

# Advancing HIM Issues in 2004: the Quiet Storm

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*by Don Asmonga, MBA*

Although healthcare headed the 108th Congress's agenda in the first session, its second session included little in the way of HIM issues, focusing instead on election-year topics. However, the healthcare-lite agenda didn't stop AHIMA from advancing its work in 2004.

## A New Voice for HIT

One of the most notable developments of 2004 came in April when President Bush signed an executive order establishing the Office of the National Coordinator for Health Information Technology (ONCHIT), appointing David Brailer, MD, PhD, to the position. Brailer has made great strides in pursuing the president's goal of electronic health records (EHRs) for all Americans within 10 years. The publication of ONCHIT's framework for strategic action, titled "The Decade of Health Information Technology: Delivering Consumer-centric and Information-rich Health Care," was a major step in advancing our nation's health information infrastructure. For additional information on ONCHIT's work, visit [www.hhs.gov/healthit](http://www.hhs.gov/healthit).

## Congress

Congress's progress on health-related matters in 2004 fell far short of ONCHIT's efforts. Of the 1,235 measures passed by the second session of the 108th Congress, only 10 that became public law dealt with some aspect of healthcare.<sup>1</sup> None of these laws included additional funding for health information technology or consideration for a national health information infrastructure (NHII).

Although Congress did not make any formal legislative progress on the NHII, they exhibited an amazing amount of interest in the topic. Several bills were introduced in Congress addressing NHII aspects including interoperability, data standards, EHRs, and financial incentives. Legislation was introduced by some Congressional heavyweights, including then-chair of the Senate Health, Education, Labor and Pensions Committee Senator Judd Gregg (R-NH), as well as Senators Edward Kennedy (D-MA), Hillary Clinton (D-NY), and the chair of the House Ways and Means Health Subcommittee, Representative Nancy Johnson (R-CT).

Further, Representative Patrick Kennedy (D-RI) and former Representative Jim Greenwood (R-PA) started the bipartisan 21st Century Healthcare Caucus to look at:

- Changing financial incentives so that providers are rewarded, not penalized, for improving patient outcomes
- Bringing the transformative power of information technology to every corner of the healthcare industry
- Better developing the science of delivering healthcare

## Patient Safety

Patient safety has been a peripheral issue to NHII discussions. Since the release of the Institute of Medicine report "To Err Is Human," which noted that up to 98,000 deaths per year are attributable to medical and medication errors, Congress has tried repeatedly to pass legislation to reduce medical errors and increase patient safety. In 2004 Congress came closer than ever to passing patient safety legislation (HR 663 and S. 720).

In March 2003 the House passed the Patient Safety and Quality Improvement Act (HR 663) by an overwhelming vote of 418 to 6. The Senate followed suit in August 2004 by passing its version of the bill, S. 720. Unfortunately, this legislation got derailed by congressional politics between the House and Senate on a completely unrelated matter—the energy bill.

## Work Force

AHIMA is very pleased with what we and our allied health partners were able to achieve this past year on work force issues. Working with a range of partners, AHIMA developed legislation to address the work force and faculty shortages in allied health. In March HR 4016, the Allied Health Professions Reinvestment Act, was introduced by Representatives Cliff Stearns (R-FL) and Ted Strickland (D-OH). In the Senate, allied health legislation was introduced by Senator Maria Cantwell (D-WA) in June. Senator Cantwell's legislation, S. 2491, had the same goals as the House legislation. Both bills are expected to be re-introduced early in 2005.

AHIMA and its allies also were able to ensure the inclusion of \$11.849 million in grants for allied health and other disciplines in the fiscal year 2005 omnibus appropriations bill (HR 4818). The funding will be provided to the Bureau of Health Professions at the Health Resources and Services Administration (HRSA). For further information on grant and other funding proposals, visit HRSA at [www.hrsa.gov](http://www.hrsa.gov).

