

House Passes HIT Promotion Act

the House passed the "Health Information Technology Promotion Act of 2006" (H.R. 4157) on a vote of 270-148. Supporters say the bill will further the adoption of HIT, potentially reducing medical errors and saving money by eliminating duplication and waste in the healthcare system. The House bill differs significantly from legislation passed last November by the Senate (S. 1418) on issues such as funding, exceptions to fraud-and-abuse laws and privacy. The two chambers now will attempt to work out differences in conference this fall.

Here are main features of the House bill in the order they appear in the legislation: Codifies the Office of National Coordinator for Health Information Technology and directs the National Coordinator to publish a strategic plan by December 21, 2006 including a schedule for assessing and endorsing core interoperability guidelines. Endorsement is to be completed by August 31, 2009 and compliance with the guidelines voluntary. Guidelines are to apply to "significant use" cases such as exchange of laboratory information, prescribing of drugs, clinical research and electronic health records. HHS Secretary may make grants to integrated health systems and is required to establish a demonstration for providing grants to small physician practices, particularly those in rural and medically-underserved areas. Requires replacement by April 1, 2009 of transaction standards X12 version 4010 with 5010 and NCPDP 5.1 with the most current version as of April 2007, and replacement of ICD-9 codes with ICD-10 for services furnished on or after October 1, 2010. HHS Secretary directed to conduct study on variation and commonality among state security and confidentiality laws, with a report within 18 months of enactment that provides 1) an analysis of the need for greater commonality; 2) recommendations for greater commonality, including potential changes to federal laws; 3) specific recommendations on legislative changes to achieve greater commonality. Creates safe harbor under the anti-kickback statute and exception to the Stark law to allow hospitals, group practices, drug plans and health plans to donate HIT hardware and software to physicians, so long as there is a written agreement and no condition on the use of the technology or link to referrals. Requires an HHS study on the impact of the changes within 3 years of enactment. Directs HHS Secretary to study the feasibility, advisability and cost of including coverage and payment in Medicare for telehealth as part of home health services. Study to examine issues such as whether telehealth enhances outcomes for the chronically ill, facilitates communication between providers, allows closer monitoring, reduces expenditures and improves access to care. Also provides study on "store and forward" technologies.