American Hospital Association

Summary of Selected Information Technology Legislation (Updated November 10, 2005)										
Bill	**H.R. 747 National Health Information Incentive Act of 2005**	**H.R. 2234 21st Century Health Information Act of 2005**	**S. 1223 Information Technology for Health Care Quality Act**	**S. 1227 Health Information Technology Act of 2005**	**S. 1356 Medicare Value Purchasing Act of 2005**	**S. 1418 Wired for Health Care Quality Act" (Note: Brings together S. 1262 and S. 1355)**	**H.R. 3607 The Future of Healthcare--Granting Access to Innovation in America Act (GAIA Act)**	**H.R. 4157 Health Information Technology Promotion Act of 2005**	**Electronic Health Information Technology Act of 2005**	**S. 1952 Critical Access to Health Information Technology Act of 2005**
Sponsors	Gonzalez/McHugh	Murphy/Kennedy	Dodd	Stabenow/Snowe	Grassley/Baucus (Finance Committee)	Enzi/Kennedy/ Frist/Clinton	Sweeney	Johnson/Deal	Rep. Clay	Coleman/Bayh
Date	2/10/05	5/10/05	6/9/05	6/13/05	6/30/05	Passed Senate 11/18/05	7/28/05	10/27/05	Draft	11/2/05
Funding	Grants and loans to small health care providers Refundable tax credit for establishing an HIT system, valued up to 10% of costs.	Grants ($50 m in FY 06) and loans to regional health information organizations and plans. To receive grants, must be in a RHIO that has been approved by the Secretary. One RHIO per state.	Grants and loan guarantees for local health information infrastructures. Authorizes $500 million per year (grants and loans) FY 2006 to FY 2011	Grants to hospitals, CAHs, SNFs, FQHCs, physicians, group practices, and community mental health centers. 20% set aside for rural providers. Technology funded by grants must be compliant with interoperability standards. Authorizes total of $4.05 billion from FY 2006 to FY 2011. Funded out of Medicare Trust Funds. For-profit hospitals may treat IT expenditures as a deduction (up to $750,000 for hospitals).	N/A	Matching grants to: - Providers - Regional information sharing plans - States for state loan programs for providers - Medical schools to incorporate IT into curricula All grants must go to "qualified health IT", which includes compliance with standards, without transition time. Providers must also submit quality measures laid out in bill. Total funding: $116m in 2006; $146m in 2007. Reauthorizes telemedicine grants through 2010.	Matching grants to hospitals and SNFs for computerized physician order entry systems that incorporate decision support and electronic medication administration records with barcoding. 20% of funds set aside for rural facilities. Authorizes $25 million per year, FY 2006 to 2010.	N/A	Authorizes up to $750 million annually, FY 2006 to 2010, for ONCHIT to pursue standards activities, research and development, and demonstrations. At least 60% of funds must be for grants to "eligible health information technology entities", (state or local governments, providers, and health plans) for projects that will "benefit an interoperable IT infrastructure." At least 20 % set aside for DSH hospitals, CAHs, and others serving medically underserved communities. Establishes loan program for Medicare providers for adoption of interoperable health IT.	Grants administered by states to improve health IT for critical access hospitals. Level of funding to state will depend on number of CAHs. Applicants must be rural hospitals that demonstrate need for health IT and service a community with significant low-income or other medically underserved population. Each recipient could receive up to $250,000. Authorizes $10 million per year, FY 2006 to 2008.

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Payment changes under federal health programs, Medicare and Medicaid	Additional Medicare payments for small providers to help them move toward a national health information infrastructure (mostly physicians). Could include add-on payments for evaluation and management services, care management fees, and payment for email consultations, other methods determined by Secy.	Medicare payment adjustments for providers that participate in an accredited RHIO. Matching payments to States that use Medicaid funds to support development of RHIOs and adoption of IT by providers to participate in network. No federal funds can be spent on health IT that is not certified or in compliance with data standards for a similar, certified product.	ONCHIT to recommend changes to federal payment systems to encourage adoption of IT that will be considered by Secretary and Congress. No federal funds to be spent on IT systems that do not comply with standards 12 months after they are adopted.	Secy to establish adjustments to Medicare payments to providers that use health IT for purposes of improving quality of care.	Begins value-based purchasing for hospitals (2007), physicians (2007), health plans (2009), ESRD facilities (2007), home health (2007), SNFs (2007). In initial year, penalties for not reporting data. Share of pool to be distributed based on quality increases over time to 2%. Quality measures derived from process set forth in bill.	No federal funds may be spent on IT dues is not consistent with standards 12 months after standards have been adopted.	N/A	N/A	No federal funds may be used to purchase IT that has not been certified. CMS to study payment incentives, such as prompt claims payments, payment differentials, cost differentials, direct payments for services provided through health IT, and bonus payments for meeting quality outcomes. Secy to implement payment incentives not later than 18 months after enactment.	
Stark relief and changes to other fraud and abuse measures	N/A	Provides protections from Stark and anti-kickback for those participating in an accredited RHIO.	N/A	N/A	Provides time-limited (5-year) protections from Stark and anti-kickback. IT systems must conform to standards.	N/A	N/A	Provides protections from Stark, anti-kickback, and civil monetary penalties. IT must conform to standards with no transition times.	Provides protections from Stark, anti-kickback, and civil monetary penalties. Four years after the effective date, donated IT must conform to standards.	

