

109TH CONGRESS
1ST SESSION

S. 1227

To improve quality in health care by providing incentives for adoption of modern information technology.

IN THE SENATE OF THE UNITED STATES

JUNE 13, 2005

Ms. STABENOW (for herself and Ms. SNOWE) introduced the following bill;
which was read twice and referred to the Committee on Finance

A BILL

To improve quality in health care by providing incentives
for adoption of modern information technology.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Health Information
5 Technology Act of 2005”.

6 **SEC. 2. INFORMATICS SYSTEMS GRANT PROGRAM.**

7 (a) GRANTS.—

8 (1) IN GENERAL.—The Secretary of Health and
9 Human Services (in this section referred to as the
10 “Secretary”) shall establish a program to award

1 grants to eligible entities that have submitted appli-
2 cations in accordance with subsection (b) for the
3 purpose of assisting such entities in offsetting the
4 costs incurred after December 31, 2004, that are re-
5 lated to clinical health care informatics systems and
6 services designed to improve quality in health care
7 and patient safety.

8 (2) DURATION.—The authority of the Secretary
9 to make grants under this section shall terminate on
10 September 30, 2010.

11 (3) COSTS DEFINED.—For purposes of this sec-
12 tion, the term “costs” shall include total expendi-
13 tures incurred for—

14 (A) purchasing, leasing, and installing
15 computer software and hardware, including
16 handheld computer technologies, and related
17 services;

18 (B) making improvements to existing com-
19 puter software and hardware;

20 (C) purchasing or leasing communications
21 capabilities necessary for clinical data access,
22 storage, and exchange;

23 (D) services associated with acquiring, im-
24 plementing, operating, or optimizing the use of
25 new or existing computer software and hard-

1 ware and clinical health care informatics sys-
2 tems;

3 (E) providing education and training to eli-
4 gible entity staff on information systems and
5 technology designed to improve patient safety
6 and quality of care; and

7 (F) purchasing, leasing, subscribing, inte-
8 grating, or servicing clinical decision support
9 tools that—

10 (i) integrate patient-specific clinical
11 data with well-established national treat-
12 ment guidelines; and

13 (ii) provide ongoing continuous quality
14 improvement functions that allow providers
15 to assess improvement rates over time and
16 against averages for similar providers.

17 (4) ELIGIBLE ENTITY DEFINED.—For purposes
18 of this section, the term “eligible entity” means the
19 following entities:

20 (A) HOSPITAL.—A hospital (as defined in
21 section 1861(e) of the Social Security Act (42
22 U.S.C. 1395x(e))).

23 (B) CRITICAL ACCESS HOSPITAL.—A crit-
24 ical access hospital (as defined in section

1 1861(mm)(1) of such Act (42 U.S.C.
2 1395x(mm)(1)).

3 (C) SKILLED NURSING FACILITY.—A
4 skilled nursing facility (as defined in section
5 1819(a) of such Act (42 U.S.C. 1395i–3(a))).

6 (D) FEDERALLY QUALIFIED HEALTH CEN-
7 TER.—A Federally qualified health center (as
8 defined in section 1861(aa)(4) of such Act (42
9 U.S.C. 1395x(aa)(4))).

10 (E) PHYSICIAN.—A physician (as defined
11 in section 1861(r) of such Act (42 U.S.C.
12 1395x(r))).

13 (F) PHYSICIAN GROUP PRACTICE.—A phy-
14 sician group practice.

15 (G) COMMUNITY MENTAL HEALTH CEN-
16 TER.—A community mental health center (as
17 defined in section 1861(ff)(3)(B) of such Act
18 (42 U.S.C. 1395x(ff)(3)(B))).

19 (b) APPLICATION.—

20 (1) IN GENERAL.—An eligible entity seeking a
21 grant under this section shall submit an application
22 to the Secretary at such time, in such form and
23 manner, and containing the information described in
24 paragraph (2).

1 (2) INFORMATION DESCRIBED.—The informa-
2 tion described in this paragraph is the following in-
3 formation:

4 (A) A description of—

5 (i) the clinical health care informatics
6 system and services that the eligible entity
7 intends to implement with the assistance
8 received under this section; and

9 (ii) how the system will improve qual-
10 ity in health care and patient safety, in-
11 cluding estimates of the impact on the
12 health of, and the health costs associated
13 with the treatment of, patients with heart
14 disease, cancer, stroke, diabetes, chronic
15 obstructive pulmonary disease, asthma, or
16 any other disease or condition specified by
17 the Secretary.

