

January 4, 2021

Donald Rucker, MD
National Coordinator
Office of the National Coordinator for Health Information Technology
Department of Health and Human Services
Mary E. Switzer Building
330 C Street SW
Washington, DC 20201

Re: HHS-ONC-2020-0013, Information Blocking and the ONC Health IT Certification Program: Extension of Compliance Dates and Timeframes in Response to the COVID-19 Public Health Emergency

Dear National Coordinator Rucker,

At a time when millions of patients' traditional medical care has been disrupted by the COVID-19 pandemic, thank you for finalizing new regulations from the Office of the National Coordinator for Health Information Technology (ONC) that will equip individuals with their own medical data and facilitate the sharing of that information in standardized manner. Recently, as part of an effort to allow health organizations to focus efforts exclusively on COVID-19 response, the agency delayed implementation of those regulations. While some aspects of the rule will be implemented later this year, enforcement of provisions on application programming interfaces (APIs)—which are software tools that will allow different systems to more easily communicated—were postponed from May 2022 until December 31, 2022. As the current delay has afforded the health care industry an additional 7 month to implement these regulations, ONC should commit to the new timeline for implementation and indicate that it will not postpone the regulations further in the future.

With the ongoing COVID-19 outbreak, more patients and providers are relying on telemedicine to meet healthcare needs and patients can no longer pick up medical records in person to transfer them to other facilities. The new regulations—finalized earlier this year to implement provisions from the 21st Century Cures Act (Cures)—to promote data sharing play an essential role in making health records more accessible to patient and health care providers to improve the continuity of care for patients.

In Cures, Congress directed ONC to develop new criteria for electronic health records (EHRs) to make patients' medical records available via standard APIs, which are used throughout the modern internet and allow websites and different systems to share information.

APIs can make it easier for patients to obtain their data on personal devices, such as smartphones or tablets, and aggregate their own records from many different health care providers and health plans to be able to take greater ownership of their care. Clinicians could also use APIs to implement new decision support tools that provide new capabilities, such as programs that help select the most appropriate medication or create a targeted treatment plan. Standard APIs can even help foster greater data exchange among health care providers and with health plans by enabling them to receive targeted patient-specific information. All of these API use cases will improve patient empowerment, care quality, and public health writ large. Given these benefits, ONC's finalized rule generated significant support from a wide variety of groups—including EHR developers, health care providers, and public health organizations.

Despite those benefits and broad support, ONC—under this new interim final rule—delayed implementation of the API requirements for 7 months to the end of 2022, which is 6 years after Congress first required them via Cures. As ONC has already decided to provide that additional implementation time via the interim final rule, ONC should not delay enforcement further—both because of the importance of these provisions to improve patient care but also because the necessary changes would not represent a significant burden on the industry.

In fact, ONC in the final rule establishing API requirements explicitly indicated that it would only update the current version of EHR requirements (called the 2015 Edition) instead of creating a new version (e.g. a 2020 Edition) given that the changes build on existing capabilities. For example, referring to the data that APIs would need to provide patients and providers, ONC indicated that the updates “were intentionally limited to a modest expansion that most health IT developers already supported, were already working toward, or should be capable of updating their health IT to support in a timely manner.” As the necessary changes to support the API requirements are both limited and related to existing capabilities, EHR vendors and providers have sufficient time to make the upgrades laid out in the regulations, and further delays beyond those outlined in the interim final rule are unwarranted and would be opposed by us in the future.

By committing to enforce the API requirements according to the timelines currently proposed, the administration can provide patients, technology developers, and health care providers with clarity on the evolution of health information technology capabilities and ensure that data is made available when and where it’s needed.

We, therefore, urge you to state your commitment to require implementation of the API portions of the Cures regulations no later than the end of 2022 so that patients and health care providers can better access and use the data in records to improve the coordination, quality, and safety of care. If you have questions, please contact Ben Moscovitch, project director of health information technology at The Pew Charitable Trusts, at bmoscovitch@pewtrusts.org or 202.716.5551.

Sincerely,

American Medical Informatics Association
American Telemedicine Association (ATA)

b.well Connected Health

CARIN Alliance

Citizen

Connected Health Initiative

Dr. David Blumenthal, former National Coordinator for Health Information Technology

Evidation Health

Humetrix

Microsoft

National Association of Community Health Centers

Pacific Business Group on Health

SMART Health IT at the Computational Health Informatics Program at Boston Children’s Hospital

The Pew Charitable Trusts