



Dear Representatives DeGette and Upton:

On behalf of the Healthcare Information and Management Systems Society (HIMSS) and the Personal Connected Health Alliance (PCHAlliance), we appreciate this opportunity to provide comments on the Call to Action for your Cures 2.0 initiative. The changes ushered in as part of the 21st Century Cures Act of 2016 to accelerate the discovery, development, and delivery of new treatments and cures for patients have had a tremendous impact on our health care ecosystem. We share your goal for the Cures 2.0 initiative of modernizing and expanding access and coverage of life-saving cures, and believe the time is right to build on the successes and identify new opportunities.

HIMSS is a global advisor and thought leader supporting the transformation of the health ecosystem through information and technology. As a mission driven non-profit, HIMSS offers a unique depth and breadth of expertise in health innovation, public policy, workforce development, research and analytics to advise global leaders, stakeholders and influencers on best practices in health information and technology. Our members include nearly 80,000 individuals, 475 provider organizations and 650 health services organizations.

PCHAlliance, a membership-based HIMSS Innovation Company, accelerates technical, business and social strategies necessary to advance personal connected health and is committed to improving health behaviors and chronic disease management via connected health technologies.

Health information and technology will continue to play a critical role in supporting healthcare transformation and modernizing healthcare delivery in the U.S. and across the globe. We fully agree with you that “digital health technologies hold the promise of modernizing U.S. health care in ways that transform how Americans access medical services.” However, significant policy changes must be made in order to create a legal and regulatory framework that embraces and fosters evidence-based, data-driven digital health technologies. HIMSS and PCHAlliance are pleased to offer the following comments.

Include the CONNECT for Health Act of 2019

Any discussion on patient access and coverage must focus on connected health tools. Medicare coverage of telehealth is woefully outdated, and while CMS has made great strides incorporating other connected health services and technologies (remote monitoring, virtual visits) as a Medicare benefit, more must be done. Section 1834(m) of the Social Security, which contains many outdated restrictions on the use of telehealth in Medicare, continues to be a hindrance on any attempt to modernize Medicare. The [CONNECT for Health Act of 2019](#) (S. 2741/H.R. 4932) is a comprehensive bipartisan, bicameral bill that will bring needed changes to the Medicare program by greatly expanding access to evidence-based telehealth services to better meet the needs of Medicare beneficiaries. Evidence-based telehealth will improve access

to high-quality care and address many accessibility issues that underserved areas and beneficiaries often face. Given the significant bipartisan support the CONNECT for Health Act of 2019 has received, we urge you to include it as part of any Cures 2.0 package.

Modernize our Public Health Data System

Our country's public health surveillance ecosystem is tragically falling behind. Despite significant advancements in provider clinical IT capabilities, the CDC and many public health agencies rely on 20th-century methods for surveillance, including manual data entry and paper-based information sharing that lack the capability to integrate with EHRs and other health IT systems. We must take a system-wide, enterprise approach to strengthen the public health core infrastructure by expanding, enhancing, and improving public health data systems at the Centers for Disease Control and Prevention, and at state, local, tribal, and territorial health departments. An interoperable public health surveillance system is critical to effective and timely public health response, prevention, and policy development, and will allow the public health community to detect public health threats sooner and ultimately save lives. Our antiquated data infrastructure is causing public health threats—like the respiratory illness outbreak associated with e-cigarettes—to move faster than the data necessary for public health agencies to prevent, detect, and respond. As a founding partner of the [Data: Elemental to Health](#) campaign, HIMSS is committed to a future where more, better, and faster data, produced by secure, interoperable, and integrated systems will allow public health professionals and policymakers to make better decisions and get ahead of chronic, emerging, and urgent threats. Additionally, we must ensure that a high-skilled workforce of public health professionals are equipped with the training and skills to implement, operate, and maintain these systems, interpret complex data through predictive analytics and informatics, and deploy actionable interventions. A commitment to transform our public health surveillance system will make a lasting, positive impact on Americans' health.