18 (B) Any additional information that the
19 Secretary may specify.

20 (c) PRIORITY FOR CERTAIN ELIGIBLE ENTITIES.—

21 In awarding grants under this section, the Secretary shall
22 give priority—

23 (1) first, to eligible entities—

1 (A) that are exempt from tax under section
2 501(a) of the Internal Revenue Code of 1986;
3 and

4 (B)(i) in which the total of individuals that
5 are eligible for benefits under the medicare pro-
6 gram under title XVIII of the Social Security
7 Act, the medicaid program under title XIX of
8 such Act, or under the State children's health
9 insurance program under title XXI of such Act
10 make up a high percentage (as determined ap-
11 propriate by the Secretary) of the total patient
12 population of the entity; or

13 (ii) that provide services to a large number
14 (as determined appropriate by the Secretary) of
15 such individuals;

16 (2) then, to eligible entities that meet the re-
17 quirement under clause (i) or (ii) of paragraph
18 (1)(B); and

19 (3) then, to other eligible entities.

20 (d) RESERVE FUNDS FOR ENTITIES IN HEALTH
21 PROFESSIONAL SHORTAGE AREAS OR RURAL AREAS.—

22 (1) IN GENERAL.—Subject to paragraph (2),
23 the Secretary shall ensure that at least 20 percent
24 of the funds available for making grants under this
25 section to—

1 (A) hospitals and critical access hospitals
2 are used for making grants to such hospitals
3 that are located exclusively in an applicable
4 area;

5 (B) skilled nursing facilities are used for
6 making grants to such facilities that are located
7 exclusively in an applicable area;

8 (C) Federally qualified health centers are
9 used for making grants to such centers that are
10 located exclusively in an applicable area;

11 (D) physicians and physician group prac-
12 tices are used for making grants to physicians
13 and such practices that are located exclusively
14 in an applicable area; and

15 (E) community mental health centers are
16 used for making grants to such centers that are
17 located exclusively in an applicable area.

18 (2) AVAILABILITY OF RESERVE FUNDS IF LIM-
19 ITED NUMBER OF ENTITIES APPLY FOR RESERVED
20 GRANTS.—If the Secretary estimates that the
21 amount of funds reserved under subparagraph (A),
22 (B), (C), (D), or (E) of paragraph (1) for the type
23 of entity involved exceeds the maximum amount of
24 funds permitted for such entities under subsection
25 (e), the Secretary may reduce the amount reserved

1 for such entities by an amount equal to such excess
2 and use such funds for awarding grants to other eli-
3 gible entities.

4 (3) APPLICABLE AREA DEFINED.—For pur-
5 poses of paragraph (1), the term “applicable area”
6 means—

7 (A) an area that is designated as a health
8 professional shortage area under section
9 332(a)(1)(A) of the Public Health Service Act;

10 (B) a rural area (as such term is defined
11 for purposes of section 1886(d) of the Social
12 Security Act (42 U.S.C. 1395ww(d))); or

13 (C) a rural census tract of a metropolitan
14 statistical area (as determined under the most
15 recent modification of the Goldsmith Modifica-
16 tion, originally published in the Federal Reg-
17 ister on February 27, 1992 (57 Fed. Reg.
18 6725)).

19 (e) AMOUNT OF GRANT.—

20 (1) AMOUNT.—

21 (A) IN GENERAL.—Subject to subpara-
22 graph (B) and paragraph (2), the Secretary
23 shall determine the amount of a grant awarded
24 under this section.

1 (B) CONSIDERATION.—In determining the
2 amount of a grant under this section, the Sec-
3 retary shall take into account the ability to take
4 an expense deduction for health care
5 informatics system expenses under section 179C
6 of the Internal Revenue Code of 1986, as added
7 by section 5.

8 (2) LIMITATION.—

9 (A) IN GENERAL.—A grant awarded under
10 this section may not exceed the lesser of—

11 (i) an amount equal to the applicable
12 percentage of the costs incurred by the eli-
13 gible entity for the project for which the
14 entity is seeking assistance under this sec-
15 tion; or

16 (ii) in the case of a grant made to—

17 (I) a hospital or a critical access
18 hospital, \$1,000,000;

19 (II) a skilled nursing facility,
20 \$200,000;

21 (III) a Federally qualified health
22 center, \$150,000;

23 (IV) a physician, \$15,000;

24 (V) a physician group practice,
25 an amount equal to \$15,000 multi-

1 plied by the number of physicians in
2 the practice; or

3 (VI) a community mental health
4 center, \$75,000.

