

October 5, 2023

The Honorable Jason Smith  
Chairman  
House Ways and Means Committee  
1139 Longworth House Office Building  
Washington, DC 20515

Submitted electronically via email to [WMAccessRFI@mail.house.gov](mailto:WMAccessRFI@mail.house.gov)

***Re: House Ways and Means Committee Request for Information-- Policy Solutions to Improve Access to Care for Individuals Living in Rural and Underserved Communities***

Dear Chairman Smith,

We, the undersigned organizations representing long-term and post-acute care (LTPAC) providers and beneficiaries, applaud your commitment to addressing disparities in access to care for Americans living in rural and underserved communities. While many of these communities lack access to critical healthcare resources, these challenges are particularly acute for Medicare beneficiaries in LTPAC settings (skilled nursing, home health, hospice, long-term acute care facilities, inpatient rehabilitation facilities), who are among the nation's most vulnerable with multiple chronic physical and mental health conditions. As you look to address multifaceted healthcare challenges for rural and underserved communities, including large distances between and transportation barriers to sites of care, severe healthcare worker shortages, and constrained resources, we urge you to consider health information technology (HIT) improvements as a key overarching solution and area of opportunity.

The reality today is that inequitable access to and use of interoperable HIT persists across the continuum despite its tremendous potential, particularly for LTPAC beneficiaries living in rural and underserved communities. Clear needs exist to bridge geographical distances between patients and providers, to manage patient conditions across settings, to help fulfill reporting requirements and manage and control the spread of infection diseases. Unfortunately, the LTPAC space has never received proper incentives to adopt electronic health records (EHRs) and electronic clinical surveillance technology, as they were excluded from all the programs authorized and funded under the Health Information Technology for Economic Clinical Health (HITECH) Act. As a result, these settings have wide variability in technology use and functionality. The time is ripe to address these longstanding and ongoing challenges.

***Federal support is necessary to ensure interoperability of HIT and data exchange and sharing across the care continuum, including technological functionality to improve quality of care, patient safety, and infection control in rural America.***

**Legislative Recommendations for Necessary HIT Improvements in LTPAC**

- Provide funding for LTPAC providers to adopt interoperable HIT with a focus on patient care and safety, including infection control and prevention.
  - Direct HHS/CMS to establish a financial incentives program for LTPAC providers making the transition to interoperable EHRs and technology aimed at improving patient care and safety across the continuum, including electronic clinical surveillance technology (ECST).
- Direct funding to the HHS Office of the National Coordinator for Health IT (ONC) to ensure proper bidirectional interoperability between acute care (e.g., hospitals and physicians), LTPAC providers and other ancillary providers (e.g., therapy, pharmacy, etc.). Resources would support

the implementation, use, and sustainability of interoperable EHRs, infection and electronic clinical surveillance technology (ECST):

- Build out an interoperability verification program to include the LTPAC sector to ensure the secure cross-continuum information exchange and alignment, where necessary with acute care.
- Develop minimum criteria that the EHRs and ECST would need for LTPAC providers to receive funding support.
- Adapt, enhance, expand and/or and implement an LTPAC Informatics & Technology Workforce Development Program to include training on and dissemination of information on best practices to integrate health information technology, including electronic health records, into LTPAC care delivery.
- Adapt, enhance, expand and/or implement an LTPAC Technical Assistance Program, such as via health information exchanges or other entities, to support LTPAC providers in their efforts to acquire, implement, adopt, and effectively use interoperable health information technology and information exchange tools.

We, the undersigned organizations, look forward to working with the Ways and Means Committee to advance legislation that will ensure LTPAC providers have necessary EHRs and electronic clinical surveillance technology in place. If you have any questions regarding our comments or need more information, please contact Shara Siegel, Senior Director of Government Affairs at [shara\\_siegel@premierinc.com](mailto:shara_siegel@premierinc.com) or 646-484-0905.

Sincerely,

American Medical Directors Association (AMDA)- The Society for Post-Acute and Long-Term Care Medicine

American Health Care Association (AHCA)

American Health Information Management Association (AHIMA)

American Society of Consultant Pharmacists (ASCP)

Healthcare Information and Management Systems Society (HIMSS)

LeadingAge

National Association for Home Care & Hospice (NAHC)

National PACE Association

Premier Inc.