



**CHIME**  
College of Healthcare  
Information Management Executives

July 10, 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: CHIME Letter of Support for S.1895, Lower Health Care Costs Act

Dear Chairman Alexander and Ranking Member Murray,

The College of Healthcare Information Management Executives (CHIME) is pleased to offer our support for the Lower Health Care Costs Act (S.1895.) As senior health information technology leaders, we welcome the opportunity to share our perspectives on how some of the technology-focused provisions will both improve outcomes and increase efficiency within the healthcare system.

CHIME is a professional organization that represents more than 2,900 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 to a healthcare delivery system focused on value and outcomes. CHIME is pleased to support many of the technology-focused provisions of this important legislation.

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 applaud the direction for the Secretary to work with other agencies to ensure access to funding opportunities to improve access to broadband for those in rural and underserved areas.

#### 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), 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 appreciates that the Committee has sought to ensure that proprietary solutions are not endorsed or preferred by OCR over publicly available practices like those outlined by the NIST CSF. Our concerns about recognition of private security practices and programs are outlined in a previous statement<sup>1</sup> submitted to the Committee.

#### 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 uncertainty 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.

#### Section 505. Public Meeting

Foundational to coordinated care is the need to accurately identify patients. It's critical that healthcare data across providers, systems, public health agencies and states is present at the point of care. A national approach to patient identification is a prerequisite for health information

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<sup>1</sup> *Statement from the College of Healthcare Information Executives*, Senate Committee on Health, Education, Labor and Pensions, Executive Session: S. 1199, S. 1173, and S.1895, June 26, 2019, <https://chimecentral.org/wp-content/uploads/2019/06/CHIME-Supports-NIST-and-405d-v3.pdf>

exchange and the lack of a national standard for patient identification only serves to aggravate our industry's technical challenges. A national dialogue is necessary to explore all available solutions to ensure that a patient is identified with a six-sigma level of accuracy, quickly and consistently. We applaud the Committee's recognitions of the criticality of addressing this issue as not only a means to reduce health costs, but more importantly, to improve outcomes and enhance patient safety.

CHIME commends the Committee for its willingness to engage stakeholders in an effort to pursue policies to lower healthcare costs and improve healthcare delivery. 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](mailto:lkrigstein@chimecentral.org).

Sincerely,

A handwritten signature in black ink that reads "Russell P. Branzell". The signature is fluid and cursive, with the first letters of the first and last names being capitalized and prominent.

Russell P. Branzell, CHCIO, LCHIME  
President and CEO  
CHIME