5 (B) APPLICABLE PERCENTAGE.—For pur-
6 poses of subparagraph (A)(i), the term “appli-
7 cable percentage” means, with respect to an eli-
8 gible entity for the period involved, the percent-
9 age of total revenues (excluding grants and
10 gifts from Federal, State, local government, and
11 private sources) for such period that consists of
12 total revenues from the medicare program, the
13 medicaid program, and the State children’s
14 health insurance program under titles XVIII,
15 XIX, and XXI, respectively, of the Social Secu-
16 rity Act.

17 (f) REQUIREMENTS.—

18 (1) COMPLIANT WITH STANDARDS.—A clinical
19 health care informatics system funded under this
20 section and placed in service on or after the date the
21 standards are adopted under section 4 shall be com-
22 pliant with such standards.

23 (2) FURNISHING THE SECRETARY WITH INFOR-
24 MATION.—

1 (A) IN GENERAL.—An eligible entity re-
2 ceiving a grant under this section shall furnish
3 the Secretary with such information as the Sec-
4 retary may require to—

5 (i) evaluate the project for which the
6 grant is made; and

7 (ii) ensure that assistance provided
8 under the grant is expended for the pur-
9 poses for which it is made.

10 (B) COORDINATION.—The Secretary shall
11 ensure that the requirements for furnishing in-
12 formation under subparagraph (A) are coordi-
13 nated with other requirements for furnishing in-
14 formation to the Secretary that the eligible enti-
15 ty is subject to.

16 (g) STUDIES.—The Secretary shall conduct studies
17 to—

18 (1) evaluate the use of clinical health care
19 informatics systems and services implemented with
20 assistance under this section to measure and report
21 quality data based on accepted clinical performance
22 measures; and

23 (2) assess the impact of such systems and serv-
24 ices on improving patient care, reducing costs, and
25 increasing efficiencies.

1 (h) REPORTS.—

2 (1) INTERIM REPORTS.—

3 (A) IN GENERAL.—The Secretary shall
4 submit, at least annually, a report to the appro-
5 priate committees of Congress on the grant pro-
6 gram established under this section.

7 (B) CONTENTS.—A report submitted pur-
8 suant to subparagraph (A) shall include infor-
9 mation on—

10 (i) the number of grants made;

11 (ii) the nature of the projects for
12 which assistance is provided under the
13 grant program;

14 (iii) the geographic distribution of
15 grant recipients;

16 (iv) the impact of the projects on the
17 health of, and the health costs associated
18 with the treatment of, patients with heart
19 disease, cancer, stroke, diabetes, chronic
20 obstructive pulmonary disease, asthma, or
21 any other disease or conditions specified by
22 the Secretary;

23 (v) the results of the studies con-
24 ducted under subsection (g); and

1 (vi) such other matters as the Sec-
2 retary determines appropriate.

3 (2) FINAL REPORT.—Not later than 180 days
4 after the completion of all of the projects for which
5 assistance is provided under this section, the Sec-
6 retary shall submit a final report to the appropriate
7 committees of Congress on the grant program estab-
8 lished under this section, together with such rec-
9 ommendations for legislation and administrative ac-
10 tion as the Secretary determines appropriate.

11 (i) FUNDING.—

12 (1) HOSPITALS.—There are appropriated from
13 the Federal Hospital Insurance Trust Fund under
14 section 1817 of the Social Security Act (42 U.S.C.
15 1395i) \$250,000,000, for each of the fiscal years
16 2006 through 2010, for the purpose of making
17 grants under this section to eligible entities that are
18 hospitals or critical access hospitals.

19 (2) SKILLED NURSING FACILITIES.—There are
20 appropriated from the Federal Hospital Insurance
21 Trust Fund under section 1817 of the Social Secu-
22 rity Act (42 U.S.C. 1395i) \$100,000,000, for each
23 of the fiscal years 2006 through 2010, for the pur-
24 pose of making grants under this section to eligible
25 entities that are skilled nursing facilities.

