

**MINUTES OF CHAPTER ADVOCATE
LAISON ROUNTABLE (CALR)
CONFERENCE CALL
August 17th, 2007 Minutes (12:00: -1:00pm)**



Facilitator:
Emma Cartmell

Recorder:
Arnol Simmons

Agenda Item / Time	Discussion / Conclusion	Action Item / Next Steps
<p>Welcome and Introduction - Emma Cartmell, Chair CALR</p>	<p>Emma thanked everyone for being on the call.</p>	
<p>Legislative Update Dave Roberts, Vice President of Government Relations, HIMSS</p>	<p>Please See Appendix (A)</p>	
<p>What is Slowing Down Healthcare IT Legislation Katy Barr, Professional Staff Member</p>	<ul style="list-style-type: none"> • Katy thanked everyone for the work they have done to advance the Health IT agenda in Congress • The SCHIP program is one of the main vehicles for getting a Health IT bill through Congress • The second vehicle would be some type of Medicare bill which the House package with SCHIP • Probably a temporary SCHIP bill will pass with a three month or six month extension or some type of Medicare bill will pass as well. • We are working to pass "Wired for Healthcare Quality Act (S 1693) • Bills are passed either by a call vote on the floor ; Senators will vote "up" or "down" voice vote or unanimous consent • S1418 was successfully passed by a unanimous consent vote • Our hope is to the get a bill through by unanimous consent • We are hoping to address some of the concerns of the finance committee such as the quality of healthcare 	

	<ul style="list-style-type: none"> • The four primary bill authors are: Michael Enzi (R-WY), Edward Kennedy (D-MA), Hillary Clinton (D-NY) and Orrin Hatch (R-UT) • The vision of the authors is to utilize Health IT more effectively to increase the quality and decrease the cost of care • The Senate is working on a separate Medicare bill that will look at possibly extending the Physician Quality Reporting Initiative and codifying the National Quality Forum. S1693 does codify the National Quality Forum • The primary focus is to work with the Finance Committee to resolve their concerns. • It only takes one member to object to a “unanimous consent” request to prevent the bill from advancing. • We will have to “hotline” (Call each Senate office) the bill to find out who will be objecting to the bill and than work to assuage their concerns • Regarding AHIC (American Health Information Community), Secretary Leavitt did send a letter to the Hill objecting to the way the bill was written in codifying AHIC • The confusion was about Congressional intent and the Secretary’s perception of what the bill does. • The goal is to codify the Secretary’s vision of spinning off the current AHIC and making it a private entity • What we codify in legislation we don’t want it to become outdated by the time it is implemented • The legislation does not specify specific standards instead specify a process in which those standards can be determined, identified and adopted eventually by the Federal Government. 	
<p>Update on Activities of the State Alliance for e-Health, Meredith Pumphrey, Manager. State Government Relations</p>	<p>Tom Keefe welcomed Meredith Pumphrey, MPH who has been hired as a manager for the state government relations team</p> <p>Please See Appendix (B)</p>	
<p>August Recess Visit report, Kevin Schultze, Soapbox, Inc.</p>	<ul style="list-style-type: none"> • 21 CALRs express an interest to host a meeting or go to the office for a meeting • Of those 21 we have sent in 13 visit request to Congress • Three of those meetings have been completed • Three of those meetings have been scheduled • Seven are still pending • We still have a couple of weeks left in the August recess so we can still take more request 	

<p>Task for the Month Emma Cartmell, Chair, CALR</p> <p>How to Use the Congressional Directory” Congressional Affairs, HIMSS Blair Hedgepeth, Manager</p>	<ul style="list-style-type: none"> • September task is to brief your HIMSS Chapter on what Chapter Advocacy is all about and give a legislative update. • When looking for specific members of Congress who will be important members to the Health IT issue you will look for those members of Congress who sit on Committees who have jurisdiction over Health IT issues. • For the Senate, the committees will be the Health , Education, Labor and Pensions (HELP) committee • You will be able to find all members of Congress by committee in the back of the Congress Directory • The blue color pages that are in the back of the Congress Directory is for the Senate committee and the maze color pages that are in the back the Congress Directory is for the House committee. • Senate Committees that have jurisdiction over Health IT issues: Appropriations; Finance and HELP • House Committees that have jurisdiction over Health IT issues: Energy & Commerce; Ways and Means Committee and Appropriations 	
<p>Closing Comments: Emma Cartmell</p>	<p>HIMSS will be switching to a new Webex teleconference system starting in September to provide our members with even better service. Prior to our September Chapter Advocacy Liaison Roundtable conference call, new instructions will be sent to each of you to explain this new teleconference system.</p>	
<p>Next Conference call:</p>	<p>Friday, September 21st , 2007 12:00 Noon, Eastern Time CALR may be recorded for the purpose of taking minutes</p>	

