



Legislative Bulletin.....July 27, 2006

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H.R. 4157—Amendments to the Health Information Technology Promotion Act of 2006

H.R. 4157, the Health Information Technology Promotion Act of 2006, is scheduled to be considered on the House floor on Thursday, July 27th, subject to a structured rule (H.Res. 952). The rule self-executes (i.e. automatically adds to the underlying bill without a separate vote) the amendment in Part A and makes in order only the six other amendments printed in Part B of the Rules Committee report accompanying the resolution. Summaries below are based on RSC staff's review of actual amendment text. For a summary of the underlying bill, see a separate RSC document released yesterday.

Part A (self-executing amendment)

- Strikes section 404 (Methodology for reporting uniform price data for inpatient and outpatient hospital services);
- Strikes section 405 (Inclusion of uniform price data);
- Eliminates a provision in the underlying bill that would have expanded the types of entities that could provide health IT without violating Medicare anti-kick back laws, beginning in 2011.

Part B (amendments debatable for ten minutes on the floor)

Hinojosa (D-TX). Amends one of the goals of nationwide interoperable health information technology (HIT) infrastructure as noted in **red bold** below:

“~~is consistent~~ provides for the confidentiality and security of individually identifiable health information, consistent with legally applicable requirements with respect to securing and protecting the confidentiality of individually identifiable health information of a patient;”

Also adds the following new goal for the HIT infrastructure:

“improves the availability of information and resources for individuals with low or limited literacy or language skills;”

Towns (D-NY). Requires the National HIT Coordinator to conduct a study on the development and implementation of HIT in medically under-served communities. The study is to:

- identify barriers to successful implementation of HIT in these communities;
- examine the impact of HIT on providing quality care and reducing the cost of care to these communities;
- examine urban and rural community health systems and determine the impact that HIT may have on the capacity of primary health providers; and
- assess the feasibility and the costs associated with the use of HIT in these communities.

This report is to be submitted to Congress within 18 months of enactment, and is to include recommendations for legislative or administrative action.

Jackson (D-IL). Adds to a report required in the underlying bill to be submitted to Congress by HHS detailing the work of the American Health Information Community, that the report must include “recommendations on the inclusion of emergency contact or next-of-kin information (including name and phone number) in interoperable electronic health records.

Cuellar (D-TX). Amends the new \$30 million grant program, directing HHS to give priority to integrated health systems, “if the project to be funded through such a grant will emphasize the improvement of access to medical care and of medical care for medically under-served populations which are geographically isolated or located in underserved urban areas.” The underlying bill currently gives priority to systems that can demonstrate past success or that the project to be funded will improve the delivery of health care and demonstrate savings for state and federal health care benefits programs. This amendment adds the above provisions to the current list.

Price (R-GA). Requires HHS to submit a report to Congress, which evaluates:

- the applicability of health care classification methodologies and codes for purposes beyond the coding services for diagnostic documentation or billing purposes;
- the usefulness, accuracy, and completeness of such methodologies and codes for such purposes; and
- the capacity of such methodologies and codes to produce erroneous or misleading information, with respect to such purposes.

McMorris (R-WA)/Smith (D-WA). **Directs HHS to establish a new, two-year project** to demonstrate the impact of health information technology on disease management for individuals entitled to medical assistance under a state plan under title XIX (Medicaid) of the Social Security Act. The amendment does not authorize funds for the program.

The program is to:

- create a web-based virtual case management tool that provides access to best practices for managing chronic disease; and
- provide chronic disease patients and caregivers access to their own medical records and to a single source of information on chronic disease.

Directs HHS to, not later than 90 days after enactment, seek proposals from states to carry out the new program. HHS would be required to select at least four of the state proposals, one of which must include a regional approach that features access to an integrated hospital information system in at least two adjoining states that permits the measurement of health outcomes.

In addition, HHS is to submit a report to Congress on the new program, which would include a report on the amount of any cost-savings resulting from the project and recommendations for legislative or administrative action.

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