

United States Senate

WASHINGTON, DC 20510

September 24, 2013

The Honorable Kathleen Sebelius
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Madam Secretary:

The Electronic Health Records (EHR) Meaningful Use Incentive Program has played a significant role in advancing the adoption of health information technology across the country. However, given the feedback from stakeholders on the timing of Stage 2 of the program, we respectfully request an extension of Stage 2 by one year for providers who need extra time to meet the new requirements. Providers who are ready to attest to Stage 2 in 2014 should be able to do so consistent with current policy.

Starting in 2014, eligible hospitals and eligible professionals participating in the EHR incentive program for Medicare will have to progress to new Stage 2 regulatory standards in order to demonstrate growth in the use of EHR technology. All eligible hospitals and professionals will have to demonstrate achievement of Stage 2 meaningful use objectives for any quarter-based 90-day period of either Fiscal Year 2014 for hospitals or Calendar Year 2014 for physicians in order to avoid penalties in 2016.¹ This requirement applies to those who began Stage 1 in 2012 or earlier. However, even providers that began Stage 1 in 2013 or will attest for the first time in 2014 will have to use 2014 Edition Certified EHRs to satisfy the revised set of Stage 1 objectives.

Therefore, based on a wide range of feedback from providers, vendors, and other stakeholders, we identify three key problems with the current timeline for Stage 2.

First, we are concerned that the regulatory structure of the program has created significant time pressure in 2014, and progressing to Stage 2 may not be feasible for all participants. In one year, over 500,000 hospitals and physicians are required to upgrade their existing technology to demonstrate new standards of “meaningful use” by the end of 2014 in order to be eligible for the corresponding incentive payments. Further, the vendors are under tremendous time pressures to ensure their products are certified for the 2014 Edition criteria and have sufficient time to upgrade their products for each hospital or physician client. This time pressure has raised questions about whether such a short period for Stage 2 is in the best long-term interest of the program.

Second, we are concerned that the onset of Stage 2 may further widen the digital divide for small and rural providers who lack the resources of large practices and may not be

¹ https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/downloads/Stage2Overview_Tipsheet.pdf

vendors' top priorities. Even if certified products are available to them, simply receiving the software update does not satisfy meaningful use requirements for a hospital or eligible provider. They also need assistance learning how to use the new technology and time to address how they will achieve the new standards of meaningful use.

Third, an artificially aggressive Stage 2 timeline may have serious unintended consequences such as stifling innovation and increasing medical errors. Innovation in health information technology could be hampered, since vendors do not have the time to introduce administrative flexibility into their EHRs to best serve diverse practices. Medical errors could be increased inadvertently, because rushing through upgrades could introduce new risks in the technology that could cause errors or patient safety problems.


If the goal is to improve care by achieving broad and meaningful utilization of EHRs, providing sufficient time to ensure a safe, orderly transition through Stage 2 is critical to having stakeholder buy-in, a necessary component of long-term success.

We are not suggesting a delay of Stage 2 and the progress we have seen to date. Providers who are ready to transition to Stage 2 should do so and should receive incentive payments in 2014 and 2015 consistent with current policy. However, providers that are not yet ready to transition to Stage 2 should have a one-year extension before they must demonstrate Stage 2 meaningful use, consequently mitigating the threat of penalties while still abiding by the statutory deadlines.

In future efforts, continued focus on achieving interoperability is critical. We believe that for this program to ultimately be successful, heeding stakeholder feedback on the current progress to achieving interoperability is imperative. It is critical to continue holding vendors accountable for providing products that advance the ability for unaffiliated providers to share information.

We appreciate your attention to this request, and urge you to move quickly with a decision so stakeholders have the clarity and certainty they need to plan. We look forward to your response by October 8, 2013.


Sincerely,



John Thune
United States Senator



Lamar Alexander
United States Senator



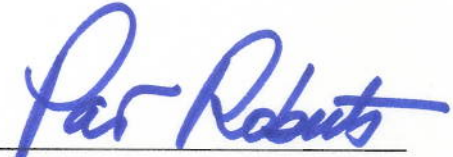
Tom Coburn
United States Senator



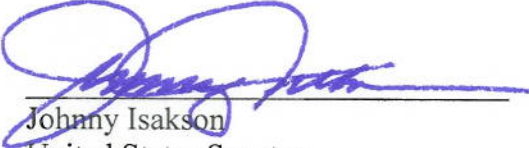
Mike Enzi
United States Senator



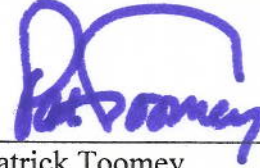
Richard Burr
United States Senator



Pat Roberts
United States Senator



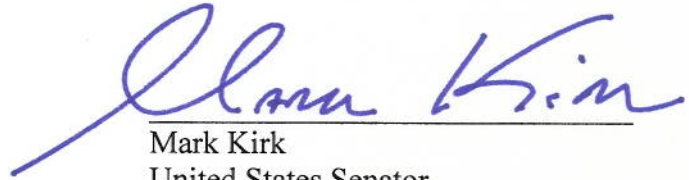
Johnny Isakson
United States Senator



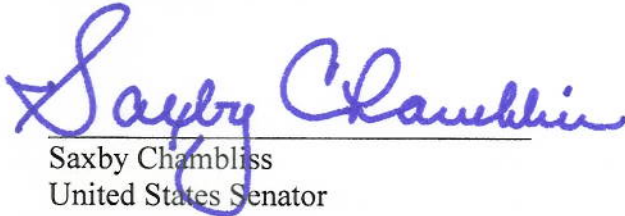
Patrick Toomey
United States Senator



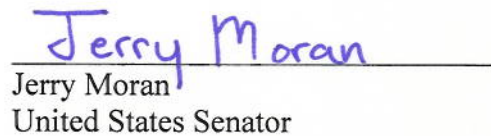
Rob Portman
United States Senator



Mark Kirk
United States Senator



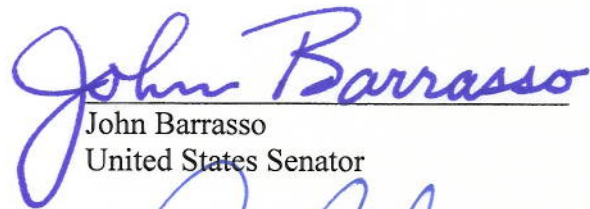
Saxby Chambliss
United States Senator



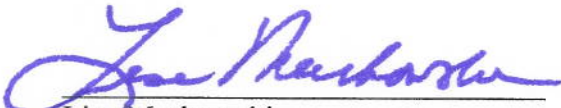
Jerry Moran
United States Senator



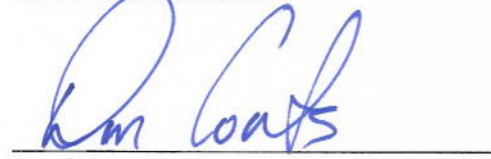
James Risch
United States Senator



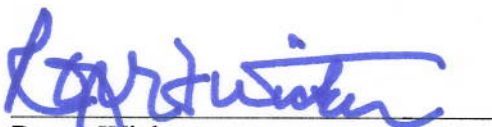
John Barrasso
United States Senator



Lisa Murkowski
United States Senator



Daniel Coats
United States Senator



Roger Wicker
United States Senator

CC: Dr. Farzad Mostashari, Director, Office of the National Coordinator for Health IT;
Ms. Marilyn Tavenner, Administrator, Centers for Medicare and Medicaid Services