Attendance:

Amanda Hardy, Georgia , Daniel Blum, Washington, D.C.,
Donna Roach, Michigan, Douglas Abel, Maryland, Emma
Cartmell, Washington D.C., Helen Hill, Michigan,
Bob Hoop, Maryland, Trish Crutchfield, North Carolina, James
Harris, Maryland , George Sheth, Southern Cal; Helen Hill,
Michigan; Lesley Boreham-King, Arizona; Lee Castonguay,
Hawaii; Luzviminda Ross, North Carolina; Mark Stevens,
Pennsylvania, Martha Dameron, Northern Cal; Peter Rickman,
Dairyland Wisc. Mary Lee Newman, Colorado; Paul Foelsch,
Iowa; Pawan Goyal, Dallas Ft. Worth, Richard Moore, N.Ohio
Stephen Earle, New England; Kevin Schutlze, Soapbox
Consulting; David Roberts, HIMSS; Meredith Pumphrey,
HIMSS; Tom Keefe, HIMSS and Arnol Simmons; HIMSS

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Appendix (A)

Legislative Update

On August 17, 2007, Dave Roberts, FHIMSS, Vice President of Government Relations, HIMSS, presented the following information on current federal legislation, HIMSS Government Relations activities, messaging for Chapter Advocacy Liaison Roundtable (CALR), and the Capitol Hill Outreach Strategy Planning Session at the monthly CALR meeting.

Current Legislation

This summer, the most prominent legislation that includes healthcare IT is as follows:

- 1) Reauthorizing SCHIP (State Children's Health Insurance Program)
 - a. Senate Legislation (SConRes 21)
 - i. In the Senate, Democrats and Republicans compromised on legislation expanding SCHIP by \$35 billion. Because of the new "Pay-go" legislation, the Senate proposes paying for this expansion by raising the cigarette tax.
 - b. House Legislation "CHAMP or Children's Health and Medicare Protection Act" (HR 3162)
 - i. Among many things, CHAMP would expand SCHIP by approximately \$100 million.
 - ii. Since HR 3162 could likely be the only authorizing piece of legislation this year, the House is using this bill to roll out some other pieces of legislation. For example, HR 3162 calls for an increase in the Sustainable Growth Rate (SGR) in FY08. Without an increase in the SGR, reimbursement reductions will amount to nearly 10% for physicians in 2008.
 - iii. Under Section 905 of the bill, the Secretary of the US Department of Health and Human Services (HHS) is required to report, no later than January 1, 2010, how healthcare IT can best be implemented among providers within the Medicare program. The report would be an unfunded mandate. The belief by some is that Section 905 is simply a placeholder for other provisions once the bill reaches conference committee. HIMSS does not support Sec. 905.
- 2) Wired for Healthcare Quality Act (S 1693)
 - a. A comprehensive healthcare IT bill that writes into law much activity already underway within the current administration. For example, the legislation:
 - i. Codifies the Office of the National Coordinator
 - ii. Creates a public private partnership to address issues pertaining to healthcare IT (currently the American Health Information Community, AHIC)

The bill also provides grants for federal, state, and local health information exchange projects.
 - b. The Congressional Budget Office (CBO) estimates that the bill would cost \$47 million in FY08, and total of \$317 million from FY08 – FY12.
 - c. HIMSS does not support this legislation, due to two concerns:
 - i. Believed the public private partnership would be duplicative of CCHIT, HITSP, and AHIC that are already underway (after a recent discussion with Senator Enzi's staff, HIMSS learned that this language is intended to codify current activities, not replace them)
 - ii. Concerned with privacy provisions included in the legislation. Currently, the HIMSS Privacy and Security Steering Committee is examining the provisions and may suggest revised language to the Senate Health, Education, Labor, and Pensions Committee (Senate HELP Committee) in the coming months.
 - iii. There is no companion bill to S 1693 in the House.

Other Government Relations Updates

- 1) Congressional Budget Office: In an effort to increase educational awareness surrounding healthcare IT and management systems, HIMSS has been conducting a series of educational sessions with the CBO (6 sessions). HIMSS has also conducted one site visit to an ambulatory care practice.

In July, HIMSS' Health Information Exchange (HIE) Steering Committee worked with HIMSS Government Relations on an educational session pertaining to Regional Health Information Organizations (RHIOs) and local health information exchanges.

CBO staff is appreciative of the sessions. HIMSS will continue collaboration with the CBO.

- 2) AHIC: Today (August 17, 2007), HHS is conducting a public meeting to discuss AHIC's successor. HIMSS staff, Steve Lieber and Tom Leary, is in attendance.
- 3) Independent Health Record Trusts: HIMSS has not taken a position on the issue of Independent Health Record Trusts. HIMSS has been working with Representative Dennis Moore (D-KS) and his staffer, Adam Pase, regarding HR 2991, the Independent Health Record Trust Act. Unless HIMSS decides to outright support the legislation, Representative Moore requests that HIMSS not address the legislation on Capitol Hill at this time.

