College of Healthcare Information Management Executives

June 5, 2019

The Honorable Lamar Alexander
U.S. Senate
Chairman
Committee on Health, Education, Labor and Pensions
438 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Patty Murray
U.S. Senate
Ranking Member
Committee on Health, Education, Labor and Pensions
438 Dirksen Senate Office Building
Washington, DC 20510

Re: Lowering Health Care Costs Draft Legislation

Submitted to: LowerHealthCareCosts@help.senate.gov

Dear Chairman Alexander,

The College of Healthcare Information Management Executives (CHIME) is pleased to offer comments on the "Lower Health Care Costs Act" draft. As senior health information technology leaders, we welcome the opportunity to share our perspectives on how technology impacts healthcare costs and if harnessed correctly, will both improve outcomes and increase efficiency within the healthcare system.

CHIME is a professional organization that represents more than 3,000 Chief Information Officers (CIOs) and other senior healthcare IT leaders. CHIME enables its members and business partners to collaborate, exchange ideas, develop professionally and advocate for the effective use of information management to improve the health and care in the communities they serve. CHIME members are responsible for the selection and implementation of clinical and business systems that are facilitating healthcare transformation through technology. Our members represent some of the earliest and most prolific adopters of electronic health records (EHRs) and other health IT resources for clinicians and patients. Our mission is, "To advance and serve healthcare leaders and the industry improving health and care globally through the utilization of knowledge and technology."

The intent of the "Lower Health Care Costs Act" is laudable and a high-performing technical infrastructure will be paramount as we transition away from a fee-for-service model and to a healthcare delivery system focused on value and outcomes. CHIME is pleased to offer feedback on several provisions included in the draft legislation and will share some additional suggestions for consideration.

<u>Section 309. Ensuring enrollee access to cost-sharing information</u>
The importance of improving transparency in the cost of healthcare procedures must not be underestimated. CHIME members support leveraging technology to help provide patients

additional cost information but would highlight that much of the technology is not in place today to facilitate the cost-sharing information outlined in this section. It may be necessary for the Office of the National Coordinator for Health Information Technology (ONC) to ensure that the technical capabilities for electronic health records are included in future iterations of the certified electronic health record technology (CEHRT) criteria.

Our members would remind the Committee that tests or procedures may result in billing from multiple clinicians and organizations and those costs may not reside in one single database. Although the cost of a test, or even some the accompanying services for a procedure, may be able to be delivered to the patient as suggested in the draft bill, not all extraneous services provided by clinicians who may be outside the health system network are necessarily accounted for in that same data system and thus will not be able to be shared in advance. Our members suggest that the contact information for other parties that may also submit bills for the procedure or an accounting of the other services that may be rendered and billed for a procedure may be a reasonable ask.

Section 404 Expanding capacity for health outcomes

CHIME appreciates the value in leveraging technology to both increase learning opportunities and increase access to healthcare services, especially in medically underserved areas. We would remind the Committee that access to reliable, high-speed internet may inhibit the ability for some underserved communities to take advantage of such services and technologies.

Section 405. Public health data system modernization

CHIME enthusiastically supports the Committee's intent to bolster the technical infrastructure capabilities of state and local public health departments.

Healthcare providers must report on immunizations and disease surveillance to be compliant with the Promoting Interoperability program. Unfortunately, today the public health departments often are unable to manage the intake of the data in a uniform, effective way. One member from a large health system described the scenario in which every county in one large coastal state requires a different download of public data.

Other members have said that the ability to use their state immunization registry to upload and download data directly into the EHR brings value to their providers. Where possible, we recommend the Committee encourage public health entities to support two-way data sharing where appropriate and when patient-specific data is captured.

Section 502 Recognition of security practices

CHIME enthusiastically supports the Committee's direction to the Office for Civil Rights (OCR) to acknowledge the attempts of healthcare providers to follow good cybersecurity practices. Healthcare organizations are constantly under attack from bad actors seeking to disrupt their operations or unlawfully release patient data. CHIME has long supported the NIST Cybersecurity Framework (CSF) and the Health Care Industry Cybersecurity Practices (HICP) and the ongoing work of the 405(d) work group established by the Cybersecurity Act of 2015.

