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Wellsoft Corporation

June 20, 2018

The Honorable Earl Blumenauer
US House of Representatives
1111 Longworth House Office Building
Washington DC 20515

Dear Representative Blumenauer,

On behalf of the 34 members of the Electronic Health Record Association (EHRA), we are pleased to offer our support for the Overdose Prevention and Patient Safety Act (HR 5795), which recently received the endorsement of the Energy and Commerce Committee and is awaiting a floor vote.

EHRA members serve the vast majority of hospitals and ambulatory care organizations that use electronic health records (EHRs) and other health information and technology (IT) to deliver high quality, efficient care to their patients. The Association operates on the premise that the rapid, widespread adoption of health IT has and will continue to help improve the quality of patient care as well as the productivity and sustainability of the healthcare system.

HR 5795 is bipartisan legislation to align 42 CFR Part 2, the 40-year-old law governing substance abuse records, with the HIPAA Administrative Simplification provisions focused on privacy of health data, which would improve patient care by allowing doctors to more easily exchange substance abuse records for the purposes of treatment, payment, or operations. Improved information liquidity and interoperability is essential to make information appropriately available at the point and time of need to support opioid abuse reduction efforts and promote effective information sharing in support of treatment.

Effective care coordination depends on providers having access to their patients' full medical history, which is possible today due to the widespread adoption of EHRs. Not having access to relevant segments of a patient's story because of regulatory obstacles can adversely impact the care they receive.

We share three recommendations that we believe would help strengthen this legislation and hope will be addressed during a forthcoming House-Senate conference committee:

- 42 CFR Part 2 penalties have been criminal instead of financial. Appropriately, significant
 financial penalties would strengthen HR 5795. We note that section 13402 of the HITECH Act,
 "notification in case of breach," could apply to scenarios in HR 5795, and we advise aligning the
 bill's penalties with those prescribed in the HITECH Act.
- We note that 164.514 (safe harbor) is outdated and not an appropriate method to de-identify sensitive data. Safe harbor de-identification is not adequate, technically, given the risk of reidentification with newer technologies available to bad actors. Rather, we recommend Expert Determination or another more current method for de-identification.
- Encourage consistency across prescription drug monitoring programs (PDMPs) to enable access
 to a patient's medication history that may be available across jurisdictions. This may take the
 form of common access capabilities using industry standards and common privacy policies or
 promoting a national PDMP database where such consistency can otherwise not be achieved.

We see many hopeful signs of progress in the fight against opioid abuse, particularly in the improved awareness of the medical community and the public, and in states taking thoughtful and proactive steps in issuing and enforcing guidelines. Information and technology, such as EHRs, information exchange solutions, patient portals, e-Prescribing of Controlled Substances (EPCS), and PDMPs, are already playing key roles in addressing the opioid epidemic. We believe that health IT in general, and EHRs in particular, can play an important role in enabling access to all relevant data, thus improving clinical decision making by the clinician, as well as the patient.

Improved access to all such data is critical, while still being able to respect the privacy of patients' data as they see fit, with necessary security technology and processes to prevent data breaches.

To that end, EHRA recently formed an Opioid Crisis Task Force, which has been looking into how EHRs and other health IT can be part of the solution. We would appreciate the opportunity to share our data and recommendations relative to this proposed legislation as well as other proposals being debated with you and your staff. Please contact Sarah Willis-Garcia, EHRA Program Manager, at swillis@ehra.org.

Thank you for this opportunity to share our views and expertise.

Sincerely,

Sasha TerMaat Chair, EHR Association

Sashe TerMant

Epic

Cherie Holmes-Henry
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HIMSS EHR Association Executive Committee

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About the EHR Association

Established in 2004, the Electronic Health Record (EHR) Association is comprised of more than 30 companies that supply the vast majority of EHRs to physicians' practices and hospitals across the United States. The EHR Association operates on the premise that the rapid, widespread adoption of EHRs will help improve the quality of patient care as well as the productivity and sustainability of the healthcare system as a key enabler of healthcare transformation. The EHR Association and its members are committed to supporting safe healthcare delivery, fostering continued innovation, and operating with high integrity in the market for our users and their patients and families.

The EHR Association is a partner of HIMSS. For more information, visit www.ehra.org.