1 (3) **FEDERALLY QUALIFIED HEALTH CEN-**
2 **TERS.**—There are appropriated from the Federal
3 Supplementary Medical Insurance Trust Fund under
4 section 1841 of the Social Security Act (42 U.S.C.
5 1395t) \$40,000,000, for each of the fiscal years
6 2006 through 2010, for the purpose of making
7 grants under this section to eligible entities that are
8 Federally qualified health centers.

9 (4) **PHYSICIANS.**—There are appropriated from
10 the Federal Supplementary Medical Insurance Trust
11 Fund under section 1841 of the Social Security Act
12 (42 U.S.C. 1395t) \$400,000,000, for each of the fis-
13 cal years 2006 through 2010, for the purpose of
14 making grants under this section to eligible entities
15 that are physicians or physician group practices.

16 (5) **COMMUNITY MENTAL HEALTH CENTERS.**—
17 There are appropriated from the Federal Supple-
18 mentary Medical Insurance Trust Fund under sec-
19 tion 1841 of the Social Security Act (42 U.S.C.
20 1395t) \$20,000,000, for each of the fiscal years
21 2006 through 2010, for the purpose of making
22 grants under this section to eligible entities that are
23 community mental health centers.

1 **SEC. 3. ADJUSTMENTS TO MEDICARE PAYMENTS FOR**
2 **HEALTH INFORMATION TECHNOLOGY EN-**
3 **ABLED QUALITY SERVICES.**

4 (a) **ADJUSTMENTS.**—The Secretary of Health and
5 Human Services (in this section referred to as the “Sec-
6 retary”) shall establish a methodology for making adjust-
7 ments in payment amounts under title XVIII of the Social
8 Security Act (42 U.S.C. 1395 et seq.) made to providers
9 of services and suppliers who—

10 (1) furnish items or services for which payment
11 is made under such title; and

12 (2) in the course of furnishing such items and
13 services, use health information technology and tech-
14 nology services with patient-specific applications that
15 the Secretary determines improves the quality and
16 accuracy of clinical decision-making, compliance,
17 health care delivery, and efficiency, such as elec-
18 tronic medical records, electronic prescribing, clinical
19 decision support tools integrating well-established
20 national treatment guidelines with continuous qual-
21 ity improvement functions, and computerized physi-
22 cian order entry with clinical decision-support capa-
23 bilities.

24 (b) **REQUIREMENTS.**—The methodology established
25 under subsection (a) shall—

1 (1) include the establishment of new codes,
2 modification of existing codes, and adjustment of
3 evaluation and management modifiers to such codes,
4 that take into account the costs of acquiring, using,
5 and maintaining health information technology and
6 services with patient-specific applications;

7 (2) first address adjustments for payments for
8 items and services related to the diagnosis or treat-
9 ment of heart disease, cancer, stroke, diabetes,
10 chronic obstructive pulmonary disease (COPD), and
11 other diseases and conditions that result in high ex-
12 penditures under the medicare program and for
13 which effective health information technology exists;
14 and

15 (3) take into account estimated aggregate an-
16 nual savings in overall payments under such title
17 XVIII attributable to the use of health information
18 technology and services with patient-specific applica-
19 tions.

20 (c) DURATION.—The Secretary may reduce or elimi-
21 nate adjustments made to payments pursuant to sub-
22 section (a) as payment methodologies under title XVIII
23 of the Social Security Act (42 U.S.C. 1395 et seq.) are
24 adjusted to reflect provider quality and efficiency.

1 (d) RULE OF CONSTRUCTION.—In making national
2 coverage determinations under section 1862(a) of the So-
3 cial Security Act (42 U.S.C. 1395y(a)) with respect to
4 maintaining health information technology and services
5 with patient-specific applications, in determining whether
6 the health information technology and services are reason-
7 able and necessary for the diagnosis or treatment of illness
8 or injury or to improve the functioning of a malformed
9 body member, the Secretary shall consider whether the
10 health information technology and services improve the
11 health of medicare beneficiaries, including the improve-
12 ment of clinical outcomes or cost-effectiveness of treat-
13 ment.

14 (e) DEFINITIONS.—In this section:

15 (1) PROVIDER OF SERVICES.—The term “pro-
16 vider of services” has the meaning given that term
17 under section 1861(u) of the Social Security Act (42
18 U.S.C. 1395x(u)).

19 (2) SUPPLIER.—The term “supplier” has the
20 meaning given that term under section 1861(d) of
21 such Act (42 U.S.C. 1395x(d)).

