TRIBUTE TO PSORIASIS AWARENESS MONTH

HON. DAVID WU

OF OREGON

IN THE HOUSE OF REPRESENTATIVES

Friday, July 28, 2006

Mr. WU. Mr. Speaker, I rise today in recognition of August as Psoriasis Awareness Month and to speak on behalf of the 7.5 million Americans who are afflicted with this disease.

Those affected by psoriasis suffer from chronic, inflammatory, painful, disfiguring and disabling skin irritations referred to as scales that can cover anywhere from small patches of skin to entire sections of their body. Many of those who have psoriasis also suffer from psoriatic arthritis, which causes severe stiffness and swelling of the joints. Psoriasis typically develops between the ages of 15 and 25, and while there are varied treatments, there is no cure for this disease.

This auto-immune disease has become both a burden on the individual and society. Many people afflicted with psoriasis battle social discrimination and stigma because psoriasis is mistakenly thought of as a contagious disease, and sometimes patients needlessly have incorrect or delayed diagnosis. Also, it is estimated that psoriasis and psoriatic arthritis cost the nation 56 million hours of lost work and between $2 billion and $3 billion in treatments each year.

I would like to thank the National Psoriasis Foundation, whose national headquarters is located in Oregon. Their tireless work has brought the struggle of those affected by psoriasis and the need for more psoriasis research through the National Institutes of Health, NIH, to combat this disease to light. Their message of awareness they brought to our offices has been helpful and has worked to elevate understanding of this diseases.

Mr. Speaker, too many people in this country needlessly suffer from psoriasis and psoriatic arthritis. We must work to decrease the amount of incorrect or delayed diagnosis, inadequate treatments and insufficient access to care. I am ready to work with my constituents, the National Psoriasis Foundation and my colleagues to elevate the awareness of psoriasis and expansion of research of effective treatments for this debilitating disease.

HEALTH INFORMATION TECHNOLOGY PROMOTION ACT OF 2006

SPEECH OF

HON. CATHY McMORRIS

OF WASHINGTON

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 27, 2006

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 4157) to amend the Social Security Act to encourage the dissemination, security, confidentiality, and usefulness of health information technology:

Miss McMORRIS. Mr. Chairman, please consider the attached letters of support for the McMorris-Smith MAP IT Amendment to H.R. 4157 as included in my remarks.

JULY 27, 2006.

Hon. J. DENNIS HASTERT,
Speaker, U.S. House of Representatives, Washington, DC.

DEAR MR. SPEAKER: Congress has made substantial progress in moving health information technology (HIT) legislation this year. We urge you to expeditiously pass this legislation now as a critical step toward realizing the President's goal of electronic health records for most Americans.

There is one amendment to this legislation that HIMSS would like for you to consider when this legislation is brought up on the House floor today that will be offered by Ms. Cathy McMorris and Mr. Adam Smith of Washington. This amendment would direct the Secretary of Health and Human Services to establish a two year project to demonstrate the impact of health information technology on disease management for chronic disease sufferers within the Medicaid population; create a web-based virtual case management tool that provides access to best practices for managing chronic disease; and require that the Secretary of Health and Human Services submit to Congress a report on the project conducted and include in the report the amount of cost-savings resulting from the project and such recommendations for legislation or administrative action as the Secretary determines appropriate. There is no funding authorized for this amendment. HIMSS supports this amendment as it is consistent with our HIMSS Legislative Principle of encouraging the best use of information technology to improve the quality of health care while lowering the cost.

HIMSS believes that H.R. 4157 and the addition of this amendment will help fulfill President Bush's goal of most Americans having an electronic health record by the year 2014. The passage of health information technology legislation is critical to moving us towards these benefits. With that in mind, we urge you to pass H.R. 4157 and the McMorris/Smith amendment by the August break so that a conference report with the Senate can be completed and the Congress can pass meaningful healthcare reform this year.

Sincerely,

H. STEPHEN LIEBER,
CAE President/CEO.

JULY 27, 2006.

Hon. CATHY MCMORRIS,
1708 Longworth Office Building, Washington, DC.

Hon. ADAM SMITH,
227 Cannon Building, Washington, DC.

DEAR CONGRESSWOMAN MCMORRIS AND CONGRESSMAN SMITH: The American Health Information Management Association (AHIMA) thanks you for your strong support of health information technology and your efforts to improve healthcare quality, increase patient safety, and to reduce unnecessary costs and administrative burdens in our healthcare system. AHIMA strongly supports H.R. 4157, the ''Health Information Technology Promotion Act,'' and supports the inclusion of your amendment, the Medicaid Access Project through Information Technology (MAP IT) legislation.

Experts report that two of the simplest ways to reduce health care costs include the utilization of health information technology and more effective chronic disease management. Your amendment effectively merges these two methods together, and requires the Secretary to report to Congress the amount of cost-savings resulting from the project.

