



December 15, 2017

The Honorable Roy Blunt Chairman, Subcommittee on Labor, Health and Human Services, Education and Related Agencies United States Senate

The Honorable Tom Cole Chairman, Subcommittee on Labor, Health and Human Services, Education and Related Agencies United States House of Representatives The Honorable Patty Murray Ranking Member, Subcommittee on Labor, Health and Human Services, Education and Related Agencies United States Senate

The Honorable Rosa DeLauro Ranking Member, Subcommittee on Labor, Health and Human Services, Education and Related Agencies United States House of Representatives

Dear Chairman Blunt, Chairman Cole, Ranking Member Murray, and Ranking Member DeLauro:

Recent congressional testimony by a senior official from the Office of the National Coordinator for Health Information Technology (ONC), which oversees the use of electronic health records (EHRs), indicated that the agency would be unable to fully implement bipartisan provisions from the 21<sup>st</sup> Century Cures Act (Cures) if the President's budget request is enacted. We urge you to ensure that the agency has the resources it needs to implement these provisions, which will provide greater transparency to clinicians and hospitals that they technology they purchase is interoperable and usable.

As part of Section 4002 of Cures, Congress established an EHR reporting program, wherein the developers of these systems would submit data on the functions of their products. Through this program, hospitals, clinicians and other users of health information technology would have greater transparency on how these products perform, including their ability to exchange data with other systems—known as interoperability—and usability—which refers to the layout of the systems and how they're used. This provision also has the potential to reduce clinician burden, support care coordination among healthcare providers and improve patient safety. For example, many of the factors that lead to clinician frustration with EHRs can also lead to patient safety concerns (e.g. inadequate usability could increase the time it take clinicians to order medications for patients while simultaneously increasing the likelihood of the incorrect drug being ordered).

The EHR reporting program is also an important component of another provision from Cures that establishes new conditions of certification for EHRs. To meet these new conditions of certifications, EHRs must address a series of criteria, including not restricting communication on their product's performance, attesting to real world testing, and submitting data related to the EHR reporting program. As a result, the conditions of certification established in Cures can also not be met until the reporting program is established. Through the reporting program—along with other conditions of certification—EHR developers and healthcare providers will have better information on which to improve and inform the development, purchasing, implementation and customization of products.

Congress authorized \$15 million through Cures for the Secretary of the Department of Health and Human Services to implement this EHR reporting provision. However, in recent testimony to the Senate Committee on Health, Education, Labor and Pensions, ONC Deputy National Coordinator for Health Information Technology Jon White indicated that "under the current budget proposal, we are expecting to meet all the requirements of the Cures Act with the exception of the EHR reporting program." The President's budget proposal reduces the ONC budget by \$22 million, or by more than a third of its total funding, even though the agency must both maintain many existing programs and implement new authorizations. The House-passed appropriations legislation for ONC would enact this cut; meanwhile the bill under consideration in the Senate would maintain current funding levels.

As part of Cures, Congress demonstrated bipartisan, bicameral support for improving interoperability of health information and advancing EHR usability. The EHR reporting program—coupled with its inclusion as part of the new conditions of certification—will help foster better information on the benefits and shortcomings of different health information technology systems. Since EHRs are foundational to many other goals of the Cures Act, the timely development and implementation of these programs is paramount. Given that ONC has indicated that it may not be able to implement the EHR reporting provisions from Cures if the President's budget cut is enacted, we urge you to ensure that the agency has the resources it needs to establish the program and—when doing so—prioritize policies that enhance patient safety and care coordination.

Should you have any questions or if we can be of assistance, please contact Ben Moscovitch, manager, health information technology, The Pew Charitable Trusts at 202-540-6333 or bmoscovitch@pewtrusts.org or Jeff Smith, vice president for public policy, American Medical Informatics Association at 301-657-1291, ext. 113 or jsmith@amia.org. Thank you for considering our comments.

Sincerely,

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(Jeffery Smith

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