2002 Advocacy Efforts Focused on HIPAA, Coding: Congress Has Full Agenda

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The clock is ticking on HIPAA, the healthcare system is facing critical work force shortages, Medicare is in financial straits—the signs are ominous. But in 2003, AHIMA's advocacy efforts will remain constant and straightforward.

This past year, AHIMA dedicated itself to four primary public policy initiatives: consistency of coding, a national health information infrastructure, privacy, and work force. We also dedicated our efforts to increasing our communications and information sharing with AHIMA's component state associations (CSAs). This article will look back at the AHIMA Policy and Government Relations (P&GR) team's advocacy efforts and what has and what will happen in Congress regarding healthcare and HIM.

AHIMA in Action in 2002

Throughout 2002, the P&GR team was involved in a wide range of policy issues. Highlights include:

- Developing formalized AHIMA **position statements** on consistency of coding, a national health information infrastructure, privacy, and work force
- Assisting the Health Information Management Association of Hawaii with the development and passage of legislation regarding the qualifications of **independent bill reviewers** (IBRs) in Hawaii. The legislation states that AHIMA's credentials would be acceptable in lieu of taking an examination for an IBR license
- Our involvement in the development of HR 4889, the **"Patient Safety Improvement Act,"** and assistance with 33-4 passage in the House Ways and Means Committee
- Actively advocating in support of the authorized $44.2 million for the Department of Health and Human Services (HHS) to complete and implement **HIPAA**
- Actively advocating for HIPAA, privacy, and interoperability standards with our alliance organizations, the **Coalition for Health Information Policy** and the **eHealth Initiative**
- Initiating advocacy efforts with the **Allied Health Roundtable** on healthcare work force issues
- Creating the **AHIMA Advocacy Liaison** Community of Practice (CoP)
- Working with numerous other healthcare organizations to establish the **National Alliance for Health Information Technology**
- Joining **Connecting for Health**, a public-private collaboration working on standards for transaction adoption, privacy and security, and consumer issues
- Working with the American Medical Association's **CPT editorial advisory board** to open the process to other coding needs as requested by the National Committee on Vital and Health Statistics (NCVHS)
- Meeting with **Centers for Medicare & Medicaid Services (CMS) officials** to discuss consistency of coding, healthcare information infrastructure issues, and the process concerning the Healthcare Common Procedure Coding System
- Serving on the steering committee of the **RAND Bioterrorism Summits**
- Providing **comments** to CMS on the Medicare Outpatient Prospective Payment System for fiscal year 2003
- Providing **comments** to CMS on the proposed changes to the Hospital Inpatient Prospective Payment Systems (PPS) and fiscal year 2003 rates
- Providing **comments** to CMS on the Medicare Fee Schedule for Payment of Ambulance Services
- Providing **comments** to the secretary of HHS on the proposed modifications to the HIPAA final privacy rule
- Provided a **letter** to the secretary of HHS on consistency of coding and administrative reform for the Medicare system
- Provided **comments** to the National Center for Health Statistics on diagnosis code modifications for ICD-9-CM

- Provided **comments** to the Medicare Advisory Panel on APCs on the Guidelines for Medicare Outpatient Prospective Payment System facility coding of evaluation and management services
- Provided **comments** to CMS on the proposed procedure code modification for ICD-9-CM
- Provided **comments** to the Government Accounting Office on its draft report on procedural coding systems
- Provided **comments** to the HHS Office of the Inspector General on its draft of hospital and ambulance company compliance plans
- **Testifying** before the NCVHS on ICD-10-CM
- **Testifying** before the NCVHS on ICD-10-PCS
- **Testifying** before the NCVHS on Medical Code Sets
- **Testifying** before the NCVHS Subcommittee on Privacy on HIPAA final privacy rule implementation difficulties faced by healthcare providers
- Providing **presentations** to AHIMA CSAs, alliance organizations, and other external groups on a range of topics including HIPAA, public policy, and AHIMA

In addition, with our effort to increase our communication with the AHIMA CSAs on legislative and regulatory issues, nearly 1,350 legislative and regulatory notices were sent to CSA Advocacy Liaisons or posted to the CSA Advocacy Liaison CoP. These notices were acquired through our NETSCAN state legislative and regulatory tracking service.