Along with your amendment, AHIMA strongly supports all of the provisions of H.R. 4157, especially those that address the timely updating of standards that enable electronic exchange and the critical need to upgrade our inefficient and ambiguous ICD–9 coding system to ICD–10–CM and ICD–10–PCS by October 1, 2010. This compliance date is more than 4 years from today and nearly 8 years from when the National Committee on Vital and Health Statistics concluded in 2003, after several years of hearings, that ICD–9–CM was ''increasingly unable to address the needs for accurate data for health care billing, quality assurance, and health services research,'' and that it was ''in the best interests of the country'' to move expeditiously to replace it.

Coded health data serves as the foundation for billing, claims processing, payment and pricing. The current classification, ICD–9–CM, was developed and implemented in the 1970s and can no longer capture today's medical knowledge and cannot support the transition to an interoperable health data exchange in the United States. In addition, the procedural coding component of ICD–9–CM is fast running out of space and in the near future, will exhaust these codes requiring that existing non-discrete codes be assigned to new procedures. Dr. Mark McClellan, CMS Administrator, publicly stated last month that it is imperative that the United States implement ICD–10 as soon as possible because he described the current coding system as ''bursting at the seams.'' Furthermore, many of the codes now in use do not accurately describe the diagnosis or procedure concepts they are assigned to represent. Combined with the exhaustion of codes, this will have serious implications for quality reporting, research and appropriate payment for advancements in medical technology.

Thank you for advancing the MAP IT amendment and for supporting an important and good bill. We look forward to continuing our work with you. If you have any questions, please do not hesitate to contact me.

Sincerely,

DON ASMONGA,
Director of Government Relations, American Health Information Management Association.

JULY 27, 2006.

Hon. J. DENNIS HASTERT,
Speaker, House of Representatives, Washington, DC.

DEAR MR. SPEAKER: Thank you for the consideration of H.R. 4157 today on the floor of the House of Representatives. Advancing health information technology (HIT) is of critical importance to bettering patient quality, evidence-based medicine, and modernizing our industry.

Northwest Physicians Network (NPN) is the largest delegated independent physicians association in the Northwest. We represent approximately 450 physicians in Washington State and over 17,000 patient lives for which we contract for managed care. NPN has made HIT a cornerstone of our investment in the future of our patients' care and our physicians' practices, so it is with some anticipation that we have followed the House's progress on H.R. 4157.

In particular, I am writing in support of an amendment brought to the floor by Rep. Adam Smith and Rep. Cathy McMorris. This amendment would direct the Secretary of Health and Human Services to establish a 2-year project to demonstrate the impact of health information technology on disease management for chronic disease sufferers within the Medicaid population. It would create a web-based virtual case management tool that provides access to best practices for managing chronic disease. Also, this amendment requires that the Secretary of

Health and Human Services submit to Congress a report on the project conducted and include in the report the amount of cost-savings resulting from the project and such recommendations for legislation or administrative action as the Secretary determines appropriate. There is no funding authorized for this amendment.

Both Ms. McMorris and Mr. Smith are leaders among our Pacific Northwest delegation on the topic of HIT. Their bipartisan collaboration on this measure speaks to the common-sense approach of the amendment itself. I urge your support and the House's adoption of this important legislation.

Sincerely,

PATRICIA C. BRIGGS,
Chief Executive Officer,
Northwest Physicians Network.

HEALTH INFORMATION TECHNOLOGY PROMOTION ACT OF 2006

SPEECH OF

HON. RUSS CARNAHAN

OF MISSOURI

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 27, 2006

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 4157) to amend the Social Security Act to encourage the dissemination, security, confidentiality, and usefulness of health information technology:

Mr. CARNAHAN. Mr. Chairman, I rise today in support of this amendment, which is being offered by Congressman SMITH and Congresswoman MCMORRIS.

This amendment, which establishes a 2-year project to demonstrate the impact of HIT on chronic disease management within the Medicaid population, will add a vital component to the underlying bill.

I applaud Congressman SMITH and Congresswoman MCMORRIS for their leadership on this issue.

I also rise today in strong support of forward movement on the implementation of health information technology, which has the potential to save the United States billions of dollars in health care costs each year.

The bill before us today is not perfect, but it's a start. I look forward to continuing the debate on this issue and improving this bill in conference.

HEALTH INFORMATION TECHNOLOGY PROMOTION ACT OF 2006

SPEECH OF

HON. RON PAUL

OF TEXAS

IN THE HOUSE OF REPRESENTATIVES

Thursday, July 27, 2006

The House in Committee of the Whole House on the State of the Union had under consideration the bill (H.R. 4157) to amend the Social Security Act to encourage the dissemination, security, confidentiality, and usefulness of health information technology:

Mr. PAUL. Mr. Chairman, as an OB–GYN with over 40 years experience in medical practice, I understand the need to improve the health care system's efficiency by increasing the use of electronic medical records. However, H.R. 4157 is neither a constitutional nor a wise means of achieving this worthy goal.