Messaging for CALRs during August Visits to their Congressional Members

HIMSS suggest that CALRs include the following items in their discussions with Congressional Members:

- 1) HR 3162: Section 905 of HR 3162 (CHAMP) is harmful and does not help facilitate healthcare HIT transformation.
- 2) SCHIP: SCHIP negotiations are complex, HIMSS recommends that CALR members steer away from those discussions.
- 3) S 1693: Although HIMSS does not support the "Wired for Healthcare Quality Act", S 1693, HIMSS does support legislating for a nationwide health information infrastructure. HIMSS believes that any health information exchange should be private and secure.
- 4) Support the Senate Appropriations funding level for the Office of the National Coordinator (\$71 Million).

Fall 2007 Capitol Hill Outreach Strategy Planning Session

- Monday, August 27, 12:30 – 1:30 p.m. EASTERN at HIMSS Arlington Office
- CALRs are welcome to call-in at 1-877-352-0183; passcode 861543#
- Purpose to plot HIT congressional outreach strategy for remainder of 2007

Appendix (B)

Meredith Pumphrey, Manager of State Government Relations gave an update on activities of the State Alliance for e-Health. Meredith explained that activities of the State Alliance are very relevant to CALR activities in their states, as they engage with legislators, governors, and other state officials on issues of healthcare information technology and management systems.

Meredith explained that the State Alliance is a collaborative body of state officials working to examine various issues and challenges pertaining to state-level, electronic, health information exchange. Meredith stated that Governors Bredesen (Tennessee) and Douglas (Vermont) are co-chairs of the State Alliance. Meredith also explained that three taskforces support the State Alliance:

- Health Information Protection Taskforce (focused on privacy and security issues)
- Health Care Practice Taskforce (focused on issues concerning the practice of medicine)
- Health Information Communication and Data Exchange Taskforce (focused on the role of publicly funded health programs in state-level, electronic, health information exchange)

Meredith explained that two taskforces recently submitted preliminary recommendations to the State Alliance at their August 15, 2007 meeting, in Burlington, Vermont. Additional recommendations are expected in October, with a complete listing of recommendations made available next year. Meredith explained that the State Alliance is expected to refine and add to these preliminary recommendations in the coming months. The preliminary recommendations are as follows:

Health Information Protection Taskforce

Recommendation 1.0: The State Alliance should encourage states to recognize the certification of newly acquired electronic health record (EHR) applications and network components by the Certification Commission for Health Information Technology (CCHIT) or other certification body designated by the Secretary of the U.S. Department of Health and Human Services. One method states could consider is to require, that as part of participation in publicly funded programs, any provider that engages in electronic health information exchange when using newly acquired products or network components, should use a product or network that meets the certification process recognized above.

Recommendation 1.1: The State Alliance should encourage the President to call on the Secretary of the U.S. Department of Health and Human Services to designate a single, national certification body (such as CCHIT) for use by all relevant federal agencies, and require product and network certification for participants in all federally funded programs, grants, and contracts for newly acquired products or network components.

Recommendation 1.2: The State Alliance should encourage states to become engaged and provide input into the certification process by supporting the participation of State Chief Information Officers (CIOs), public program CIOs and state health IT coordinators (or equivalent-level personnel) in the CCHIT, HITSP, or similar federally-endorsed activities in order to ensure that the state perspective is incorporated, and to ensure applicability of the requirements in the state environment.

Recommendation 2.0: The State Alliance should encourage states to continue to (1) educate leaders of the executive and legislative branches on the importance of interstate alignment of privacy protections and (2) sustain efforts through financial and political support or other means, to reduce the variability of state privacy requirements within and across states, in a manner that ensures appropriate consumer protections are in place.

Recommendation 2.1: The State Alliance should call on the Executive Branch of the federal government to work with the Alliance to identify challenges in current federal statutory and regulatory requirements (such as HIPAA, FERPA, 42 CFR Part 2, Federal Medicaid regulations, CLIA, etc.) and create mutually acceptable solutions that would allow for alignment of these as they relate to the privacy and security of health information and health information exchange , in a manner that ensures appropriate consumer protections are in place.

Health Care Practice Taskforce

Recommendation 1.1: The State Alliance for e-Health should recommend that state medical, nursing, and pharmacy boards work to implement online licensure applications.

Recommendation 1.2: The State Alliance for e-Health should recommend that all state nursing and pharmacy boards develop common core licensure application forms, and state medical boards adopt the FSMB's Common Licensure Application Form (CLAF). Individual states may include state specific requirements.

The next meeting of the State Alliance will be held in Tennessee on October 3rd.