to get it so the docs are able to talk to each other, and they've got to buy into this.

And so the reason why we've started this process now is we want to encourage insurance companies and State Governments, doctors organizations, AMA and others, to understand the great benefit for the American people by implementing information technology in the health care field.

By introducing information technology, health care will be better, the cost will go down, the quality will go up, and there's no telling whether other benefits will inure to our society. In other words, when we get this done—and we will, because America is a land of doers and entrepreneurs; our job is to set the goal and then to encourage and incent people to achieve the goal—but when we get this implemented, America will remain on the leading edge of technological change. This is the kind of innovation that's practical and makes sense, that will keep us to be the leader in the world.

And when we're the leader of the world, it means our people have a chance to make a better living. See, when you're the leader, particularly when it comes to innovation and technology, your society improves a lot. The quality of life goes up. People's pay goes up. People in America are more likely to realize the American Dream. It's essential that we be in a society of innovators and change, and this is an area where there is a huge opportunity.

And I look forward to working with people to achieve this objective. I want to thank those up here who are doing a good job. Tony, you all have made us proud. I'm giving Tony the credit, but you deserve it. [*Laughter*]

Marlene, thank you for your vision. We look forward to working with Johns Hopkins as to how—to better learn how to encourage implementation of this opportunity. And when we get it done—we will—we will—this is America, after all. [*Laughter*] And when we get it done, we'll all be able to say, "We've done our duty, job well done. Now we go on to the next issue after this." But let's get this one right.

Thank you all for coming. We've enjoyed it. I hope you found it as interesting as I have to listen to the great opportunities in front of us, some of the challenges that have been overcome, and recognizing that we've got other challenges to overcome. But our spirits are high. Our spirits are high because this country can overcome any challenge in our way.

God bless. Thank the healers who are here. God bless the veterans as well.

NOTE: The President spoke at 1:50 p.m. at the Department of Veterans Affairs Medical Center. In his remarks, he referred to Gov. Robert L. Ehrlich of Maryland, his wife, Kendel, and their newborn son, Joshua; former Gov. William Donald Schaefer of Maryland; George W. Owings, secretary-nominee, and Lawrence J. Kimble, acting secretary, Maryland Department of Veterans Affairs; and Nelson J. Sabatini, secretary, Maryland Department of Health and Mental Hygiene.

Executive Order 13335—Incentives for the Use of Health Information Technology and Establishing the Position of the National Health Information Technology Coordinator
April 27, 2004

By the authority vested in me as President by the Constitution and the laws of the United States of America, and to provide leadership for the development and nationwide implementation of an interoperable health information technology infrastructure to improve the quality and efficiency of health care, it is hereby ordered as follows:

Section 1. *Establishment.* (a) The Secretary of Health and Human Services (Secretary) shall establish within the Office of the Secretary the position of National Health Information Technology Coordinator.

(b) The National Health Information Technology Coordinator (National Coordinator), appointed by the Secretary in consultation with the President or his designee, will report directly to the Secretary.

(c) The Secretary shall provide the National Coordinator with appropriate staff, administrative support, and other resources to meet its responsibilities under this order.

(d) The Secretary shall ensure that the National Coordinator begins operations within 90 days of the date of this order.

Sec. 2. *Policy.* In fulfilling its responsibilities, the work of the National Coordinator shall be consistent with a vision of developing a nationwide interoperable health information technology infrastructure that:

(a) Ensures that appropriate information to guide medical decisions is available at the time and place of care;

(b) Improves health care quality, reduces medical errors, and advances the delivery of appropriate, evidence-based medical care;

(c) Reduces health care costs resulting from inefficiency, medical errors, inappropriate care, and incomplete information;

(d) Promotes a more effective marketplace, greater competition, and increased choice through the wider availability of accurate information on health care costs, quality, and outcomes;

(e) Improves the coordination of care and information among hospitals, laboratories, physician offices, and other ambulatory care providers through an effective infrastructure for the secure and authorized exchange of health care information; and

(f) Ensures that patients' individually identifiable health information is secure and protected.