Expand Access to Evidence-Based Connected Health Technologies and Services

While the CONNECT for Health Act of 2019 would make significant changes to Medicare telehealth reimbursement, it is by no means an exhaustive list of necessary changes to bring Medicare (and Medicaid into the 21st century. The following policies or programs, added to Medicare and/or Medicaid would advance evidence-based, data-driven connected health tools and services:

- Remove all geographic and originating site restrictions contained in Section 1834(m) that limit Medicare telehealth reimbursement and does not reflect 21st Century technology and evidence.
- Eliminate cost sharing for remote physiological monitoring and chronic care management services, which are required under Medicare Part B. These care management services are associated with reduced hospitalization rates, reduced emergency department visits, and better outcomes. However, the copayment requirement is a barrier to patient and provider utilization. For providers, the copayment itself is less than the administrative costs associated with billing and collection of the copayment. For patients, being charged for a service associated with clinical work but no in-person visit is perplexing. Waiver of the copayment would ease

this burden and increase adoption, but can only be accomplished through a statutory change. Legislative language waiving the chronic care management copayment is in the [Chronic Care Management Improvement Act](#) (H.R. 3436).

- Establish coverage for connected health prevention. This would comprise of coverage for the delivery of United States Preventive Services Task Force (USPSTF) A or B rated services that can be delivered through digital technologies and platforms. For example, intensive behavioral counseling for healthy lifestyle for those with obesity, with a cardiovascular disease risk factor or abnormal blood glucose, are all USPSTF B rated prevention services that can be delivered digitally and for which an extensive evidence base demonstrates efficacy for digital or online-based service delivery. Additionally, the USPSTF found adequate evidence to support home based blood pressure monitoring, yet Medicare does not cover home-based blood pressure monitoring and instead covers a more burdensome and costly approach for diagnosis of high blood pressure. Giving the Secretary authority to establish connected health benefits for this USPSTF recommendation, among others, would modernize Medicare in a manner that aligns coverage with the evidence and expert recommendations.
- Modify the Medicare Durable Medical Equipment (DME) benefit to eliminate the requirement that no part used in the DME can be 'general use' (e.g. permit personal devices to collect and organize data or act as the DME devices receiver), while still excluding the personal device from reimbursement/valuation for the DME when it is used as the device receiver. Currently, DME with a digital component, such as a continuous glucose monitor, can only be covered if it is manufactured with a dedicated receiver used solely for data collection, storage, and transmission from the medical device, even though a personal device could serve as a receiver for data collection, storage, and transmission. This would align the DME definition better with today's technology and as evidence-based apps develop, would allow providers to prescribe those apps.
- Continue to support and invest in [Project ECHO](#) (Extension for Community Healthcare Outcomes). This nationally-recognized model is being used in a growing number of communities to improve care in underserved and rural communities. Project ECHO equips primary care providers in rural communities with training to provide specialty care, through a hub and spoke tele-mentoring model. Project ECHO helps address workforce shortages by linking community-based primary care clinicians through a knowledge network with a centrally-located inter-professional team of specialists who provide tele-mentoring and ongoing education. As of 2017, nearly 50 [peer-reviewed published papers](#) demonstrated the benefits of Project ECHO in increasing provider knowledge, self-efficacy, and professional satisfaction.
- Direct CMS to better support and focus on digital health tools and technologies as Improvement Activities under the Quality Payment Program.

Harmonize Future Data Privacy Requirements with HIPAA

For health data that may be beyond the current scope of HIPAA, including patient-generated health data and other data generated from consumer apps and wearable technologies, there must be a clear and concise regulatory framework that allows for interoperability with HIPAA

covered entities. With numerous congressional proposals, state action, the upcoming information blocking rule, and potential federal updates to HIPAA, Congress must ensure that all federal privacy policy harmonizes regulations, standards, and guidance that applies to health information and balances patient and consumer needs for data access, transparency, consent, with the privacy and security risks of health data.

