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June 26, 2020

The Honorable Lamar Alexander
Chairman
Senate Committee on Health, Education, Labor & Pensions
428 Dirksen Senate Office Building
Washington, DC 20510

Dear Chairman Alexander:

The eHealth Initiative (eHI) appreciates the opportunity to comment your white paper entitled *Preparing for the Next Pandemic*.

eHI's multi-stakeholder member organizations Congress' swift actions to remove federal barriers and bolster funding to the use of health IT and digital health tools during the COVID-19 pandemic. We agree that now is the time to examine lessons learned from our initial experiences with COVID-19 to not only continue to improve our response to this pandemic, but hopefully be better prepared – or better yet, prevent – the next pandemic. Longer-term changes and investments are necessary to creating a modern healthcare system.

In order to best support providers and patients, Congress must act to extend the COVID-19 flexibilities and provide more substantial funding. Specifically, we ask Congress to address the following issues.

Broadband Funding

Along with the reimbursement opportunities for technology-enabled care delivery, Congress must ensure strong telecommunications network capacity. As providers shift to providing more care digitally, our nation's telecommunications networks must keep pace. According to the Pew Charitable Trusts, nearly 21 million Americans – mostly in rural areas – lack reliable high-speed broadband.¹ Even more alarming – 60 percent of healthcare facilities outside of metropolitan areas also lack access.² According to research, a lack of broadband availability results in fewer telehealth visits.³

¹ <https://www.pewtrusts.org/en/projects/broadband-research-initiative>

² <https://www.pewtrusts.org/en/research-and-analysis/fact-sheets/2019/07/21-million-americans-still-lack-broadband-connectivity>

³ Wilcock AD, Rose S, Busch AB, et al. Association Between Broadband Internet Availability and Telemedicine Use. *JAMA Intern Med.* 2019;179(11):1580–1582.
doi:10.1001/jamainternmed.2019.2234

We commend you for the \$200m in funding included in the CARES Act for the FCC and further commend the FCC for their quick work to stand up the COVID-19 Telehealth Program and rapidly approve grant applications for those funds. However, this is just the tip of the iceberg. Congress, in future legislative packages, must increase funding for the FCC's work to increase broadband access – specifically through the Universal Service Fund programs. We also encourage Congress to remove restrictions in the Rural Health Care Broadband Program that will limit its usefulness— specifically, the requirement providers be non-profit or public to receive funds.

Health Information Exchange

As part of the *American Recovery and Reinvestment Act of 2009*, Congress authorized a 90% Medicaid match rate through 2021 through state health information exchange activities. Health information exchanges (HIEs) facilitate the accurate and secure transfer of patient health information between two entities. HIEs are also used by public health authorities as a source of aggregated data in order to glean key insights.

During the pandemic, state HIEs have partnered with health technology vendors to identify, for healthcare providers, higher-risk patients.⁴ Additionally, HIEs have implemented programs to track healthcare facility and ICU bed utilization across the country.⁵ HIEs have also played a critical role in facilitating patient matching and test result notifications.

The *21st Century Cures Act* required National Coordinator for Health IT to implement a trusted exchange framework, including a common agreement among health information networks nationally. The important work of implementing this system continues, and in order to ensure success, widespread support for HIEs is critical. While the Office of the National Coordinator for Health Information Technology (ONC) moves forward in implementing the Trusted Exchange Framework and Common Agreement (TEFCA), Congress must continue increased funding to states for important HIE activities. We urge Congress to make permanent 100% Medicaid match rate for state health information exchange activities.

Patient Matching

As we've seen play out during the pandemic, patient matching errors are only exacerbated during times when accurate matching is most important. Unfortunately, this is just one manifestation of the many negative impacts caused by a lack of a national patient matching strategy. For the past 20 years, Congress has included a ban in annual HHS funding bills that prevents the agency from using any funds toward development of a unique patient identifier (UPI). HHS has strictly interpreted this ban and it has prevented the federal government – the largest healthcare payer in the country – from adopting a patient matching strategy, much to the detriment of the system as a whole.

We urge Congress to remove the UPI ban for on-going health information exchange. Congress must act to ensure there is a cohesive strategy moving forward. Removing the UPI ban will allow

⁴ http://strategichie.com/wp-content/uploads/2020/04/SHIEC_Use.Cases-4-22-20_covid19_nehii.pdf

⁵ Ibid

HHS to engage in meaningful discussions on how to ensure accurate matching of patient health information, thus reducing medical errors and costs.

Conclusion

Thank you for your leadership to stem the tide and address the impacts of COVID-19. Now is the time to learn from our experiences during this time and work together to build a better, more equitable health care system. Digital health leaders stand ready to help and we look forward to continuing to work with you on these important issues.

Sincerely,



Jennifer Covich Bordenick
Chief Executive Officer