

Legislative Advocacy



Medsphere[®]
Transforming Healthcare Through Open Source

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 long-term investment in infrastructure by expanding the following:

- Open Competition**
- Value-based Reimbursement**
- Collaboration**
- Economic Stimulus**
- Local Job Creation**