

12 February 2007

The Honorable Daniel Akaka  
141 Hart Senate Building  
United States Senate  
Washington, DC 20510

Dear Senator Akaka:

IEEE-USA would like to take this opportunity to introduce our support to the leadership of the 110<sup>th</sup> Congress and to encourage Congress to continue to move forward on legislation relating to healthcare. As an organization of technical professionals, we understand and fully support the use of leading-edge information technology to ensure the quality and reliability of healthcare delivery systems, while respecting the privacy and security of patient health information, and improving the healthcare cost-efficiency.

IEEE-USA is deeply concerned about the state of our healthcare system and believes significant changes are necessary. We observe that healthcare expenditures continue to increase without commensurate improvement in quality outcomes; a physician shortage is projected to become more acute as an aging population requires more treatment; adoption of advanced information systems, including Electronic Health Records (EHRs) and Personal Health Records (PHRs) is far too slow; and lastly, misalignment of payment systems results in inequities in financial reimbursement to healthcare providers.

As scientists, engineers and technologists, we are in a unique position to offer our insights on the adoption of technology, including electronic medical records, personal health records, information systems, communication technologies and medical devices. We believe that implementation of these advanced technologies will result in a reduction of medical errors, and an increase in the cost-efficiency of providing healthcare. We encourage the leadership to push for passage of healthcare legislation this year that would provide a clear roadmap for developing healthcare information technology, including:

- Updating mandated healthcare IT standards, and providing a continuing, non-legislative approach to maintaining current standards in the future
- Providing incentives for participation in the National Health Information Network
- Providing limited exceptions to the Stark and Anti-Kickback restrictions, so that interoperable EHRs could be provided to physicians
- Providing incentives for the provision of Personal Health Records
- Establishing a consortium on the impact of technology in health services for the aging

We support legislation that will not only help to ensure the quality and interoperability of the National Health Information Network, but will also provide a much-needed “green light” for vendors and certification organizations involved in the process of software development to move forward. The currently mandated versions of three key standards are outdated, and require legislative action to encourage adoption of updated versions, and provide for timely future updates.

Specifically, adopting and implementing the International Statistical Classification of Diseases and Related Health Problems, 10th revision, Clinical Modification (ICD-10-CM), and Procedure Coding System (ICD-10-PCS), as replacements for ICD-9-CM, and upgrades to the Accredited Standards Committee X12 and National Council for Prescription Drug Programs (NCPDP) standards are required. The 109<sup>th</sup> Congress introduced legislation providing for this, and it should be reintroduced.

IEEE-USA believes that providing financial incentives for participating in a standards-based NHIN will play an important role in encouraging healthcare providers, medical institutions and health plans to adopt new technologies that have the potential to reduce costs and improve the quality of healthcare. Specifically, we recommend that higher levels of funding be authorized for these purposes than has been proposed in previous legislation. Incentives could include pay-for-performance approaches, as well as grants targeted specifically at small and financially-challenged healthcare providers. Providing such funding will make a critical difference in increasing participation by healthcare entities in rural and underserved urban areas.

Interoperability will be a critical factor in insuring NHIN’s success, the online EHR, and the consumer-accessible PHR. Our position statement supporting measures to ensure interoperability for the NHIN is available at <http://www.ieeeusa.org/policy/positions/NHINinteroperability.html>. Such interoperability can be provided, in part, by healthcare entities sharing software and systems. While previous bills have been introduced (but not passed), and contained language providing necessary relief from the Stark and Anti-Kickback laws for institutions that share such capabilities, new legislation is required. The new language should contain guarantees that shared systems will be globally interoperable with other systems across the NHIN, and not limited to closed systems benefiting only a few institutions. Confusion in this area is due to perceived conflicts between existing legislation, and recent regulations are a major impediment to hospitals and physicians moving forward with EHRs. Hearings may be appropriate to determine the best course of action and clear new legislation in this complex area.

IEEE-USA believes that implementing the NHIN and online EHRs will contribute to greater efficiency in providing healthcare and a reduced level of medical errors. However, another important factor is placing control of healthcare decisions in the hands of healthcare consumers by giving them access to their own medical records. Therefore, IEEE-USA recommends passage of legislation that requires that the consumer-accessible PHR be made available to all healthcare consumers as part of the implementation strategy of NHIN and online EHR. One approach suggested in previous legislation was to leverage the health information infrastructure supporting government health programs -- including Medicare,

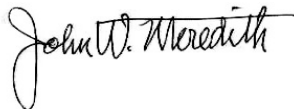
Medicaid, Veterans Health Care, and the Federal Employee Health Benefit Program -- to begin providing PHRs. The VA's *My Health eVet* program is one example of progress in this area, but far more could be done.

IEEE-USA also supports passage of legislation to establish a Consortium on the Impact of Technology in Aging Health Services. Such legislation would allow creating a nonpartisan, congressionally-mandated consortium to evaluate the potential of technologies to help the United States meet the needs of our aging population. Such a consortium would become the first public-private partnership around technology, going beyond medical records to explore the potential of new technology to assist older adults and their caregivers in such areas as promoting independence, facilitating early disease detection, promoting greater support to caregivers, and minimizing medication errors.

In conclusion, we are approaching a crisis situation in providing healthcare for our citizens that will have consequences for the entire economy. Recent studies have shown that healthcare costs continue to rise while the quality of healthcare provided has fallen, and many millions remain uninsured. Our nation's manufacturers are losing their competitive edge in the global marketplace, due to the increasing burden of covering employee's healthcare costs. Solving these problems will require prompt action by both the public and private sectors. IEEE-USA believes that implementation of the online EHR, the consumer-oriented PHR, and the NHIN will play a vital role in providing a long-range solution to these problems by reducing the number of medical errors and increasing the cost-efficiency of providing healthcare to all citizens.

IEEE-USA is an organizational unit of the IEEE. It was created in 1973 to advance the public good and promote the careers and public policy interests of the more than 220,000 technology professionals who are U.S. members of the IEEE. The IEEE is the world's largest technical professional society. For more information, go to <http://www.ieeeusa.org>. If we can be of further assistance, please contact Deborah Rudolph in our Washington office at (202) 530-8332 or at [d.rudolph@ieee.org](mailto:d.rudolph@ieee.org).

Sincerely,



John W. Meredith, P.E.  
President, IEEE-USA

**(Similar letters sent to Sens. Kennedy, Enzi, Akaka, Reid, Kohl, Levin, Lieberman  
House Speaker Pelosi, and U.S. Reps. Barton, Boehner, Deal, Dingell, Stark and Waxman)**