



American Hospital
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November 11, 2016

The Honorable Orrin Hatch
Chairman, Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member, Committee on Finance
United States Senate
219 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Hatch and Ranking Member Wyden:

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 the Electronic Health Record Regulatory Relief Act (S. 3173). Our members appreciate the leadership and support your committee has shown this year on numerous issues important to patients and the hospitals and health systems that serve them. As Congress considers year-end legislation, we urge you to take immediate action to make changes to the federal requirements of meaningful use for the Medicare and Medicaid Electronic Health Care Record (EHR) Incentive programs.

S. 3173 would provide much-needed relief to hospitals as they work to ensure patients receive high-quality care. It would allow participants in the Medicare and Medicaid EHR Incentive programs to be deemed meaningful users if they meet 70 percent of the 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 bill also would allow 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 in every year. This will be especially important in 2018, which is slated to be the first year of Stage 3.



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We note that the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) 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 alignment is critical to ensuring the ability to share information and improve care coordination among providers across the continuum. The Oct. 14 final regulations for MACRA fall short in this regard.

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

Sincerely,

/s/

Thomas P. Nickels
Executive Vice President