April 5, 2005

Mark B. McClellan, M.D., Ph.D.
Administrator
Centers for Medicare and Medicaid Services
Department of Health and Human Services
7500 Security Boulevard
Baltimore, Maryland 21244-1850

Dear Dr. McClellan:

On behalf of the 15,000 individual and 250 corporate members of the Healthcare Information and Management Systems Society (HIMSS), we are pleased to provide comment on the Medicare Program: E-Prescribing and the Prescription Drug Program (42 CFR Part 423). As the healthcare industry’s only membership organization exclusively focused on providing leadership for the optimal use of healthcare information and management systems for the betterment of healthcare, HIMSS is uniquely qualified to provide comment on the proposed rule.

Overall, HIMSS applauds CMS for promulgating the proposed rule. E-Prescribing is one of the integral steps to achieving broad deployment of electronic health records (EHRs).

Our comments focus on the following three issues:

1. Most significantly, HIMSS is concerned that the Foundation Standards identified in the proposed rule may not be adequately tested. HIMSS recommends a pilot program to determine understanding and use of the foundation standard in real settings.

2. The National Provider Identifier has two essential limitations that need to be addressed by government and industry, including the decision to go with a legal entity versus a physical location or healthcare location enumeration. We would also like to emphasis that interoperability will be an important component of the E-Prescribing and EHR implementation processes. HIMSS is confident that Integrating the Healthcare Enterprise (IHE) will continue to help drive the healthcare industry toward interoperability.

3. Finally, HIMSS is encouraged by the public discussion that CMS is considering exemptions for Anti Kickback Act and Stark Regulations for healthcare IT efforts between various entities. To reiterate our comments from the January 2005 Collaborative Response to the ONCHIT RFI, complete interoperability of healthcare must provided by any entity seeking a safe harbor. Establishing a
“Standards and Policy Entity” would provide the means of assessing the need for safe harbors as information sharing networks are created, especially in meeting the needs of rural and underserved communities. We encourage CMS to work closely with the Office of the National Coordinator to continue to move the process for the Standards and Policy Entity into an implementation phase of development.

We look forward to continuing our excellent working relationship with CMS, offering the collective voice of our membership as the proposed rule is finalized and collaboration underway. If you need any additional information, please contact Mr. Thomas M. Leary, HIMSS Director of Federal Affairs at tleary@himss.org or 703.299.9712.

Sincerely,

H. Stephen Lieber, CAE
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