



March 17, 2021

Liz Richter
Acting Administrator
The U.S. Centers for Medicare & Medicaid Services
7500 Security Blvd
Baltimore, MD 21244

Dear Acting Administrator Richter:

On behalf of our more than 5,000 members who work in hospitals and other healthcare provider settings across the country, we write to express our continued commitment to working with you, the U.S. Centers for Medicare and Medicaid Services (CMS) and the U.S. Department of Health and Human Services (HHS) to improve our healthcare system, which undoubtedly has been tested over the past year during the COVID-19 pandemic.

The College of Healthcare Information Management Executives (CHIME) is an executive organization with a mission of advancing and serving healthcare leaders and the industry improving health and care globally through the utilization of knowledge and technology. Our members are chief information officers (CIOs), chief medical information officers (CMIOs), chief nursing information officers (CNIOs) and other senior healthcare IT leaders. Our members have been actively involved with frontline efforts to ensure patients have a safe healthcare experience and combatting the spread of COVID-19.

The health system has seen an enormous and rapid change over the last two decades stemming from the digitization of medical records, the introduction of apps capable of consuming and sharing healthcare patient data, emerging technologies such as machine learning, and the projected increased use of broadband. It is these very technologies that have helped our nation navigate the significant challenges confronting frontline clinicians and impacting patient care during the pandemic.

Our members are on the frontier implementing technology needed to support clinical care and data sharing. This includes standing up systems to deliver healthcare remotely through telehealth and remote patient monitoring, implementing vaccine registrations and data reporting, installing and updating clinical decision support, machine learning or connecting patients to their records through third-party applications. They do this all while defending increased national healthcare cybersecurity threats confronted daily.

Despite the significant advances over the last 20 years and the monumental effort that has gone into combatting COVID-19, there are opportunities for further innovation and improvement to patient safety, access to care, privacy of medical records and security of patient data. For example, as states and localities across the country rush to get immunizations in arms, we have found alarming situations involving avoidable patient identification errors that result from mismatched patient records and inaccurate counts of who has been vaccinated, compromising patient safety and impeding vaccination distribution.

We are eager to work with HHS and CMS to prioritize these opportunities for improvement. To that end, below we offer several ideas to achieve the vision President Biden outlined through his campaign and early policy proposals.

- 1. Foster policies that will have the greatest impact on nationwide efforts to achieve interoperability and support a sector still besieged by the pandemic by:**
 - a. Reviewing existing and any potential new health IT compliance dates, acknowledging that while the level of crisis has abated, healthcare operations still need time to recover and move back into a more normal mode of operation;
 - b. Allowing healthcare providers to continue their unabated efforts to meet the national objective of vaccinating all Americans by focusing resources on this goal and deferring mandatory compliance with information blocking policies and Medicare admission, discharge and transfer policies, beginning by giving providers an additional 12 months to comply with the admission, discharge and transfer policies;
 - c. Incorporating strategies that address the entire care continuum including post-acute, long-term care and behavioral health settings;
 - d. Supporting efforts to reduce total cost of care by encouraging interoperability of all clinical and business stakeholders, which includes payers and public/private partnerships and health information exchanges (HIEs);
 - e. Improving coordination across agencies (i.e., Office of the National Coordinator for Health Information Technology (ONC) and the Federal Communication Commission (FCC)) to achieve growth in virtual care innovation, including remote patient monitoring and other asynchronous care models; and
 - f. Championing funding to support 21st century data collection.
- 2. Prioritize unique patient identification to improve the current vaccination response and prepare for future pandemics, increase patient safety, reduce disparities, and support data sharing between patients and providers as envisioned under the 21st Century Cures Act by:**
 - a. Asking Congress to remove the ban prohibiting HHS from establishing a patient identification standard; and
 - b. Working with agencies outside of HHS to establish a solution for uniquely identifying patients.
- 3. Strengthen the nation and the healthcare sector's cybersecurity posture by:**
 - a. Promulgating rulemaking giving providers credit for using cybersecurity best practices like those under Section [405\(d\)](#) of the Cybersecurity Act of 2015 (CSA) as codified under H.R. 7898 (Pub.L. 116-321) as soon as feasible;
 - b. Prioritizing cybersecurity resources within HHS including for the Office of the Assistant Secretary for Preparedness and Response (ASPR) and the Health Sector Cybersecurity Coordination Center (HC3);
 - c. Declassifying more information on active threats; and

- d. Establishing policies that support threat information sharing without fear of reprisal in the form of government-backed penalties.
- 4. Establish policies that support patient privacy and safeguard consumer healthcare information by:**
- a. Working with Congress to pass a national privacy law;
 - b. Strengthening the Federal Trade Commission's (FTC) oversight of third-party apps;
 - c. Redacting certain policies contained in the Health Insurance Portability & Accountability Act (HIPAA) proposed privacy rule that are confusing and may conflict with information blocking policies mandated under the 21st Century Cures Act;
 - d. Investing in consent management use cases and data segmentation standards to best support patient privacy and appropriate information sharing; and
 - e. Moving swiftly to promulgate rulemaking to align Part 2 and HIPAA patient policies as required under Section 3221 of the CARES Act.
- 5. Support access to telehealth and broadband by:**
- a. Maintaining the public health emergency (PHE) through the end of 2021, as promised to state governors in January;
 - b. Naming a telehealth czar within HHS for better oversight and coordination across multiple agencies within and outside of HHS around telehealth policies;
 - c. Ensuring there is a viable pathway for provider reimbursement to support services delivery following the pandemic;
 - d. Working with Congress to remove the Medicare distant site requirements that limit where telehealth is reimbursable once the PHE has ended and expanding the list of providers eligible to deliver care remotely; and
 - e. Continue policies that support and fund high-speed internet, which is crucial to the success of telehealth and remote patient monitoring as additional avenues to access care, as well as a reduction of disparities.
- 6. Take a more holistic approach to federal health IT policy and bring greater certainty to providers by:**
- a. Setting realistic compliance deadlines, which will help providers maximize their health IT investments;
 - b. Conducting an assessment of all health IT mandates and other competing priorities to bring greater efficiency to health IT spending; and
 - c. Maintaining a focus on reducing provider burden.

CHIME appreciates the opportunity to share our ideas with you and we look forward to partnering with HHS and CMS. Should you have any questions, please contact Mari Savickis, Vice President, Public Policy at mari.savickis@chimecentral.org.

Sincerely,



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