

August 11, 2020

The Honorable Mitch McConnell
Senate Majority Leader
U.S. Senate
Washington, DC 20510

The Honorable Charles Schumer
Senate Minority Leader
U.S. Senate
Washington, DC 20510

The Honorable Nancy Pelosi
Speaker of the House
U.S. House of Representatives
Washington, DC 20515

The Honorable Kevin McCarthy
House Minority Leader
U.S. House of Representatives
Washington, DC 20515

Dear Leaders:

First, we want to thank you for your leadership during the COVID-19 crisis. The magnitude of the crisis is extraordinary and sadly, is significantly impacting Medicaid providers throughout the nation. The undersigned organizations represent millions of Medicaid beneficiaries across the country who rely on Medicaid for their health and well-being. We stand united in our commitment to work with you and to work together.

In order to better serve Medicaid beneficiaries and the providers who serve them during this challenging time, the undersigned organizations collectively and respectfully request that Congress act immediately to extend the deadline on the Health Information Technology for Clinical and Economic Health (HITECH) Act as follows:

Extend the deadline for the Health Information Technology for Economic and Clinical Health (HITECH) Act until September 30, 2023.

This is not a request for new funding but a request for more time to utilize funds already allocated to safety net providers for technology investments that are needed now more than ever. Without Congressional intervention, the HITECH program, including the active Medicaid Promoting Interoperability Program and Health Information Exchange 90/10 funding, is scheduled to sunset on September 30, 2021.

Background

The HITECH Act, enacted as part of the American Recovery and Reinvestment Act of 2009, was signed into law on February 17, 2009 to promote the adoption and meaningful use of health information technology supporting two key programs. First, the Electronic Health Record Incentive Program (now known as Promoting Interoperability Programs), provides incentive payments for Medicaid Eligible Professionals (EPs) including: physicians, dentists, certified nurse-midwives, nurse practitioners, and physician assistants practicing in a Federally Qualified Health Center, a Rural Health Center, or Indian Health Services. The second, via HITECH 90/10, funds electronic health record implementations and connections to health information exchanges (HIEs). HIEs have proven to be an essential tool for care coordination, reducing hospital readmissions by as much as 10%¹.

¹ Unruh MA, Jung HY, Kaushal R, Vest JR. Hospitalization event notifications and reductions in readmissions of Medicare fee-for-service beneficiaries in the Bronx, New York. *J Am Med Inform Assoc.* 2017; 24(e1):e150–e156. doi:10.1093/jamia/ocw139

Current Environment

Many of the final projects to be funded under HITECH 90/10 are being delayed as resources are diverted to pandemic-related issues. Medicaid practices which had originally allocated staff time and financial resources for technology investments have diverted funds to purchase protective equipment for clinical staff and to pay for operational expenses as revenues have fallen. Many practices rely on unscalable processes, such as telephone calls, spreadsheets and faxes, to report COVID-19 test results to public health officials. With a current lack of easily accessible patient history and other interactions with the health system, providers often are unaware when patients test positive for COVID-19, are hospitalized, or are seen in other post-acute care settings.

Where available, HIEs have played an essential role in states' response to the COVID-19 pandemic by automating the tracking of test results, enabling proactive outreach to high risk patients, and alerting care teams of test results. Without Congressional intervention, Medicaid providers will not have access to the approved HITECH funds necessary to implement electronic health records or to connect to health information exchanges, and the nation's public health response and efforts to transform the way primary care is delivered will continue to falter.

An important distinction to note is that HITECH funding is different than that under the CMS Medicaid Management Information System (MMIS). MMIS is focused on the operations and maintenance of initiatives at the state level, not the front line safety net healthcare level. As CMS Administrator Seema Verma said in July 2020, the COVID-19 pandemic has "exposed a lot of inefficiencies" in the healthcare system—with one of the largest being data sharing and access. Despite it being 2020, we are still in the middle of implementation and nationwide adoption at the practice level, both needed before transitioning fully to maintenance mode. The requested additional two years of HITECH funding is needed to correct the inefficiencies.

We are requesting an extension of two years for eligible Medicaid providers to access funding via HITECH programs from September 30, 2021 to September 30, 2023. Without further intervention, safety net organizations will continue to face severe financial pressures and have to rely on processes to share patient data that compromise patient safety and inhibit access to care. We appreciate your consideration of our request and thank you for your leadership during the pandemic.

Sincerely,

Aledade, Inc.
Big Sky Care Connect, Montana
California Health Information Partnership & Services Organization
California Medical Association
CalOptima
Comagine Health
Community Clinic Association of Los Angeles County
e2o Health
Elevation Health Partners
Health Information Technology Care LLC
Health Net, LLC
Indiana Health Information Exchange
Iowa Health Information Network
Kansas Health Information Network
Kansas Health Information Network d/b/a Carolina eHealth Network
Kansas Health Information Network d/b/a CTHealthLink
Kansas Health Information Network d/b/a HealtheParadigm
Kansas Health Information Network d/b/a HealthSyncLA

Kansas Health Information Network d/b/a OneHealthNJ
Kansas Health Information Network d/b/a SHINE of Missouri
L.A. Care Health Plan
LANES
Louisiana Health Care Quality Forum
Manifest MedEx
MetaStar, Inc.
Michigan Health Information Network Shared Services
Midwest Health Connection
MyHealth Access Network, Oklahoma
Nebraska Health Information Initiative, Inc.
New Jersey Innovation Institute
North Carolina Health Information Exchange Authority
Object Health LLC
Quality Health Network
Riverside County Medical Association
SacValley MedShare
Santa Cruz HIO
Strategic Health Information Exchange Collaborative (SHIEC)
West Virginia Health Information Network
Wisconsin Statewide Health Information Network, Inc.