22 **SEC. 4. INTEROPERABILITY.**

23 (a) DEVELOPMENT AND ADOPTION OF STAND-
24 ARDS.—

1 (1) IN GENERAL.—Not later than 2 years after
2 the date of enactment of this Act, the Secretary of
3 Health and Human Services (in this section referred
4 to as the “Secretary”) shall provide for the develop-
5 ment and adoption under programs administered by
6 the Secretary of national data and communication
7 health information technology standards that pro-
8 mote the efficient exchange of data between varieties
9 of provider health information technology systems.
10 In carrying out the preceding sentence, the Sec-
11 retary may adopt existing standards consistent with
12 standards established under subsections (b)(2)(B)(i)
13 and (e)(4) of section 1860D–4 of the Social Security
14 Act (42 U.S.C. 1395w–104).

15 (2) REQUIREMENTS.—The standards developed
16 and adopted under paragraph (1) shall be designed
17 to—

18 (A) enable health information technology
19 to be used for the collection and use of clinically
20 specific data;

21 (B) promote the interoperability of health
22 care information across health care settings, in-
23 cluding reporting to the Secretary and other
24 Federal agencies; and

1 (C) facilitate clinical decision support
2 through the use of health information tech-
3 nology.

4 (b) IMPLEMENTATION OF PROCEDURES FOR THE
5 SECRETARY TO ACCEPT DATA USING STANDARDS.—

6 (1) DATA FROM NEW HEALTH CARE REPORTING
7 REQUIREMENTS.—Not later than January 1, 2008,
8 the Secretary shall implement procedures to enable
9 the Department of Health and Human Services to
10 accept the optional submission of data derived from
11 health care reporting requirements established after
12 the date of enactment of this Act using data stand-
13 ards adopted under this section.

14 (2) DATA FROM ALL REQUIREMENTS.—

15 (A) IN GENERAL.—Not later than January
16 1, 2010, the Secretary shall implement proce-
17 dures to enable the Department of Health and
18 Human Services to accept the optional submis-
19 sion of data derived from all health care report-
20 ing requirements using data standards adopted
21 under this section.

22 (B) LIMITATION.—

23 (i) IN GENERAL.—On and after Janu-
24 ary 1, 2010, if an entity or individual
25 elects to submit data to the Secretary

1 using data standards adopted under this
 2 section, the Secretary, subject to clause
 3 (ii), may not require such entity or indi-
 4 vidual to also submit such data in an addi-
 5 tional format.

6 (ii) EXCEPTION.—The Secretary may
 7 provide for an exception, not to exceed 2
 8 years, to the limitation under clause (i)
 9 with respect to certain types of data if the
 10 Secretary determines that such an excep-
 11 tion is appropriate.

12 **SEC. 5. ELECTION TO EXPENSE HEALTH CARE**
 13 **INFORMATICS SYSTEMS.**

14 (a) IN GENERAL.—Part VI of subchapter B of chap-
 15 ter 1 of the Internal Revenue Code of 1986 (relating to
 16 itemized deductions for individuals and corporations) is
 17 amended by inserting after section 179B the following new
 18 section:

19 **“SEC. 179C. HEALTH CARE INFORMATICS SYSTEM EXPENDI-**
 20 **TURES.**

21 “(a) TREATMENT OF EXPENDITURES.—

22 “(1) IN GENERAL.—An eligible entity may elect
 23 to treat any qualified health care informatics system
 24 expenditure which is paid or incurred by the tax-
 25 payer as an expense which is not chargeable to cap-

1 ital account. Any expenditure which is so treated
2 shall be allowed as a deduction.

3 “(2) ELECTION.—An election under paragraph
4 (1) shall be made under rules similar to the rules of
5 section 179(e).

6 “(b) LIMITATIONS.—

7 “(1) DOLLAR LIMITATION.—With respect to
8 any eligible entity, the aggregate cost which may be
9 taken into account under subsection (a)(1) for any
10 taxable year shall not exceed, when added to any
11 cost taken into account under this section in any
12 preceding taxable year, the dollar amount specified
13 under section 2(e)(2)(A)(ii) of the Health Informa-
14 tion Technology Act of 2005.

15 “(2) APPLICABLE RULES.—For purposes of this
16 subsection, rules similar to the rules of paragraphs
17 (3) and (4) of subsection (b) and paragraphs (6),
18 (7), and (8) of subsection (d) of section 179 shall
19 apply.