## Privacy and Genetic Nondiscrimination

Over the years AHIMA has been involved with a range of legislative issues concerning various aspects of privacy, one of which is genetic nondiscrimination. Many thought that 2004 would finally be the year we would marshal this legislation through. We had the president's support and two legislative vehicles with strong congressional backing:

- Genetic Information Nondiscrimination Act (S. 2491) introduced by Senator Olympia Snowe in May 2003. The bill had 24 Senate cosponsors.
- Genetic Nondiscrimination in Health Insurance and Employment Act (HR 1910) introduced by Representative Louise Slaughter in May 2003. The bill had 242 cosponsors.

In October 2003 the Senate passed S. 2491 by a 95-0 margin and forwarded the bill to the House. Throughout the remainder of 2003 and the first half of 2004, a great amount of work was put into convincing the House to pass S. 2491. Although the bill and the genetic nondiscrimination issue maintained strong support in the House, the leadership and their business interest allies were against moving the legislation forward.

## Leadership Changes

Last year also brought changes at the highest levels of the federal government's healthcare enterprise. In March 2004 the Senate confirmed Mark McClellan as the new administrator of the Centers for Medicare and Medicaid Services (CMS). McClellan came to CMS from the Food and Drug Administration, replacing Tom Scully. More recently, Department of Health and Human Services Secretary Tommy Thompson announced that he would not continue his role during President Bush's second term. Pending Senate confirmation, Thompson will be replaced by former Utah governor and current administrator of the Environmental Protection Agency Mark Leavitt, who was a special guest speaker at AHIMA's 74th National Convention and Exhibit in San Francisco.

## Outlook for 2005

Although there was a great deal of activity in 2004, conclusive achievement was difficult to obtain. Even so, our efforts combined with those of our alliance partners laid strong groundwork for 2005. First, our work force advocacy efforts will continue. We expect updated Allied Health Reinvestment Act legislation to be introduced. We will also advocate to increase the already existing allied health funding in the Department of Health and Human Services.

Second, the interest in health information technology is growing. With Brailer's sharp focus and key members of the House and Senate mulling ways to make progress on health information technology issues to reduce healthcare costs, increase efficiency, reduce medical errors, and ensure patient safety, we expect a concerted effort on these issues in 2005. Expectations include legislation to address interoperability standards, data standards, patient safety, and financial incentives. What may drive some of this effort is an expected report from ONCHIT regarding its November 2004 request for information on "achieving and sustaining widespread interoperability of health information exchange" through a national health information network.<sup>2</sup>

With Congress coming so close to finally sending genetic nondiscrimination legislation to the president, we expect this issue to surface again. In addition to genetic nondiscrimination, there is a strong possibility that we will once again see legislation

concerning the outsourcing of personal health information for transcription and other healthcare processing.

AHIMA has major advocacy plans for 2005, including work force issues, NHII, ICD-10-CM and ICD-10-PCS, privacy, and coding consistency. We will be calling on AHIMA members frequently to assist us with our advocacy initiatives by using the Advocacy Assistant at [www.ahima.org/dc/aa](http://www.ahima.org/dc/aa) and responding to our requests for assistance. AHIMA has also scheduled a Capitol Hill Day on March 16, in Washington, DC, followed by AHIMA Winter Team Talks on March 17. Plans are also being made to schedule an education meeting in DC that same week.

This will be a crucial year for AHIMA and the HIM profession. As you can see, the 109th Congress will be discussing a range of issues important to AHIMA, and we need to use our combined Washington and grassroots advocacy efforts to strengthen our working relationships with Congress, as well as establish new ones. We have worked long and hard to move our issues to the forefront of the healthcare debate. The opportunity is before us, and our time is now.

## Notes

1. "Résumé of Congressional Activity." *Congressional Record*. November 16, 2004. Available online at [www.senate.gov/reference/resources/pdf/Resumes/current.pdf](http://www.senate.gov/reference/resources/pdf/Resumes/current.pdf).
2. Office of the National Coordinator for Health Information Technology. "Request for Information on National Health Information Network." Available online at [www.hhs.gov/healthit/rfi.html](http://www.hhs.gov/healthit/rfi.html).

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