



HEALTH PROVISIONS IN THE AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009: FREQUENTLY ASKED QUESTIONS

The American Recovery and Reinvestment Act of 2009 includes important investments in health information technology and in research on the comparative effectiveness of various health care tests and treatments. These investments will quickly grow jobs in the health care sector and eventually improve the quality of health care for every American. Unfortunately, incorrect rumors about these provisions and their likely effects threaten to undermine these good policies. Following are the most Frequently Asked Questions – and accurate answers – about how health information technology provisions in the American Recovery and Reinvestment Act will work:

Health Information Technology

Q: What will the “National Coordinator of Health Information Technology” do?

A: Under this bill, the National Coordinator of Health Information Technology will set minimum standards for the technology systems your doctor may choose to store and maintain your medical records – making sure, for instance, that the systems are configured to keep your information from getting loose to the public, but still allowing your various doctors to share the information easily and confidentially. The coordinator will also work to support doctors and hospitals as they transition to electronic records.

Actually, the Office of the National Coordinator of Health Information Technology is not even new. President George W. Bush created the office by Executive Order a number of years ago. The bill simply codifies the office and gives it a specific job.

Q: Will the health IT director have any influence on the decisions doctors and patients can make together about tests and treatment?

A: Absolutely not. This position's function is to make sure that doctors and other health care providers use good, secure technologies as they change their record-keeping systems from paper to computers.

Q: Will the government have access to my electronic medical record?

A: No. Federal law makes your medical records – whether they're on paper or in a computer – confidential to you and your health provider.

Q: What's the “meaningful use” of health IT? Does this bill say that my doctor has to use health information technology and provide only certain treatments to me, or risk a penalty from the government?

A: To improve the quality of American health care, it's important for doctors and providers to move to an electronic system of records. This will reduce medical errors, improve efficiency, and help doctors for a single patient work together better to keep that patient healthy. The bill requires health providers to be “meaningful users” of health IT by 2015 – meaning, they have to have a system of electronic records to achieve these goals.

This bill does not, however, require physicians to follow any particular treatment guidelines, protocols, or other research in order to meet the “meaningful use” standard. They just have to have electronic records by 2015.



HEALTH PROVISIONS IN THE AMERICAN RECOVERY AND REINVESTMENT ACT OF 2009: FREQUENTLY ASKED QUESTIONS

The American Recovery and Reinvestment Act of 2009 includes important investments in health information technology and in research on the comparative effectiveness of various health care tests and treatments. These investments will quickly grow jobs in the health care sector and eventually improve the quality of health care for every American. Unfortunately, incorrect rumors about these provisions and their likely effects threaten to undermine these good policies. Following are the most Frequently Asked Questions and accurate answers about how comparative effectiveness research provisions in the American Recovery and Reinvestment Act will work:

Comparative Effective Research

Q: *What is comparative effectiveness research?*

A: Comparative effectiveness research compares clinical outcomes, or the “clinical effectiveness,” of alternative therapies for the same condition. More evidence on what works and doesn’t work can help patients and doctors make better health care decisions together, thus improving the quality of patients’ care, improving efficiency by focusing on what works, and ultimately saving money throughout the health system.

Q: *Why should the government be doing this research?*

A: Right now, much of health care research is funded by companies trying to sell a drug or treatment. The comparative effectiveness research provisions in the Senate economic recovery legislation are designed to allow unbiased research that simply gets the facts – and the provision will create jobs in the research sector as well.

Q: *Can the government use the results of this research to tell me, or my doctor, what tests and treatments I can or cannot have?*

A: Absolutely not. In fact, the Senate bill specifically prohibits the government from making any coverage decisions based on this research, or even from issuing guidelines that would suggest how to interpret the research results. The sole aim is to disseminate the results of the research to the public, so that patients and their doctors can make the best decisions for their specific situations, together.

Q: *Will this bill allow the government to apply the results of comparative effectiveness research to deny me end-of-life care or medicines that I choose?*

A: Absolutely not. In fact, the Senate bill specifically prohibits the government from making any coverage decisions based on this research, or even from issuing guidelines that would suggest how to interpret the research results. The sole aim is to disseminate the results of the research to the public, so that patients and their doctors can make the best decisions for their specific situations, together.

Q: *Is there some kind of health care ‘czar’ in this bill with access to this comparative effectiveness research and my electronic medical records, who might make decisions about what my doctor or insurance company can do about my medical treatment?*

A: No. Comparative effectiveness and health IT are separate in this bill. There’s no crossover in the administration of these provisions, research, or technology.