



Sound Policy. Quality Care.

June 20, 2023

Micky Tripathi, PhD, MPP
National Coordinator
Office of the National Coordinator for Health Information Technology
Department of Health and Human Services
Attention: HTI-1 Proposed Rule (RIN 0955-AA03)
Mary E. Switzer Building
330 C. St S.W., 7th Floor
Washington, D.C. 20024

RE: Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing (HTI-1) Proposed Rule

Dear National Coordinator Tripathi,

The Alliance of Specialty Medicine (the “Alliance”), representing more than 100,000 specialty physicians from sixteen specialty and subspecialty societies, is deeply committed to improving access to specialty medical care by advancing sound health policy. On behalf of the undersigned members, we write to provide feedback on ONC’s HTI-1 proposed rule.

ONC’s HTI-1 proposed rule seeks to implement provisions of the 21st Century Cures Act and make updates to the ONC Health IT Certification Program (Certification Program) to better support the access, exchange, and use of electronic health information among healthcare stakeholders. Overall, the Alliance supports ONC’s goal of advancing interoperability, enhancing health IT functionality, improving transparency, and reducing burden and costs— particularly among patients, clinicians, and other end users of certified EHR technology (CEHRT). However, we are concerned that the rule does not address certification criteria needed to support electronic prior authorization requirements recently proposed by CMS.

Over the last year, CMS has issued multiple regulations that would require certain payers to improve their prior authorization processes, including implementation of electronic prior authorization processes, shortened time frames for responding to prior authorization requests, and other policies that would make the prior authorization process more efficient and transparent. Overall, the Alliance has been very supportive of these efforts to streamline prior authorization and improve patient and provider access to health information. ***Improving utilization management processes, including through the widespread adoption of electronic prior authorization processes, should be a top priority of both ONC and CMS.***

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American Association of Neurological Surgeons • American College of Mohs Surgery • American College of Osteopathic Surgeons
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 Society of Retina Specialists • American Urological Association • Coalition of State Rheumatology Organizations
Congress of Neurological Surgeons • National Association of Spine Specialists • Society of Interventional Radiology

In numerous comment letters to both ONC and CMS, the Alliance has expressed that integration of prior authorization requirements within EHR systems is critical to ensuring that providers can track and manage active prior authorizations with minimal burden and submit requests at the point of care. Earlier, we requested that ONC monitor the extent to which health IT developers actually implement these prior authorization-focused functions within their EHRs and if uptake is low or inconsistent, we have encouraged ONC to consider adding certification criteria to the ONC Health IT Certification Program that address these functionalities.

Although ONC does not propose any specific electronic prior authorization standards for certified electronic health record technology (CEHRT) in the HTI-1 rule, the Alliance urges ONC to continue to work with CMS and relevant clinical stakeholders to develop a process for adding new certification criteria that aligns with any requirements imposed on payers by either CMS or Congress related to the adoption of electronic prior authorization processes. Without such a process in place, we are concerned that impacted payers will waste resources building non-uniform digitized processes that do not easily integrate with EHRs. In turn, this could result in even more complex and burdensome prior authorization processes than exist today and payers passing on unnecessary implementation costs to clinicians and patients.

As ONC considers future certification criteria to support electronic prior authorization processes, we urge it to do so in the context of the following recommendations, which the Alliance recently shared with CMS:

- ***CMS should require electronic prior authorization and associated policies among all federally authorized plans, including MA plans.***
- ***CMS should apply electronic prior authorization policies and associated payer requirements to outpatient drugs, including drugs administered by a physician, rather than limit them to items and services only.***
- ***With the adoption of automated processes and standards, impacted payers should be required (and able to) respond within 48 hours for standard requests and within 24 hours for expedited/urgent requests.***
- ***CMS should require real-time prior authorization decisions for routinely approved services. For many specialty-focused conditions, time can make a significant and sometimes life-altering difference in the patient's outcome.***
- ***Payers should be required to publicly report electronic prior authorization metrics, with data being reported on an individual service basis rather than in the aggregate.***

The Alliance appreciates the opportunity to share its feedback with ONC. We look forward to working with your office to further develop CEHRT criteria that supports more streamlined and uniform electronic prior authorization processes and more immediate decisions so that our members can focus on providing high quality patient care rather than administrative compliance. Should you have any questions or would like to meet with the Alliance to discuss our comments further, please contact us at info@specialtydocs.org.

Sincerely,

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