

## House Panel Approves Bill to Spur Use of Electronic Health Records

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July 23, 2008 -- The House Energy and Commerce Committee, racing a rapidly shrinking legislative calendar, cleared one more obstacle for a floor vote on legislation designed to promote faster adoption of electronic medical records.

After considering amendments from members of both parties, the committee approved the bill (HR 6357) by voice vote. The measure seeks to spur a shift to electronic records by hospitals, doctors, and other health care providers through loans and grants. It also would set up privacy protections for patient data.

Before the bill was approved, the committee adopted, by voice vote, a substitute amendment by Chairman John D. Dingell, D-Mich., that embodied a bipartisan compromise between committee leaders.

Committee ranking Republican Joe L. Barton of Texas called the bill "a good faith effort by all parties."

Committee members debated a series of amendments, largely dealing with patient privacy issues. Most were withdrawn with a promise from Dingell to work with their authors, including one from Rep. Mike Rogers, R-Mich., that Rogers said would make sure health care providers could share records within their organization, for business purposes.

Rogers argued that if the privacy considerations were important, so too were the large dollar savings and increased patient safety that could result from a comprehensive health information technology system.

Dingell and other Democrats were skeptical of Rogers' amendment's actual effect, however, but promised to work on the language with him.

"What we're trying to do here is balance out the protection of privacy but also make sure the system moves," Dingell said.

The House bill would authorize grants and loans to help hospitals and doctors—especially small practices—buy health information technology equipment. It also would require the government to settle on a standard for electronic health records and start using them in its health programs as it replaces existing equipment. Lawmakers hope those standards would spread to the private health industry.

Several amendments were adopted by voice vote, including those offered by:

- Mike Rogers, R-Mich., clarifying that any graduate professional school would be eligible for grants for demonstration projects to develop academic curricula integrating health IT into clinical education.
- Anna G. Eshoo, D-Calif., to require the secretary of Health and Human Services to conduct a study on the use of technology for care of seniors and the disabled.
- Eshoo, to clarify language in the bill to ensure that it is technology-neutral.
- Edward J. Markey, D-Mass., to require the secretary to create a model informed- consent agreement in plain language that is easily understandable.

The House Ways and Means Committee has partial jurisdiction over the bill, and will hold a hearing Thursday on the topic. The bill's supporters on the Energy and Commerce have been optimistic about their bill's chances this year, despite the few remaining legislative days.

But others have been less sunny about getting the bill through this year, including Rep. Michael C. Burgess, R-Texas, who has said the bill will provide too large a burden on health care providers, and who doubts the bill can be finished this year. "If we're going to have a little more time, we ought to get it right," Burgess said Wednesday.

In the Senate, Massachusetts Democrat Edward M. Kennedy and Wyoming Republican Michael B. Enzi, the chairman and ranking member of the Health, Education, Labor and Pensions Committee, have been working on their own health IT bill (S 1693). However, Kennedy has been largely absent from the Senate since undergoing brain surgery on June 2.