# **Legislative Advocacy**



Proprietary and Confidential

### A Number of External Forces are Driving EMR Adoption

### 10/2008 "Never Events"

- Starting 10/2008 Medicare & Major Payors will not reimburse for serious preventable events (E.g.Infections, embolisms, pneumonia)
- Being adopted by 23 States with payers planning to not reimburse and/or hospital associations planning to not charge for these events.

#### 08/2008 - Mass "Healthcare Reform Act"

- Implementation of EHRs in all provider settings,
- By 2015. statewide interoperable Heath Information Exchange
- A first year funding of \$25 million, projected eight year \$200 million investment.

#### 09/2008 - The Stark Law

The proposed bill would direct that EMR/EHR open-source technology be developed and made available to health care providers at "a nominal cost."

#### Never Events States-to-Date: 23



" By 2012 for statewide adoption of CPOE would be required for hospital licensure."

"...provision of an open source health information technology system that is either new or based on an open source health information technology system, such as VistA...."

### **Federal HIT Policy and Legislation 2009**

### Obama Stimulus Package ~January 21st

- Discussion of \$50 Billion for HIT over 5 years
- Compared to ~50 Million spend in 2008: ONCHIT
- Looking to enable broad provider adoption Trying to ensure Medicare, Medicaid and rural underserved provider affordability

## Stark: Health-e Information Technology Act of 2008

- Incentives for HIT and disincentives for not
- HHS) to make low cost (open source) standards compliance HIT systems available to providers by 2012.
- Increasing penalties for breaches of H IPAA
- Doctors and hospitals incentives: EHR Medicare bonus fee
- By 2016 Medicare payments reduced if not using (EMR's).

### Kennedy: Wired for Health Care Quality Act

- Improving Interoperability
- Incent Adoption
- Require reporting on Quality of Care
- Privacy/Security

### Dingell: PRO(TECH)T Act of 2008

- Protecting Records
- Optimizing Treatment,
- Easing Communication
- Award competitive HIT and RHIO grants

- Healthcare costs being directly linked to financial reforms
- HIT being directly linked to controlling costs
- Daschle/Biden HIT is critical to reform
- Senate wants to get Kennedy's bill through asap, for him.
- Key to avoid a 'bailout' for expensive proprietary systems
- Stark "Open Source" provision being lobbied against by Business Software Alliance (Microsoft)
- Key to build proxies for open source in: affordability, interoperable, transparent, collaborative

### **Open eHealth Collaborative Principles**

The Collaborative strongly believes that any HIT policy must promote broad mainstream adoption through four essential ingredients:

- □ Affordability
- □ Interoperability
- □ Collaboration
- □ Transparency
- Any HIT policy should also support government leadership and smart longterm investment in infrastructure by expanding the following:
- Open Competition
- □ Value-based Reimbursement
- □ Collaboration
- **Economic Stimulus**
- □ Local Job Creation