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## SUBCOMMITTEE ON TECHNOLOGY, INFORMATION POLICY, INTERGOVERNMENTAL RELATIONS AND THE CENSUS

Congressman Adam Putnam, Chairman



### OVERSIGHT HEARING STATEMENT BY ADAM PUTNAM, CHAIRMAN

**Hearing topic: "Health Informatics:  
What is the prescription for success in intergovernmental information sharing and  
emergency response?"**

**Wednesday, July 14, 2004  
2:00 p.m.  
Room 2154, Rayburn House Office Building**

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#### OPENING STATEMENT

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Good afternoon and welcome to the Subcommittee's hearing on "*Health Informatics: What is the prescription for success in intergovernmental information sharing and emergency response?*"

The purpose of this oversight hearing is to examine the progress and impediments to the development and implementation of an efficient, secure, and reliable health information sharing network related to public health issues and emergency response – at the clinical care delivery, public health, and consumer health levels, as well as among governmental entities at the federal, state, and local levels. At this hearing, the Subcommittee will also explore the role and status of technology in contributing to the success of these efforts. The Subcommittee will also review the progress and results of the federal government's

efforts in Consolidated Health Informatics (CHI) e-government initiative. Further, the Subcommittee will explore efforts to develop standards for the collection and use of health information to facilitate information sharing as well as the privacy protections that are related to the collection and use of such data.

Today's hearing is an opportunity to examine the efforts currently underway in the advancement of information technology in the healthcare industry. This hearing also provides an opportunity to examine the cross-agency and intergovernmental coordination and collaboration in the collection, consolidation, maintenance, and sharing of healthcare data, as well as across the public and private healthcare sectors.

Our country benefits from great advances in information technology. Such technologies have introduced multimillion-dollar diagnostic instruments, a vast facilities infrastructure, and highly trained providers. However, our healthcare system has not leveraged information technology in healthcare record keeping. As Secretary Tommy Thompson remarked "The most remarkable feature of this twenty-first century medicine is that we hold it together with nineteenth century paperwork."

The resolution of this problem is a high priority for the President. Earlier this year, the President further accelerated this work calling for electronic health records to be available to most Americans in the next 10 years. His vision is to develop a nationwide health information technology infrastructure that ensures appropriate information is available at the time and place of care, resulting in improved healthcare quality, fewer medical errors and a reduction in healthcare costs. In April, the President signed an Executive Order that laid out the first steps in pursuing this goal with the establishment of a National Coordinator for Health Information Technology within the Department of Health and Human Services. The purpose behind the creation of this Sub-Cabinet level position was to drive health information technology adoption in the healthcare system and to centralize leadership in the federal government in pursuit of this objective.

To achieve the important goals of coordination and collaboration across the various sectors of the US healthcare system, the challenge of the development and implementation of data standards and interoperability must be addressed. In many cases, data is collected using a format and vocabulary that suits the individual data collector without consideration for the possibility of subsequent data sharing. That data is thus useless to others because the data was not collected in a standardized format, using standardized vocabulary, and is not interoperable with data sets other healthcare providers may hold. This results in wasteful redundancies and a reduced ability to perform critical healthcare functions.

The consensus across the healthcare industry is that the time is right to establish universal clinical vocabulary and messaging standards to enable technology development which better supports exchange and sharing in a secure environment. Leaders in the healthcare industry have communicated how important the federal government's leadership role is in the adoption of standards. As the federal government is involved in providing and paying for healthcare – it is the largest third-party purchaser of healthcare – the standards used by federal agencies significantly influence the decisions on standards made by the rest of the health marketplace.

Through the Administration's CHI initiative, numerous federal agencies and departments have endorsed 20 sets of clinical standards thus far. About 20 department and/or agencies including HHS, VA, DOD, SSA, GSA, and NIST are active in the CHI

governance process. It is through this process that all federal agencies will incorporate the adopted standards into their individual agency health data enterprise architecture, which is used to build all new systems or modify existing ones. CHI also conducts outreach to the private sector through the National Committee on Vital and Health Statistics.

Beyond improving healthcare delivery and controlling rising healthcare costs, improved information sharing will provide the tools necessary to effectively respond to a bio-emergency event – whether terrorist-related or naturally occurring. It is through the development, adoption, and implementation of industry-wide standards in data collection and data transferring, as well as the installation of health IT systems in the clinical care and public health sectors, that the US healthcare system will be better equipped to share information with clinicians, public health officials, and emergency response personnel in the event of a public health emergency. With better information sharing comes faster identification, containment, and response to any health-related emergency or disaster management situation such as a bioterror event, a SARs-like epidemic, or even floods, hurricanes, wildfires, or other natural disaster.

I am eager to hear about the current state of information technology and information sharing in the healthcare industry and what we can do to move forward in creating a more efficient and effective healthcare system – not only in terms of patient care, but in terms of improving our response and handling of any bio-emergency that threatens the public health at large. I eagerly look forward to the expert testimony our distinguished panel of leaders in various federal agencies and in industry will provide today.

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