CHIME encourages the Committee to ensure that proprietary solutions are not endorsed or preferred by OCR over publicly available practices like those outlined by the NIST CSF.

Section 503. GAO Study on the privacy and security risks of electronic transmission of individually identifiable health information to and from entities not covered by the Health Insurance Portability and Accountability Act (HIPAA)

CHIME members take seriously their responsibility to safeguard and protect the privacy of patient information with which they have been trusted. The blurring of lines between what is healthcare data and what is consumer data has been exacerbated by the adoption of healthcare applications (apps) and the directives of the Promoting Interoperability program to share patient data, when requested, with any application of a patient's choosing. These applications are often not covered by HIPAA and there is much uncertainly over how the once-HIPAA covered data is then used or stored by the application.

The inclusion of the Government Accountability Office (GAO) study in the draft legislation is welcomed by the CHIME membership and we applaud the Committee's recognition of the importance of protecting patient privacy while also embracing the app economy.

Additional Areas for Consideration

CHIME members welcome the opportunity to highlight some additional policy changes that could serve to decrease healthcare costs.

Patient Identification

A high degree of data fluidity is imperative to reducing waste and improving quality within the U.S. healthcare system. CHIME calls on the Committee to continue to pursue policies aligned with those in the 21st Century Cures Act with the intent to increase the exchange of health data. This will facilitate the compilation of a longitudinal healthcare record and enable informed decision making for providers and patients alike. The concept of a longitudinal healthcare record should reflect the patient's experience across episodes of care, payers, geographic locations and stages of life. It should consist of provider-, payer- and patient-generated data, and be accessible to all members of an individual's care team, including the patient, in a single location, as an invaluable resource in care coordination.

Foundational to coordinated care is the need to accurately match patients with their healthcare data across providers, systems, public health agencies and states. A national approach to patient identification is a prerequisite for health information exchange and the lack of a national standard for patient identification only serves to aggravate our industry's technical challenges. The 21st Century Cures Act included the directive for a GAO report on patient matching, released earlier this year. While a national approach to patient matching would be an important step toward true interoperability, without a standard patient identifier, the creation of a complete and accurate longitudinal care record is simply not feasible. A longitudinal healthcare record, supported by widely adopted standards, also should improve a patient's ability to manage consent privileges and diminish privacy concerns related to the digitization of personal health information.

Among the policy barriers that should be highlighted is the current prohibition on the use of federal funds to promulgate or adopt a patient identifier which has been carried forth in Labor-Health and Human Services Appropriations bills since fiscal year 1999. Without a standard patient identification solution, the creation of a longitudinal care record is simply not feasible. We encourage the Committee to examine the issue of patient identification to facilitate nationwide interoperability, enhance patient safety and enhance health outcomes.

Sharing of Substance Use Disorder (SUD) Information

The exchange of data among providers in various locations and settings will require the harmonization of state and federal privacy laws. Consent challenges have been highlighted in efforts to thwart the opioid epidemic through data sharing, specifically the impediment to sharing substance use disorder (SUD) data due to the misalignment of the Health Insurance Portability and Accountability Act (HIPAA) and 42 CFR Part 2. CHIME calls on Congress to lead an open

dialogue to help states align privacy and consent policies that enable cross-border exchange of health information in a secure manner, including SUD data. This should include re-examining certain provisions of HIPAA. While the OCR has begun a review resulting in pending rulemaking, Congressional action will be needed for complete alignment. CHIME supports the Protecting Jessica Grubb's Legacy Act (S.1012/ H.R. 2062) and encourages the Committee to consider it for inclusion in this important package.

CHIME commends the Committee for its willingness to engage stakeholders in an effort to pursue policies to lower healthcare costs and improve healthcare delivery. We hope our comments are useful and we look forward to a continued dialogue with the Committee regarding legislative solutions for improving healthcare for patients through the use of health information technology. Should you have any questions or if we can be of assistance to the Committee, please contact Leslie Krigstein, Vice President of Congressional Affairs, at *lkrigstein@chimecentral.org*.

Sincerely,

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