



**American Hospital
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May 16, 2016

The Honorable John Thune
United States Senate
511 Dirksen Senate Office Building
Washington, DC 20510

Dear Senator Thune:

On behalf of the American Hospital Association's (AHA) nearly 5,000 member hospitals, health systems and other health care organizations, and our 43,000 individual members, I am writing to express our support for proposals included in your draft legislation that would make changes to the meaningful use program.

Your draft would provide much-needed relief to hospitals as they work to ensure patients receive high-quality care. The draft would allow participants in the Medicare and Medicaid Electronic Health Care Record (EHR) Incentive Programs to be deemed meaningful users if they meet 75 percent of the objectives and measures as determined by the Secretary of Health and Human Services. The AHA has long advocated for the elimination of the "all-or-nothing approach" to meaningful use of EHRs. Under this approach, failure to meet any one of the requirements under the Medicare and Medicaid EHR Incentive Programs, even by a small amount, results in a large payment penalty. This is unfair to hospitals that make good faith efforts to comply, may actually comply with a large percentage of the requirements, expend significant resources and funds in doing so, but still fall short.

The draft also proposes allowing hospitals a 90-day EHR reporting period in 2016 and beyond and extends flexibility in applying hardship exceptions for meaningful use. The AHA supports allowing a 90-day reporting period to be available for the first year of Stage 3 and any subsequent stages, and whenever there are changes to the definition of certified EHR, including a new edition of technology, or new functionality. The AHA also recommends expanding the hardship exception categories to allow providers to change EHR vendors during a reporting period to meet their needs without the additional burden of a payment adjustment.

We note that the Medicare Access and CHIP Reauthorization Act of 2015 made changes to the meaningful use program for physicians that calls for greater flexibility in how physicians and other eligible clinicians are expected to use certified technology to support clinical care. As these changes are implemented, it will be essential to ensure that program requirements are aligned across all participants, including physicians, hospitals and critical access hospitals. This



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alignment is critical to ensuring the ability to share information and improve care coordination among providers across the continuum.

The AHA applauds your continued leadership in this area, and we look forward to the enactment of your proposals.

Sincerely,

Thomas P. Nickels
Executive Vice President