

Look Back at Congressional Action 2001

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by Donald D. Asmonga, MBA

Despite an eventful year, the AHIMA Policy and Government Relations team dedicated itself to advocating for AHIMA members and monitoring those issues that may impact the HIM profession. This article will provide you with a snapshot of AHIMA's activities in 2001, Congressional activity and focus on healthcare matters, and where we expect the public policy process to take us in 2002.

AHIMA in Action

The Policy and Government Relations team was integrally involved with a range of legislative and regulatory issues this year, including patient safety, genetic nondiscrimination, privacy and confidentiality, coding, and HIPAA.

The staff spent approximately 1,050 hours in activities such as attending hearings, legislative and regulatory review, correspondence, and meetings with congressional and regulatory staff.

Highlights of 2001 include:

- testifying at the May ICD-9-CM Coordination and Maintenance Committee meeting on the replacement of procedure codes with ICD-10-PCS
- providing comments to the Healthcare Financing Administration (HCFA) on its proposals for incorporating new technology into the hospital PPS system more quickly, which would affect the nature of current ICD-9-CM codes
- testifying at the Centers for Medicare and Medicaid Services (CMS) Town Meeting on physician query forms. CMS essentially accepted AHIMA's position and cited AHIMA's October 2001 Practice Brief related to the subject
- assisting with the development of the compromise on the HIPAA transactions and code sets compliance legislation (HR 3323, PL 107-105)
- along with our alliance partners, strongly advocating to Congress and to the secretary of HHS to ensure the April 16, 2001, effective date of the HIPAA final privacy rule
- assisting with the development and advocating for the Privacy Commission Act and several health information confidentiality bills
- holding AHIMA's "Day on the Hill," resulting in congressional meetings that included more than 60 appointments for 27 AHIMA members
- testifying to the Privacy and Confidentiality Subcommittee of the National Committee on Vital and Health Statistics on the issue of the privacy rule's sections on consent and minimum necessary
- participating in a press conference on genetic nondiscrimination with Senators Daschle (D-SD), Kennedy (D-MA), and Harkin (D-IA), as well as Representatives Slaughter (D-NY) and Morella (R-MD)
- joining the new eHealth Initiatives (eHI) association and serving on its leadership council. eHI comprises vendor, professional, and trade groups interested in the promotion of e-health issues and for recognition of the cost of e-health that must be born by providers
- purchasing and installing NetScan, a new state regulatory and legislative tracking system to assist component state associations with state policy issues

The team received valuable assistance from the AHIMA Advocacy and Policy Task Force, members, and staff with reviewing federal legislation and regulations. These efforts were instrumental in developing the Association's positions on a range of policy initiatives.

Activity of the First Session

The *Congressional Record's* Resume of Congressional Activity is not yet complete for the entire first session of the 107th Congress. The Resume includes activity from when Congress convened on January 3, 2001, through November 30, 2001, including:

- 6,089 measures introduced (2,046 Senate, 4,043 House)
- 78 public bills enacted into law
- 186 recorded votes and five quorum calls taken in the House
- 343 roll call votes and three quorum calls taken in the Senate
- 21,020 pages of House and Senate proceedings printed in the *Congressional Record*
- 159 days in session for the Senate equaling 1,114 hours and 41 minutes
- 131 days in session for the House equaling 834 hours and 19 minutes

As in 2000, Congress had a mediocre year when it came to reaching its healthcare-related goals. Some of this can be attributed to the events of September 11, which changed policy priorities. One of these new priorities was appropriating funds for bioterrorism attack preparation. The House (HR 3448) and Senate (S 1765) each easily passed bioterrorism legislation, and the minor differences were expected to be worked out early this year. The Senate's language authorizes \$3.2 billion for bioterrorism preparedness as opposed to the House's authorization of \$2.9 billion. Authorized funding includes assistance to hospitals, the Centers for Disease Control and Prevention, local health departments, and public health networks.

The major goals were the following:

- passing a patients' rights bill
- creating a prescription drug benefit program for Medicare/Medicaid beneficiaries
- Medicare program reform
- Medicare regulatory reform
- passing a bill to extend the compliance date for the HIPAA transactions and code sets final rule

The House and Senate have each passed patients' rights/managed care reform bills (HR 2563, S 1052), but the proposals are at a standstill. Medicare program reform and patient safety never got off the ground but may be addressed in the second session. Medicare regulatory reform (HR 3391) passed the House with ease and is awaiting action by the Senate. Finally the legislation extending the HIPAA transactions and code sets compliance date was signed into law.

Privacy similarly failed to generate any legislative successes. More than 40 bills were introduced in Congress that addressed privacy in one form or another. None of this legislation was considered. The exception is the legislation extending the HIPAA transactions and code sets compliance date. It basically said that the HIPAA final privacy rule would not be touched or delayed.

Although confidentiality has been a hot topic for years, the only comprehensive health information confidentiality bill introduced in this Congress was HR 1215, the "Medical Information Protection and Research Enhancement Act of 2001." Representative Jim Greenwood (R-PA) introduced HR 1215. It is doubtful that this bill or any other privacy legislation will emerge from Congress in the coming session.

Outlook for the Second Session

The year 2002 is expected to be a tumultuous election year and Congress has much on its healthcare plate including:

- a patients' bill of rights
- completion of bioterrorism legislation
- consideration of Medicare program reform
- the development and consideration of a Medicare prescription drug benefit plan
- Medicare regulatory reform
- genetic nondiscrimination in health insurance and employment
- health insurance expansion

Although legislative success may not be forthcoming, we expect Congress to investigate a wide range of privacy, information technology and security, e-health and telemedicine issues, Medicare reimbursement policies, the healthcare workforce dilemma, and healthcare clinical and informatics data standards issues. What Congress expects to undertake is consistent with AHIMA's important advocacy agenda. Our range of issues includes consistency of coding, healthcare infrastructure (HIPAA, e-health, medical/patient safety, computerized patient records), work force (certification), and privacy.

With looming congressional primary elections and the general election in November, the legislative season will be both short and unpredictable. With the elections as a factor in 2002 policymaking, we expect that legislative action will be sporadic, and difficult policy questions are more than likely to polarize along ideological lines. Policy risk taking will likely be at a low.

AHIMA's Policy and Government Relations team will continue to advocate for AHIMA's more than 41,000 members and keep you informed of all policy developments impacting the HIM profession.

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