



July 7, 2015

Soundjata Carty
General Services Administration
1800 F St NW
Washington, DC 20405

Re: Request for Information (RFI) - GSA Proposed Change to Add a Health IT Special Item Number (SIN) on IT Schedule 70

Mr. Carty:

The Coalition for Government Procurement (“the Coalition”) appreciates the opportunity to provide comments on the proposed change to add a Health IT Special Item Number (SIN) on IT Schedule 70.

The Coalition is a non-profit association of firms selling commercial services and products to the Federal Government. Our members collectively account for a significant percentage of the sales generated through General Services Administration (GSA) contracts including the Multiple Award Schedules program. Coalition members are also responsible for many of the commercial item solutions purchased annually by the Federal Government. Members include small, medium and large business concerns. The Coalition is proud to have worked with Government officials for more than 35 years towards the mutual goal of common sense acquisition.

Importance of Health IT & Recommendations

As stated in the RFI, GSA’s overall objective in adding a Health IT SIN is to increase visibility and access of Health IT computing services to customer agencies. GSA is to be commended for successfully building a Schedule 70 platform that is broad and flexible enough to meet many mission critical IT requirements including those for healthcare. The Coalition believes that there are more efficient and effective ways for GSA to accomplish its goals using Schedule 70, without creating a specialized Health IT SIN.

The Coalition recommends that GSA enhance the ability of agencies to identify and order health IT products and services that are already on the Schedule. GSA can better communicate the benefits of IT Schedule 70 through a focused marketing/education campaign. An enhanced marketing and customer outreach initiative would not only highlight Schedule 70’s ability to

meet healthcare needs, but it could be used as a model for other sectors including security, finance, etc.

GSA should also consider building on the strategies and platforms that are already in development as part of the Category Management initiative. For example, GSA could assist agencies in acquiring healthcare products and services by providing sample BPAs, and sharing best practices for Health IT procurement in the IT hallway.

Unnecessary Duplication & Added Costs

While the Coalition supports GSA's efforts to explore new ways to enhance its acquisition offerings for customer agencies, there is concern that the addition of a Health IT SIN would duplicate current IT offerings under Schedule 70, add costs to both government and industry, and fragment Schedule 70 as a total solution. IT products and services that would be added to the new Health IT SIN are already available under the existing IT Schedule and its current SINs. Establishing a new Health IT SIN would require GSA and hundreds of capable vendors to commit significant resources to submit and evaluate new offers and modifications.

The administrative costs for contractors and the government are not insignificant. Members have noted that the creation of a new SIN requires investments in changes to accounting systems and additional reporting as well as new training. These added costs to the taxpayer would not provide additional value to GSA's customers because the services and products can already be obtained using the existing GSA IT Schedule.

The current structure of the MAS program and the supporting SINs organize each Schedule contract so that categories of services and products can be easily ordered by customer agencies. The existing SIN structure also facilitates the ability to acquire total solutions. The RFI proposal would fragment the current IT Schedule 70 based on a specific type of customer need. It is unclear how the proposal would impact the Schedule overall. The same products and services used to satisfy a Health IT requirement might be the same acquisition solutions for National Security IT, Financial IT or Modeling and Simulation IT. The creation of a specific SIN for the healthcare market could encourage additional SINs for these markets as well which would unnecessarily complicate Schedule 70's offerings for customer agencies. One of the greatest benefits of the Schedules program is that it streamlines and simplifies the procurement process for its customers. We recommend that GSA continue this feature by maintaining the current structure and not tailoring SINs to specific markets.

Impact on Pre-Existing Offerings

In addition, the Coalition has questions about how a Health IT SIN would impact the National Institutes of Health's (NIH) pre-existing contracts, which have been granted GWAC designation to provide IT services for health-related agency missions:

- Has GSA consulted with NIH's Information Technology Acquisition and Assessment Center (NITAAC) on this matter?
- Does GSA have an equivalent level of Health IT expertise to manage such an offering?
- Is there a benefit in duplicating NIH's government-wide offering?

From a contract management perspective, members also have the following questions specific to Schedule 70:

- What will happen when a product/service has a number of applications (healthcare and non-healthcare)?
- Will GSA be essentially offering the same product multiple times, under different SINs?
- How will modifications to these classes of items function?
- Does GSA anticipate an increase in the potential of bid protests based on scope?
- Can an agency buy a product/service for a healthcare solution outside the Health IT SIN?

Upon review of the RFI for the Health IT SIN proposal, it is not clear that the proposal would provide any increased value for GSA or its agency customers. The proposal will, however, increase costs for contractors and government.

Again, the Coalition appreciates the opportunity to share our comments in response to the RFI. We also welcome any opportunities to work with GSA to provide input on future marketing or outreach initiatives to agencies focused on health IT.

If you have any questions concerning our comments or recommendations, please contact me anytime at (202) 331-0975 or rwaldron@thecgp.org.

Sincerely,

A handwritten signature in black ink, appearing to read 'Roger Waldron', is written over a light gray rectangular background.

Roger Waldron
President