



Sound Policy. Quality Care.

December 4, 2015

The Honorable Tom Price, M.D.
100 Cannon House Office Building
Washington, D.C. 20515

RE: Support for H.R. 3940, the Meaningful Use Hardship Relief Act of 2015

Dear Representative Price:

On behalf of the undersigned organizations of the Alliance of Specialty Medicine, we are writing to express our appreciation for introducing the Meaningful Use Hardship Relief Act of 2015 (H.R. 3940). The Alliance is a coalition of national medical societies representing specialty physicians in the U.S. and is dedicated to the development of sound federal health care policy that fosters patient access to the highest quality specialty care. Our members recognize the value of electronic health records (EHRs) in regards to improving the quality and efficiency of care, and we support the goal of establishing a national health information technology (HIT) infrastructure.

As you know, in order to avoid a penalty under the Meaningful Use (MU) program, providers must attest that they met the requirements for MU Stage 2 for a period of 90 consecutive days during calendar year 2015. However, the Centers for Medicare and Medicaid Services (CMS) did not publish the Modifications Rule for Stage 2 of MU until after October 1, 2015 – meaning that by the time providers were informed of the requirements, fewer than the 90 required days remained in the calendar year. Because the rule also includes additional requirements for upgrading systems and changing workflows to meet the new program measures, this timeframe poses a significant challenge for MU participants.

While CMS has acknowledged that eligible entities may apply for a hardship exception if they are unable to attest due to the timeframe of the rule, statute requires that the exception be granted only on a case-by-case basis. CMS expects there be a large number of hardship applications, making it unlikely that the agency would be able to review each case individually within a reasonable timeframe.

H.R. 3940 would authorize a blanket MU significant hardship exception for the 2015 reporting period due to the delay in timely publication of the Stage 2 MU rule, allowing hardship applications to be processed in a more equitable and efficient manner.

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American Academy of Facial Plastic and Reconstructive Surgery • American Association of Neurological Surgeons
American College of Mohs Surgery • American Gastroenterological Association • American Society for Dermatologic Surgery Association
American Society of Cataract & Refractive Surgery • American Society of Echocardiography • American Society of Plastic Surgeons
American Urological Association • Coalition of State Rheumatology Organizations • Congress of Neurological Surgeons
National Association of Spine Specialists • Society for Cardiovascular Angiography and Interventions • Society for Excellence in Eyecare

If EHR adoption is increasingly challenging and expensive, and if EHR products are increasingly irrelevant to specialty practice and disruptive to patient care, then physicians will be even more reluctant to use this technology. Under a worst-case scenario, the misapplication of these tools to the practice of medicine could result in the unintended consequence of even lower quality care and perhaps even compromise patient safety. We recognize the value that widespread adoption of HIT could bring to our health system, and appreciate that this legislation will better enable physicians to use HIT as a critical tool for enhancing the quality and efficacy of care.

The Alliance thanks you for shedding light on this critical issue and looks forward to working with you to achieve a nationwide interoperable HIT infrastructure that is both meaningful to providers and beneficial to patients.

Sincerely,

American Academy of Facial Plastic & Reconstructive Surgery
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American College of Mohs Surgery
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American Society for Dermatologic Surgery Association
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