

March 20, 2019

Seema Verma
Administrator
Centers for Medicare & Medicaid Services
U.S. Department of Health and Human Services
Hubert H. Humphrey Building, Room 445-G
200 Independence Avenue, SW
Washington, DC 20201

Don Rucker, M.D.
National Coordinator for Health Information Technology
U.S. Department of Health and Human Resources
330 C St SW, Floor 7
Washington, DC 20201

Re: 21st Century Cures Act: Interoperability, Information Blocking, and the ONC Health IT Certification Program and Medicare and Medicaid Programs; Patient Protection and Affordable Care Act and the Interoperability and Patient Access for Medicare Advantage Organization and Medicaid Managed Care Plans, State Medicaid Agencies, CHIP Agencies and CHIP Managed Care Entities, Issuers of Qualified Health Plans in the Federally-facilitated Exchanges and Health Care Providers.

Dear Administrator Verma and Dr. Rucker:

On behalf of the nearly 5,000 member hospitals, health systems and other health care organizations, and our clinician partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) appreciates the Office of the National Coordinator for Health IT (ONC) and Centers for Medicare & Medicaid Services (CMS) proposed rules related to interoperability published in the Federal Register on March 4, 2019.

The interoperability provisions of the 21st Century Cures Act aim to create the nationwide infrastructure needed to ensure that individuals, patients and their care providers have timely access to needed medical information to engage individuals in their health and inform the best possible health care. The AHA agrees with those goals



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and supports the creation of efficient and effective health information exchange. However, the recently released rules include a complex set of policies that propose significant changes for many health care stakeholders, including payers, a wide range of health care providers, electronic health record vendors and other health IT companies. They also include multiple requests for information on a variety of topics. The impact of these sweeping policy changes could be vast, and may have unintended consequences for patient privacy and regulatory burden.

To ensure that CMS and ONC receive the most thoughtful feedback from stakeholders to advance our shared goals, we urge you to extend the comment period for both rules by at least 30 days. The additional time would afford all stakeholders the opportunity to fully understand the scope of the proposed rules and provide thoughtful input on how best to shape the interoperability landscape for decades to come.

Thank you for considering our request. Please contact me if you have any questions or want to discuss further, or feel free to have a member of your team reach out to Ashley Thompson, senior vice president of public policy analysis and development, at athompson@aha.org or (202) 626-2688.

Sincerely,

/s/

Thomas P. Nickels
Executive Vice President