Annotated Timeline of Legislation

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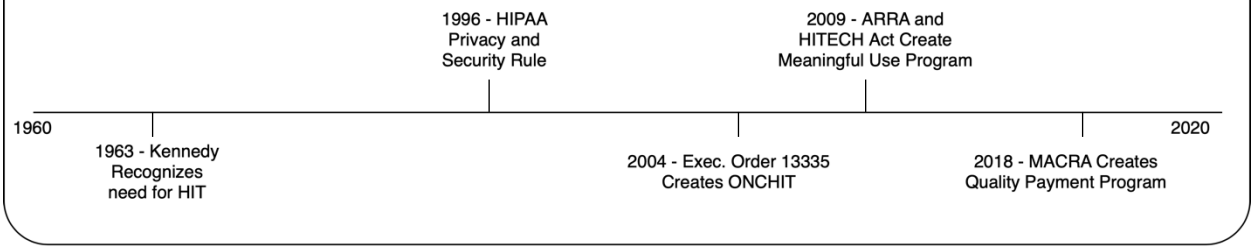
The field of Health Information Technology (HIT) can trace its history to the Kennedy administration, which in the early 1960s recognized the need for "computer technology to [enable] the recording, storage, and analysis of data collected in the course of observing and treating large numbers of ill people…" (1963, as cited in Young & Kroth, 2018, p. 45). Over the coming decades, developments in computer science and information management allowed for the creation of commercially viable technologies aimed at improving clinical care and patient outcomes. While the Health Insurance Portability and Accountability Act of 1996's Privacy and Security Rules provided guidance on how to safeguard personal health information, the 2000s saw some of the most important advances in HIT-related legislation, see Figure 1.

In 2004, the Bush administration created the Office of the National Coordinator for Health Information Technology (ONC), which, as defined in Executive Order 13335 (2004), would oversee the development and mass-adoption of HIT infrastructure, nationwide. This goal was furthered by the Health Information Technology for Economic and Clinical Health Act (HITECH Act), which as part of the American Recovery and Reinvestment Act (ARRA), allocated over $36.5 billion to incentivize the adoption and "Meaningful Use" of Electronic Health Records (EHR) and other HIT (Young & Kroth, 2018), among eligible providers (EP) and other health care delivery organizations. It would take almost a decade before the Medicare Access and CHIP Reauthorization Act (MACRA) of 2018 restarted the conversation on federal incentives for HIT use and adoption. MACRA's Quality Payment Program, which allocates reimbursements based on a provider's ability to provide effective patient care, through EHR use. (Centers for Disease Control and Prevention, 2018)

The HITECH Act's MU Program was one of the most important pieces of legislation to allow for the proliferation and widespread use of EHR Systems. The MU Program designated a set of technological objectives for EHR integration and utilization—divided over three stages; health care providers that met the objectives for each stage, in a timely manner, would receive cash payouts from the Centers for Medicare & Medicaid Services (CMS). Prior to the incentive program, Young & Kroth (2018) note that many providers resisted adopting EHR systems due to technological burdens and an unwillingness to adopt new workflows. The MU program, however, gave providers a structured set of technological objectives to meet when adopting a new EHR and provided cash incentives to motivate health care delivery organizations to make the switch. Furthermore, clearly defined technological objectives, like the integration of Computerized Provider Order Entry (CPOE) and ePrescribing Systems into the EHR, helped to set the minimum standard for an EHR system's capabilities. The HITECH Act's MU program incentivized providers to adopt HIT infrastructure and set quantifiable metrics to evaluate a provider's "Meaningful Use" of the EHR.

Figure 1: Annotated Timeline of Legislation



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