

October 4, 2023

Jason Smith, Chairman  
Committee on Ways and Means  
U.S. House of Representatives  
Washington, DC 20515

Richard E. Neal, Ranking Member  
Committee on Ways and Means  
U.S. House of Representatives  
Washington, DC 20515

Dear Representatives Smith and Neal,

The HIMSS Electronic Health Record (EHR) Association appreciates the opportunity to offer feedback on the Ways and Means Committee's request for information to address disparities in access to health care in rural and underserved communities. We share the Committee's dedication to addressing healthcare disparities and are pleased to provide our perspective on this critical issue.

As a national trade organization of EHR developers, it is our mission to improve the quality and efficiency of care through innovative, interoperable health information technology (IT) adoption and use. Our 31 member companies serve the vast majority of hospital, post-acute, specialty-specific, and ambulatory healthcare providers using EHRs and other health IT across the United States.

As the Committee evaluates policies to advance innovative care models and technology to improve access to care in rural and underserved areas, the EHR Association urges consideration of the vital role telehealth played in mitigating barriers to care during the COVID-19 pandemic. The pandemic laid bare the longstanding health inequities that persist in our healthcare system, disproportionately affecting marginalized populations, including those in rural or underserved areas. Increased availability of telehealth services, made possible through expanded congressional authorization and special waivers during the pandemic, helped reduce barriers to care, such as transportation challenges and time constraints, and allowed vulnerable and underserved communities to access healthcare services.

Our Association is dedicated to supporting safe healthcare delivery and fostering innovation to connect communities in new ways. Digital tools, such as telehealth and consumer applications, have the potential to provide patients with self-management tools and access to resources not readily available in their communities. Further, technology plays a vital role in connecting healthcare providers and community organizations to create awareness, coordinate referrals, and provide insights into populations with specific needs, especially in underserved communities.

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<a href="#">Altera Digital Health</a>	<a href="#">eMDs – CompuGroup Medical</a>	<a href="#">Greenway Health</a>	<a href="#">Netsmart</a>	<a href="#">Sevocity</a>
<a href="#">Athenahealth</a>	<a href="#">EndoSoft</a>	<a href="#">Harris Healthcare</a>	<a href="#">Nextech</a>	<a href="#">STI Computer Services</a>
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To that end, we offer the following recommendations:

- **Expand programs that provide access to necessary technologies, such as high-speed internet and tablets, to ensure patients can stay connected to their providers and participate in telehealth visits.** Telehealth helps mitigate barriers to care and allows vulnerable and underserved communities to access healthcare services. However, it is important to acknowledge that access to high-speed internet, a prerequisite for many telehealth services, remains limited in rural and underserved areas.

This digital divide becomes even more critical when considering the alarming trend of rural hospital closures. The Center for Healthcare Quality and Payment Reform has reported that one-third of rural hospitals in the United States are currently identified as at risk of shuttering their doors<sup>1</sup>. These closures exacerbate the challenges individuals in these areas face in accessing healthcare services, leaving them with fewer options for care. The lack of broadband infrastructure and internet-facilitated devices further compounds the problem, hindering their ability to receive remote care and monitoring, thus amplifying the urgency of addressing broadband access as an integral component of healthcare infrastructure.

- **Address social determinants of health-related needs in rural, tribal, and underserved communities through federal funding to support systemic challenges such as access to reliable electricity and clean water.** We recognize that these issues are similar to those in other communities, but they are seen at higher rates and require greater funding in geographies with a widely dispersed population to ensure access to telehealth, online schooling, and other essential support services.

The prevalence of unemployment and underemployment contributes to a multitude of challenges, including insurance coverage gaps, difficulties in affording prescription medications, missed medical appointments due to financial constraints, increased incidents of food insecurity, and a higher prevalence of substance use disorders. These intertwined challenges create a complex web of barriers to accessing health care and maintaining overall well-being in rural and underserved communities. Consequently, targeted investments to address these socioeconomic determinants are essential to building a foundation for improved health outcomes and healthcare accessibility in these areas.

Congress has a unique opportunity to drive change by investing in standards development specific to the realm of Social Determinants of Health (SDOH). By then requiring state agencies to adhere to these standards when implementing their programs, Congress can also ensure that a unified approach to addressing SDOH is applied across the nation.

