



Testimony of

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Implementing the 21st Century Cures Act: Making Electronic Health Information
Available to Patients and Providers

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Chairman Alexander, Ranking Member Murray, and Members of the Senate Health, Education, Labor and Pensions (HELP) Committee, thank you for the opportunity to testify today.

My name is Mary Grealy, and I am President of the Healthcare Leadership Council (HLC). HLC is a coalition of chief executives representing all disciplines within American healthcare. It is the exclusive forum for the nation's healthcare leaders to jointly develop policies, plans, and programs to achieve their vision of a 21st century healthcare system that makes affordable high-quality care accessible to all Americans. Members of HLC –hospitals, academic health centers, health plans, pharmaceutical companies, medical device manufacturers, laboratories, biotech firms, health product distributors, post-acute care providers, home care providers, and information technology companies – advocate for measures to increase the quality and efficiency of healthcare through a patient-centered approach. All of these health sectors, and the patients they serve, are affected by and committed to comprehensive access to health data.

The members of HLC are saying that the time is here, the time is now to achieve full nationwide interoperability of health information and to have secure, seamless access to data for clinicians, patients and healthcare consumers.

Today, I'm pleased to present to you the results of a significant project undertaken by HLC with the Bipartisan Policy Center (BPC), two organizations that, between us, represent many of the major companies that purchase healthcare, pay for healthcare, provide healthcare, and deliver access to the data that drives quality healthcare.

For all the progress we've seen in healthcare moving into the digital age – with more providers utilizing electronic health records and more consumers able to get health information on our smartphones – everyone in this room knows we still have a long way to go. Today, we don't just interact with one family doctor. We as patients interact with primary care doctors, specialists, hospitals, clinical labs, pharmacies, insurers, and

more. Yet, these entities often don't talk to each other electronically. And if we're to reach our goal of a healthcare system that provides high-value, high-quality, safe, cost-effective, patient-centered care, interoperability is not simply desirable - it's necessary.

So HLC and BPC set out to determine what needs to be done to achieve nationwide health data interoperability. We engaged the University of California at San Francisco to interview dozens of experts from multiple healthcare sectors and the government. These interviews gave us an idea of the barriers that stand between the present and our essential future, and how to overcome them, leading to the recommendations we've provided as an attachment to this testimony.

Our goals today and moving forward are clear and unwavering – we intend to bring information seamlessly to the point of care to support care delivery, and we will meet the information needs of patients and consumers to support their health and healthcare. There are a couple of exciting aspects to this project and the proposals that emerged from it that I want to highlight for the Committee.

It's quite significant that leaders from the private sector – across the entire healthcare continuum – have come together not only to say that we must accelerate the movement toward nationwide interoperability, but they have agreed upon mechanisms by which to do it. And this isn't just a matter of telling government what it should be doing, but rather, these private sector entities are placing the responsibility upon themselves – pledging action and embracing accountability.

Thus, you see us calling for collaboration between healthcare payers and providers to use payment incentives to drive adoption of baseline interoperability expectations, and a call for providers to work with electronic health record (EHR) companies and software developers in incorporating those same expectations into their business contracts.

We're calling for common standards to be utilized to improve patient matching, to make certain the right patient is getting the right treatment at the right time, all the time. And we're calling for providers, EHR companies, software developers, payers and other sectors to pursue rapid adoption and implementation of open standards-based APIs. These just touch the surface of the recommendations you will see in the attached report.

But the other aspect of this project that is so encouraging is that we are in alignment with the federal government and its goals in this area.

We are pleased that leaders in the public sector stepped forward with proposed federal rules on data access and interoperability and we see a great deal of agreement in these rules with what we are offering in our report.

We applaud the efforts of the Office of the National Coordinator for Health Information (ONC) and the Centers for Medicare and Medicaid Services (CMS) to eliminate information blocking and ensure that consumers have easy access and the ability to

share their health information as they wish. These rules represent an important, and perhaps groundbreaking, step toward true nationwide interoperability.

It should be noted that both proposed rules include changes to how patient health information is used and shared. These rules incorporate new, innovative products, such as third-party applications, that are entering the healthcare market at a rapid pace but are not covered by the Health Insurance Portability and Accountability Act (HIPAA) privacy and security rules. We need to ensure a thoughtful approach in how those entities currently covered by HIPAA share information with new entities to ensure the safeguarding of sensitive – and valuable – personal health information. Any future legislation or rulemaking that addresses the electronic flow of identifiable health information should engender the same trust as the HIPAA privacy standards have done for the past twenty years.

Given the significant impact of these proposed rules, including strong enforcement and penalties, we are requesting that ONC and CMS grant, at a minimum, a 30-day extension of the deadline for submitting comments on the proposed rules. An extension would provide more adequate time to conduct a thoughtful analysis of the proposed rules and their impact, and to fully address the multiple requests for comments and information embedded within them.

Thank you for the opportunity to speak to the committee today. I look forward to discussing the commitment of HLC members towards advancing nationwide interoperability. These commitments are explicitly included in the *HLC BPC Report on Advancing Interoperability, Information Sharing, and Data Access*, which is included as part of my written testimony.

Attachment