Continued Focus on the Vast Cybersecurity Needs around Private Health Information

As multiple rules emerge on the regulatory front, it is imperative that Congress utilize its critical oversight role as we move toward greater access to protected health information and expanded interoperability. Significant and contemporary policies must encourage and support the adoption and allowance for a broad array of health care entities to access affordable and/or donated sources of cybersecurity to help secure protected health information. As the most recent rules put out by CMS, ONC, and OIG continue to evolve and finalize, we look forward to continuing this dialogue and ensure congressional intent is followed.

Continued Focus on Medical Device and Health IT Security

In keeping with the past work of the Energy & Commerce Committee industry-level roundtables on medical device security, we strongly encourage the Committee to engage the Health Sector Coordinating Council's Cybersecurity Task Force's [report and recommendations](#) on medical device and health IT security. We stand ready as a resource to you and look forward to further discussion on ways to improve device cybersecurity.

Incentivize Patient Engagement with their Health Data

Having patients access, manage, and interact with their health data will be critical to realizing the full potential of digital health technologies. While provider access and use of data is important, ensuring patients are more active with their healthcare data and decision-making will truly lead to better health outcomes. Currently, patient interaction with their data is very low. As we further integrate digital health tools, technologies, and platforms into our healthcare system, we must prioritize ways to better educate and incentivize patients to engage with their health data.

Prioritize Broadband Deployment in Rural and Underserved Areas

The United States must close the digital divide that exists in this country by making crucial investments in broadband deployment. Reliable and affordable broadband is necessary to realize the full potential of digital health technologies and improve access to high quality care for all Americans. Yet according to the FCC, at least 21.3 million Americans, mostly in rural and underserved areas, still lack access to broadband.¹ Research shows this lack of access is negatively affecting both patients' health and clinicians' ability to provide the care needed to make their communities healthier.² This continues to be a key priority for Congress, and there are many ways this problem can be addressed. One example of a current Congressional proposal is the [Leading Infrastructure for Tomorrow's \(LIFT\) America Act](#) (H.R. 2741), which

¹ <https://docs.fcc.gov/public/attachments/DOC-357271A1.pdf>

² https://www.fcc.gov/sites/default/files/connect2health.key_findings.pdf

prioritizes funding for broadband deployment projects with a goal of bringing broadband access to 98% of the country. The bill would target unserved and underserved areas, unserved anchor institutions (such as schools, hospitals, and other medical providers), and tribal lands. While the LIFT America Act sets ambitious broadband speeds to target, we would also note that many health IT and digital health applications can work quite effectively on slower network speeds, which would also achieve the desired service goals at lower cost. Action by the Cures 2.0 initiative to support consistent access to broadband could have a dramatic impact on healthcare delivery.

Improve Patient and Caregiver Health Literacy through Digital Health Tools

We strongly support the goal of improving the health literacy and training of families and caregivers to better support loved ones. Getting patients and their caregivers more engaged in their own care will lead to better informed decisions and result in better health outcomes. We believe it is also imperative to find ways to better promote engagement prior to a medical event occurring that results in a costly hospital admission, especially with the elderly and disabled population. At the core of the concept of “aging in place” is a large emphasis on enabling people to remain in their homes and communities for as long as possible. As life expectancy continues to trend up, some stakeholders have shifted their focus around aging on supporting overall health and living life to the fullest while remaining fully integrated in the community, rather than the more traditional medical model (i.e. we are only going to be concerned once you are hospitalized and/or put into a nursing home). Caregiver support through emerging technologies is something extremely relevant that needs to receive increased attention and consideration. More technology is becoming available to assist and relieve some of the caregiver burden, such as technology that will assist in dispensing and managing medication administration, transportation arrangements, arranging outside support services, understanding trends with particular medical conditions, and overall assistance in managing complex care more efficiently. More emphasis on this relationship and how it can be supported is crucial for movement in a value-based care transition. We think that any effort to increase health literacy must include a focus on technology and digital health tools and apps.

Make Patient Matching a Priority

Congress should make the development and adoption of a consistent nationwide patient data matching strategy, through a government-industry collaboration, a priority.

We thank you for taking the time to consider our comments and stand ready to serve as a resource as you develop and draft Cures 2.0 legislation.