Sec. 3. *Responsibilities of the National Health Information Technology Coordinator.* (a) The National Coordinator shall, to the extent permitted by law, develop, maintain, and direct the implementation of a strategic plan to guide the nationwide implementation of interoperable health information technology in both the public and private health care sectors that will reduce medical errors, improve quality, and produce greater value for health care expenditures. The National Coordinator shall report to the Secretary regarding progress on the development and implementation of the strategic plan within 90 days after the National Coordinator begins operations and periodically thereafter. The plan shall:

(i) Advance the development, adoption, and implementation of health care information technology standards nationally through collaboration among public and private interests, and consistent with current efforts to set health information technology standards for use by the Federal Government;

(ii) Ensure that key technical, scientific, economic, and other issues affecting the public and private adoption of health information technology are addressed;

(iii) Evaluate evidence on the benefits and costs of interoperable health information technology and assess to whom these benefits and costs accrue;

(iv) Address privacy and security issues related to interoperable health information technology and recommend methods to ensure appropriate authorization, authentication, and encryption of data for transmission over the Internet;

(v) Not assume or rely upon additional Federal resources or spending to accomplish adoption of interoperable health information technology; and

(vi) Include measurable outcome goals.

(b) The National Coordinator shall:

(i) Serve as the Secretary's principal advisor on the development, application, and use of health information technology, and direct the Department of Health and Human Service's health information technology programs;

(ii) Ensure that health information technology policy and programs of the Department of Health and Human Services (HHS) are coordinated with those of relevant executive branch agencies (including Federal commissions) with a goal of avoiding duplication of efforts and of helping to ensure that each agency undertakes activities primarily within the areas of its greatest expertise and technical capability;

(iii) To the extent permitted by law, coordinate outreach and consultation by the relevant executive branch agencies (including Federal commissions) with public and private parties of interest, including consumers, providers, payers, and administrators; and

(iv) At the request of the Office of Management and Budget, provide comments and advice regarding specific Federal health information technology programs.

Sec. 4. *Reports.* To facilitate the development of interoperable health information technologies, the Secretary of Health and Human Services shall report to the President

within 90 days of this order on options to provide incentives in HHS programs that will promote the adoption of interoperable health information technology. In addition, the following reports shall be submitted to the President through the Secretary:

(a) The Director of the Office of Personnel Management shall report within 90 days of this order on options to provide incentives in the Federal Employee Health Benefit Program that will promote the adoption of interoperable health information technology; and

(b) Within 90 days, the Secretary of Veterans Affairs and the Secretary of Defense shall jointly report on the approaches the Departments could take to work more actively with the private sector to make their health information systems available as an affordable option for providers in rural and medically underserved communities.

Sec. 5. Administration and Judicial Review. (a) The actions directed by this order shall be carried out subject to the availability of appropriations and to the extent permitted by law.

(b) This order is not intended to, and does not, create any right or benefit, substantive or procedural, enforceable at law or in equity against the United States, its agencies, its entities or instrumentalities, its officers or employees, or any other person.

George W. Bush

The White House,
April 27, 2004.

[Filed with the Office of the Federal Register, 8:45 a.m., April 29, 2004]

NOTE: This Executive order was published in the *Federal Register* on April 30.

Remarks Following Discussions With Prime Minister Goran Persson of Sweden and an Exchange With Reporters
April 28, 2004

President Bush. Okay, listen. There will be two opening statements. We'll answer a couple of questions. We'll alternate an American—not yet, a couple of opening statements. Thank you.

Welcome. Mr. Prime Minister, thanks for coming. We just had a really good discussion about common opportunities. The Prime Minister has got a clear vision about freedom and opportunity, and he's an optimistic person. He's optimistic that by working together we can achieve great things in the 21st century. We had a good discussion about bilateral relations. I reminded him there's a lot of Swedish Americans who are really proud of their heritage, proud of their home country.

So Mr. Prime Minister, welcome back. Thanks for your time. Thanks for your consideration.

Prime Minister Persson. Thank you, sir. And let me also underline that we have had a very fruitful discussion, not least with the background to improve, strengthen the transatlantic relations between U.S. and Europe. It's not only about security and foreign policy; it's also about economic relations and international cooperations, not least inside multilateral structures like United Nations. With that as a framework, we have covered a discussion about Iraq, Palestinian-Israel conflict, the situation in Afghanistan, also North Korea and European matters.

And thank you, Mr. President, for receiving me. As always, frank and friendly discussion.

President Bush. Frank and friendly. Deb [Deb Riechmann, Associated Press].

Situation in Iraq

Q. Mr. President, is it going to take an all-out military offensive to put down the insurgency in Fallujah? And can you really have a successful transfer of power in 60 days if Iraq is wracked by violence?

President Bush. First, we will have a successful transfer of power. I assured the Prime Minister that the June 30th date is a solid date, and I appreciate so very much the work by the United Nations and Mr. Brahimi to lay the groundwork for the transfer of sovereignty.

Secondly, I have laid out a broad strategy that says that Iraq will be as secure as possible, that we will deal with those who want