20 “(c) DEFINITIONS AND SPECIAL RULES.—For pur-
21 poses of this section—

22 “(1) QUALIFIED HEALTH CARE INFORMATICS
23 SYSTEM EXPENDITURES.—

24 “(A) IN GENERAL.—The term ‘qualified
25 health care informatics system expenditure’

1 means, with respect to any taxable year, any di-
2 rect or indirect costs incurred and properly
3 taken into account with respect to the purchase
4 or installation of equipment and facilities relat-
5 ing to any qualified health care informatics sys-
6 tem. Such term shall include so much of the
7 purchase price paid by the lessor of equipment
8 and facilities subject to a lease described in
9 subparagraph (B)(ii) as is attributable to ex-
10 penditures incurred by the lessee which would
11 otherwise be described in the preceding sen-
12 tence.

13 “(B) WHEN EXPENDITURES TAKEN INTO
14 ACCOUNT.—

15 “(i) IN GENERAL.—Qualified health
16 care informatics system expenditures shall
17 be taken into account under this section
18 only with respect to equipment and facili-
19 ties—

20 “(I) the original use of which
21 commences with the taxpayer, and

22 “(II) which are placed in service
23 after December 31, 2004, and before
24 October 1, 2010.

1 “(ii) SALE-LEASEBACKS.—For pur-
2 poses of clause (i), if property—

3 “(I) is originally placed in service
4 after December 31, 2004, and before
5 October 1, 2010, by any person, and

6 “(II) sold and leased back by
7 such person within 3 months after the
8 date such property was originally
9 placed in service,

10 such property shall be treated as originally
11 placed in service not earlier than the date
12 on which such property is used under the
13 leaseback referred to in subclause (II).

14 “(C) GRANTS, ETC. EXCLUDED.—The term
15 ‘qualified health care informatics system ex-
16 penditure’ shall not include any amount to the
17 extent such amount is funded by any grant,
18 contract, or otherwise by another person (or
19 any governmental entity).

20 “(2) QUALIFIED HEALTH CARE INFORMATICS
21 SYSTEM.—The term ‘qualified health care
22 informatics system’ means a system which—

23 “(A) has been individually approved by the
24 Secretary of Health and Human Services for
25 purposes of this section,

1 “(B) consists of electronic health record
2 systems and other health information tech-
3 nologies, and

4 “(C) meets the standards adopted by the
5 Secretary of Health and Human Services under
6 section 4 of the Health Information Technology
7 Act of 2005 by not later than the date which
8 is 60 days after the date of the adoption of
9 such standards.

10 “(3) ELIGIBLE ENTITY.—The term ‘eligible en-
11 tity’ has the meaning given such term by section
12 2(a)(4) of the Health Information Technology Act of
13 2005.

14 “(4) PROPERTY USED OUTSIDE THE UNITED
15 STATES, ETC., NOT QUALIFIED.—No expenditures
16 shall be taken into account under subsection (a)(1)
17 with respect to the portion of the cost of any prop-
18 erty referred to in section 50(b) or with respect to
19 the portion of the cost of any property specified in
20 an election under section 179.

21 “(5) ORDINARY INCOME RECAPTURE.—For
22 purposes of section 1245, the amount of the deduc-
23 tion allowable under subsection (a)(1) with respect
24 to any property which is of a character subject to
25 the allowance for depreciation shall be treated as a

1 deduction allowed for depreciation under section
2 167.”.

3 (b) CONFORMING AMENDMENTS.—

4 (1) Section 263(a)(1) of the Internal Revenue
5 Code of 1986 (relating to capital expenditures) is
6 amended by striking “or” at the end of subpara-
7 graph (H), by striking the period at the end of sub-
8 paragraph (I) and inserting “, or”, and by adding
9 at the end the following new subparagraph:

10 “(J) expenditures for which a deduction is
11 allowed under section 179C.”.

12 (2) The table of sections for part VI of sub-
13 chapter A of chapter 1 of such Code is amended by
14 inserting after the item relating to section 190 the
15 following new item:

“Sec. 179C. Health care informatics system expenditures.”.

16 (c) EFFECTIVE DATE.—The amendments made by
17 this section shall apply to property placed in service after
18 December 31, 2004.

19 **SEC. 6. SENSE OF THE SENATE.**

20 It is the sense of the Senate that the provisions of,
21 and amendments made by, this Act should achieve deficit
22 neutrality over the 5-year period beginning on October 1,
23 2005.

○