthcare Information Technology or a successor agency or certification organization.ⁱⁱ

HIMSS Comments

HIMSS will continue to monitor the implementation of measures included in SB 2863. In the fall of 2008, HIMSS will also examine the role of HIT in healthcare reform at the national level in further detail through establishment of the Healthcare Transformation through Healthcare IT Workgroup. The Workgroup will develop concrete recommendations for the next Presidential Administration and the 111th Congress regarding HIT's role in healthcare transformation efforts. For additional information on State Government Relations activities at HIMSS, please contact [Thomas S. Keefe](#), Senior Director, HIMSS State Government Relations.

ⁱ “Massachusetts Healthcare Reform Plan: An Update.” Kaiser Commission on Medicaid and the Uninsured. Available at: <http://www.kff.org/uninsured/upload/7494-02.pdf>. Accessed on September 9, 2008.

ⁱⁱ “Senate Bill 2863”. Massachusetts State Legislature. Available at: <http://www.mass.gov/legis/bills/senate/185/st02pdf/st02863.pdf>. Accessed on August 29, 2008.