

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 Govern-
ment Relations,
American Health In-
formation Manage-
ment 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