Creating a new federal department to develop a ''national strategic plan'' for the use of electronic health care records will inevitably lead to the imposition of a ''one-size-fits all'' standard and will discourage private parties from exploring other more innovative means of storing medical records electronically. By stifling private sector innovation, H.R. 4157 guarantees that the American people will have an inferior health information technology system. Mr. Chairman, I ask my colleagues: when has a government system ever performed as well as a system developed by the private sector? In fact, Mr. Chairman, based on my 40 years of experience, I would say a major reason the health profession lags behind other professions in using information technology is the excessive government intervention in, and control of, America's health care system!

Those who are concerned with the increasing erosion of medical privacy should also oppose H.R. 4157. H.R. 4157 facilitates the invasion of medical privacy by explicitly making electronic medical records subject to the misnamed federal ''medical privacy'' regulation. Mr. Chairman, many things in Washington are misnamed, however this regulation may be the most blatant case of false advertising I have come across in all my years in Congress. Rather than protect an individual right to medical privacy, these regulations empower government officials to determine how much medical privacy an individual needs.

The so-called ''medical privacy'' regulation not only reduce individuals'' ability to determine who has access to their personal medical information, but actually threatens medical privacy and constitutionally protected liberties. For example, these regulations allow law enforcement and other government officials' access to a citizen's private medical record without having to obtain a search warrant.

Allowing government officials to access a private person's medical records without a warrant is a violation of the Fourth Amendment to the United States Constitution, which protects American citizens from warrantless searches by government officials. The requirement that law enforcement officials obtain a warrant from a judge before searching private documents is one of the fundamental protections against abuse of the government's power to seize an individual's private documents. While the Fourth Amendment has been interpreted to allow warrantless searches in emergency situations, it is hard to conceive of a situation where law enforcement officials would be unable to obtain a warrant before electronic medical records would be destroyed.

By creating a new federal bureaucracy to establish a ''national strategic plan'' for the adoption of electronic health care records, H.R. 4157 discourages private sector innovation and expands government control of the medical profession. H.R. 4157 also facilities the violation of medical privacy. Therefore, I urge my colleagues to reject this bill.

INTRODUCTION OF THE TEAM (TO ENCOURAGE ALTERNATIVELY-FUELED VEHICLE MANUFACTURING) UP FOR ENERGY INDEPENDENCE ACT

HON. ZOE LOFGREN

OF CALIFORNIA

IN THE HOUSE OF REPRESENTATIVES

Friday, July 28, 2006

Ms. ZOE LOFGREN of California. Mr. Speaker, climate change threatens the security and stability of our planet. The temperature of the earth is increasing at a rate unseen in modern times. Climate forecasters predict that if greenhouse gases continue to accumulate in the atmosphere at the current rate, temperatures may rise dramatically, weather patterns sharply shift, ice sheets shrink, and seas rise.

Rising gas prices and instability in oil producing regions have reinforced the need for the United States to secure our energy independence. We can make progress by developing and distributing alternatively fueled vehicles. Through innovation as well as existing technology, we can reduce our dependence on foreign oil, and promote energy efficiency and conservation to secure a safer future for our country and the environment.

Alternatively fueled vehicles, such as those that use E85 ethanol fuel, could reduce our use of petroleum fuels by up to 40 percent, helping our country move towards sustainable energy independence. E85 ethanol fuel can be produced from agricultural products grown here in the United States, so that money spent on fuel supports farmers in the Midwest, not countries in the Middle East.

Congress must do more to make alternative fueled vehicles practical and accessible to every American. There are currently only six million E85–capable vehicles on U.S. roads, compared to approximately 230 million gasoline- and diesel-fueled vehicles, according to the National Ethanol Vehicle Coalition. Only 556 fuel stations in the entire country currently provide E85 fuel, with only four of these located in California.

That is why I am introducing this bill to encourage manufacturers to provide a flex fuel opportunity to American consumers and to develop the infrastructure necessary for a cleaner energy future. We must do more to make alternatively fueled vehicles practical and accessible to everyone. The cost of producing flex fuel capable vehicles is minimal at the time of manufacture, but there are currently few incentives for the production of flex fuel vehicles and a lack of infrastructure to service them.

My bill will encourage the production of more alternatively fueled vehicles by phasing in a tax penalty on the manufacture or import of new, non-flex fuel vehicles. However, since the cost to manufacture fleets that are flex fuel capable as compared to gasoline powered vehicles is nearly nil, it will be easy for manufacturers or importers to avoid these costs completely. Any revenues generated would be used to help independent gas station owners install alternative fuel equipment. This bill is a good first step towards securing our energy independence, and I hope that Congress will move quickly to pass this important legislation and help America move towards a more secure and sustainable future.