

## Electronic Medical Records Committee Charge

The current state of medical data collection in the U.S. relies on individual systems for the purpose of tracking patients in hospitals and physician offices. Networking data has become more common in regional areas in the last decade, but the health care industry continues to lack a national EMR structure. In 2004, President Bush committed \$100 million to the start-up of a national Electronic Medical Records (EMR) system. This funding, under control of the Department of Health and Human Services, will be used for small-scale regional pilot projects. There are currently over 100 local groups applying for these funds, which add to the number of local EMR systems that developed prior to the initiative<sup>1</sup>. The majority of existing EMR systems were created in the 1990's after advancements in technology and a changes in federal policy for Medicare and the health care system.

The benefits and pitfalls of a national EMR system as well as its feasibility have been debated in the national policy arena over the past decade. After much political debate, the creation of an EMR system has been deemed beneficial and necessary, receiving support from both political parties and recently proposed and funded by the Bush administration. Given the administration's position that a national EMR is an effective solution to lower health care costs and improve care in America, we will not seek to evaluate the question of whether or not a national system should be created. Instead, we assume that such a system will be developed and discuss the policy and technology issues associated with privacy.

This report will examine the new challenges in protecting medical privacy under a national EMR system. Medical privacy is defined as identifying patient ownership of the system, determining stakeholder access to the system, and evaluating technology solutions to protect the system from unauthorized use.