- **Develop interoperability standards to facilitate data exchange between healthcare providers and community-based organizations.** The sharing of clinical information with community resource organizations and non-medical providers provides a comprehensive context for technology-enabled data sharing and access.

Innovative payment models, such as those supported in statute by the Ways and Means Committee, should prioritize the support of Community-Based Organizations (CBOs) that assist individuals facing challenges in accessing health care or life circumstances that affect their health outcomes. These CBOs play a crucial role in coordinating with healthcare providers to bridge the gap between health and social care. However, to enhance this collaboration, investments in information exchange capabilities between CBOs and healthcare providers are essential.

- **Implement permanent Medicare telehealth reimbursement, free from artificial barriers such as in-person visit requirements and geographic restrictions.** Telehealth is a fundamental tool in addressing health inequities, regardless of whether patients live in urban areas with transportation challenges or in isolated rural communities far from care providers.

One of the key takeaways from the pandemic's telehealth expansion is the remarkable efficiency and effectiveness of telemedicine, particularly in clinical use cases like mental health treatment. Contrary to initial concerns, telehealth did not increase costs but rather proved to be a cost-effective solution that improved patient outcomes. In fact, growing evidence demonstrates that telemedicine decreases overall mortality and length of stay, without substantial cost incurrences.<sup>ii</sup>

The simplified reimbursement policies for telehealth implemented during the pandemic allowed vulnerable and underserved communities to access healthcare services they would otherwise not have been able to avail themselves of. These services were consistently utilized across race and ethnicity, providing healthcare providers with an additional opportunity to address social determinants of health effectively. The success of telehealth was attributed, in part, to the parity in reimbursement with in-person visits, a factor that encouraged healthcare providers to adopt this modality. Therefore, we strongly urge the permanent continuation of Medicare telehealth reimbursement without artificial barriers to utilization.

Such legislation enjoys strong, bipartisan support. According to a survey involving 1,000 participants, 78% of respondents (72% of Republicans, 87% of Democrats, and 66% of Independents) were in favor of enacting permanent measures to ensure continued access to telehealth services.<sup>iii</sup>

The EHR Association applauds the House Committee on Ways and Means for its commitment to addressing healthcare disparities and improving access to care. We believe that innovative technologies, such as telehealth, have the potential to play a pivotal role in achieving these goals, and we stand ready to collaborate with Congress to ensure that these vital initiatives come to fruition.

Sincerely,

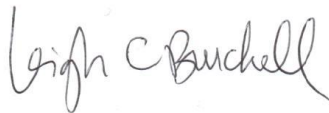


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CPSI

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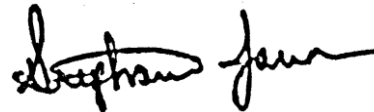
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Altera Digital Health



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Ida Mantashi  
Modernizing Medicine



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*Established in 2004, the Electronic Health Record (EHR) Association is comprised of 31 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](http://www.ehra.org).*

<sup>i</sup> Rural Hospitals at Risk of Closing. Center for Healthcare Quality and Payment Reform.

[http://ruralhospitals.chqpr.org/downloads/Rural\\_Hospitals\\_at\\_Risk\\_of\\_Closing.pdf](http://ruralhospitals.chqpr.org/downloads/Rural_Hospitals_at_Risk_of_Closing.pdf)

<sup>ii</sup> Armaignac, D. L., Saxena, A., Rubens, M., Valle, C. A., Williams, M. S., Veledar, E., & Gidel, L. T. (2018). Impact of Telemedicine on Mortality, Length of Stay, and Cost Among Patients in Progressive Care Units: Experience From a Large Healthcare System\*. *Critical Care Medicine*, 46(5), 728-735. <https://doi.org/10.1097/CCM.0000000000002994>

<sup>iii</sup> Golden, B. (2023). Using Punctuated Equilibrium Theory: Policy Momentum in Traditional Medicare Telehealth Reimbursement During COVID-19. *Policy, Politics & Nursing Practice*, 24(3), 198-207.

<https://doi.org/10.1177/15271544231157382>