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Standards development	ONCHIT shall develop or adopt standards to enable creation of national health information infrastructure. Wide consultation. Limit on burden. Trial standards within 2 years, followed by pilot program and modifications. Compliance within 24 months of modified standard.	See certification.	Secy must provide for development and adoption of health IT standards within 2 years. Consultation with Consolidated Health Informatics Initiative and private sector.	Secy must provide for development and adoption of health IT standards within 2 years. HHS must be able to receive data using standards by 2010.	N/A	Secretary shall establish public/private American Health Information Collaborative (AHIC) to recommend standards. Standards adopted by CHII deemed recommended by AHIC. Secretaries of HHS, VA, DoD and other relevant agencies shall review recommendations of AHIC and Secy of HHS shall provide for adoption of recommended standards by federal government. Federal government standards voluntary for private entities, but mandatory for those contracting with federal government (only for purposes of the contract).	N/A	Tasks ONCHIT with development and approval of standards used in health IT and information exchange. Contract with or recognize private entities.	ONCHIT to develop standards for interoperability (transmission, content and security) that will supercede state standards. Standards adopted by CHII to be implemented within 1 year of enactment. Standards apply to federal agencies 18 months after implementaton, and non-Federal entities 24 months after implementation. Penalties for non-compliance include withdrawal of federal funding for purchase of IT. Implementation follows determination by ONCHIT that standard is, among other things, effective in promoting interoperability, consistent with improving safety and quality of care, and compatible with HIPAA privacy laws.	

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Quality measurement systems	N/A	N/A	Multi-agency collaboration (HHS, DoD, VA, others) to develop uniform quality measures for priority areas, followed by pilot tests. Establish public reporting requirements.	Studies and demonstration projects on use of IT systems to measure and report quality.	Secretary of HHS to develop and update system with support of private entity with expertise in quality measurement. Must include at least 1 measure of health IT infrastructure in first year, with more added over time.	The Secretary of HHS shall develop quality measures that complement quality measured developed under programs administered under the Social Security Act (including Medicare). The Secretary must consult with stakeholders, including providers and quality experts.	N/A	N/A		

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Privacy	Standards consistent with HIPAA.	RHIOs comply with HIPAA and report unauthorized disclosures.	Comply with HIAA.	N/A	N/A	HIPAA not changed by bill.	N/A	Secretary to study variation between state laws and HIPAA privacy and security provisions and how variation might adversely impact electronic exchange of clinical health information. Report within 18 months of enactment and include recommendations. If Congress does not act within 36 months of enactment, Secretary to develop a federal privacy regulation that supercedes state laws.	Secretary to study variation between state laws and HIPAA privacy and security provisions and how variation might adversely impact electronic exchange of clinical health information. Report within 18 months of enactment and include recommendations. If Congress does not act within 36 months of enactment, Secretary to develop a federal privacy regulation that supercedes state laws.	
Information exchange networks	N/A	Accreditation and funding of RHIOs. Technical assistance from HHS and establishment of a National Technical Assistance Center under AHRQ.	N/A	N/A	3-year national health information network pilot project to facilitate the exchange of clinical claims and outcomes data form Medicare and Medicaid beneficiaries.	N/A	N/A	ONCHIT to develop strategic plan to guide nationwide implementation of interoperable health IT.		

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Certification	N/A	Certification Commission for Health Information Technology (CCHIT) is identified as certification agency, if approved by ANSI or Secretary. If not approved, Secy to adopt standards and certification criteria or designate another private entity.	N/A	N/A	N/A	Based on recommendation from private-public collaborative, Secy to develop voluntary certification criteria. May designate private entity.	N/A	ONCHIT responsible for certification. Contract with or recognize private entities, including CCHIT.	Secreaty to contract with an entity to certify that IT products meet standards.	
Office of the National Coordinator for Health IT (ONCHIT)	Codifies ONCHIT and specifies duties (coordination, etc.)	N/A	Codifies ONCHIT and specifies duties (coordination, etc.)	N/A	N/A	Codifies ONCHIT and specifies duties (coordination, etc.)	N/A	Codifies ONCHIT and specifies duties (coordination, etc.)		Codifies ONCHIT and specifies duties (coordination, etc.)
Other						Establishes federal health information technology resource center. Requires study of variation in State licensure, registration, and certification laws for medical professionals and the impact variation on health information exchange.		Sets timelines for movement to ICD-10 by October 1, 2009 for Medicare Part A. Sets timelines for transition to ASC X12 version 5101 and NCPDP standards v. 5.1 by April 1, 2009.	NIH to conduct demonstration program to determine methods for searching patient records without using personal identifying information of patients.	Sets timelines for movement to ICD-10 by October 1, 2009 for Medicare Part A, and Part B where appropriate. Sets timelines for transition to ASC X12 version 5101 and NCPDP standards v. 5.1 by April 1, 2009.