Resume of Second Session—107th Congress

The *Congressional Record's* Resume of Congressional Activity is complete only from January 23, 2002, through October 31, 2002, and indicates a busy session, though it was not as successful as many had hoped. Activity included:

- 4,120 measures introduced (1,502 Senate and 2,093 House)
  -6,521 introduced during the first session (2,203 Senate and 4,318 House)
- 136 public bills enacted into law
  -136 enacted during the first session
- 0 bills vetoed
  -0 bills vetoed during the first session
- 175 recorded votes and one quorum call taken in the House
  -194 recorded votes and five quorum calls taken during the first session
- 239 roll call votes and two quorum calls taken in the Senate
  -380 roll call votes and three quorum calls taken during the first session
- 18,846 pages of House and Senate proceedings printed in the *Congressional Record*
  -25,051 pages printed in the first session
- 139 days in session in the Senate equaling 978 hours and 33 minutes
  -173 days in session equaling 1,236 hours and 15 minutes during the first session
- 115 days in session in the House equaling 748 hours and seven minutes
  -142 days in session equaling 922 hours and four minutes during the first session

Once again, Congress had little success when considering healthcare legislation. Major proposals included a patient's bill of rights, prescription drug coverage for Medicare beneficiaries, Medicare reform, malpractice liability reform, and another round of Medicare givebacks for the provider community.

Patient's bill of rights proposals (S 1052, HR 2563) passed by the Senate and House in the first session of the 107th Congress died without even having conferees appointed to discuss the differences between the House and Senate legislation. Establishing a prescription drug program for Medicare beneficiaries was another unmet goal of this Congress. Although the House passed its prescription drug proposal (HR 4954), the Senate failed to pass legislation even though it voted on four separate proposals.

Congress did make some headway on patient safety legislation. The leading proposal was HR 4889, the "Patient Safety Improvement Act," drafted by Rep. Nancy Johnson (R-CT), the chair of the House Ways and Means Health Subcommittee. AHIMA was involved with the development and consideration of this legislation. It ultimately passed the House Ways and Means Committee and a similar version passed the House Energy and Commerce Committee, but Congress adjourned before it could be considered on the floor of the House.

Several proposals were introduced in the Senate, but none were considered. It is likely that patient safety will be an issue in the 108th Congress, with House consideration of another proposal drafted by Johnson possibly coming early this year.

What's in Store for 2003?

The Republican party now has complete control of Congress. However, with only a two-vote margin of 51 (Republicans) to 48 (Democrats) and one (Independent) in the Senate, Republicans will face significant hurdles in moving major legislative initiatives through the Senate, where it takes 60 votes to proceed on issues.

Not only will Congress have to complete its required appropriations process for fiscal year 2004 by October 1, but it will have complete the appropriations process for fiscal year 2003. Congress failed to complete the process for fiscal year 2003 by October 1, 2002, and has passed continuing resolutions to keep the government operating at funding levels passed for 2002. In addition to dealing with appropriations issues, the 108th Congress will undertake some major initiatives including:

- Economic stimulus measures, including business tax cuts and making the individual tax cuts passed in 2000 permanent
- Medicare reform and the establishment of a Medicare prescription drug plan—most likely with more of a focus on the private sector rather than just establishing a new prescription drug program under Medicare
- Patient safety/medical errors legislation
- Medicare "giveback" legislation to reverse provider reimbursement cuts
- Malpractice liability reform
- Patients' rights legislation related to managed care plans

These will be extremely difficult issues for Congress to address, especially alongside an ongoing war against terrorism, budget deficits, and a presidential election in 2004. It may be that any major issues that our legislators undertake in the 108th Congress will need to be passed by August—the beginning of the 2004 presidential election season. If major legislation is not passed by then, all bets are off as to whether it will be passed. With the prospects for completing even one of the major legislative initiatives being difficult at best, the outlook for passing nonmajor legislation as controversial as health privacy is not encouraging. We'll continue to keep you informed. AHIMA looks forward to advocating and educating on behalf of our more than 45,000 members in 2003.

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