

January 29, 2016

The Honorable Lamar Alexander
Chairman
U.S. Senate
Health, Education, Labor and Pensions Committee
Washington, DC 20510

The Honorable Patty Murray
Ranking Member
U.S. Senate
Health, Education, Labor and Pensions Committee
Washington, DC 20510

Dear Chairman Alexander and Senator Murray:

On behalf of the National Association of County and City Health Officials (NACCHO), I appreciate the opportunity to comment on the draft health information technology (HIT) legislation released by the Health, Education, Labor, and Pensions Committee on January 20. The National Association of County and City Health Officials is the voice of 2,800 local health departments across the country. These city, county, metropolitan, district, and tribal departments work every day to ensure the safety of the water we drink, the food we eat, and the air we breathe.

NACCHO is very supportive of adoption of electronic health records (EHR) and investments in the nation's HIT capacity, including development of health information exchanges (HIEs). We applaud the federal government's efforts to establish a strong foundation of electronic health information, to provide a basis for improved decision-making through rapid, efficient information exchange.

This information can substantially improve efforts to protect the public's health, but only if public health departments have the resources and ability to leverage the data. NACCHO and local health departments across the country have previously raised concerns about the potential lost opportunity to improve and protect the public's health if data generated from health care providers is not accessible to state and local health departments with appropriate safeguards.

Interoperability is almost certainly the greatest challenge in changing our health care system so that the right information gets to the right person at the right time. The interoperable exchange of data is critical to the ability of local health departments to monitor surveillance of health trends, administer preventive health services, respond to disasters, engage in clinical care, and identify health hazards. As was demonstrated clearly in the case of imported Ebola in 2014, information that is shared in a health care context must be available in a timely fashion to local and state health departments in order to prevent the spread of disease, with life or death consequences.

Specific comments about the draft legislation are as follows:

SEC. 13103. ASSISTING DOCTORS AND HOSPITALS IN IMPROVING THE QUALITY OF CARE FOR PATIENTS:
Thank you for including public health entities as necessary parties to consult about the reduction of regulatory or administrative burdens and including public health activities in the list of considerations in



the strategy to be developed. NACCHO urges that the strategy also include recommendations that improve the sharing of data to enable public health surveillance activities to detect and prevent the spread of disease.

SEC. 3009A. HEALTH INFORMATION TECHNOLOGY RATING PROGRAM: Public health entities should be included in the list of stakeholders providing input to the rating criteria. Without the inclusion of public health, there is a risk that the criteria developed will not allow for necessary sharing of data between public health and health care entities. "Accessing and exchanging information and data held by Federal, State, and local agencies and other applicable entities useful to a health care provider or other applicable user in the furtherance of patient care" is included in this section. However, equally important to protecting the public's health is the ability for local and state health departments to access and exchange data generated from health care providers (which is allowed by the Health Insurance Portability and Accessibility Act).

NACCHO questions the level of authority given to the Development Council established in Sec. 3009A. Greater definition needs to be provided for what it means that the Secretary of Health and Human Services (HHS) may not promulgate a proposed rule that does not represent a "complete recommendation of such council."

SEC. 3002. HEALTH INFORMATION TECHNOLOGY ADVISORY COMMITTEE: The HIT Advisory Committee membership should include at least one representative with expertise in public health, ideally from a local or state health department with experience exchanging health information with health care entities. In practice, the HIT Policy Committee has included public health representation but it should be a statutory requirement of the newly-established advisory committee.

SEC. 3003. SETTING PRIORITIES FOR STANDARDS ADOPTION: Public health entities should be included in the list of stakeholders to be consulted by the HIT Advisory Committee and the National Coordinator about common data elements. Common data elements developed without consultation with public health entities could become a barrier to sharing of data for public health purposes. Thank you for including "access to standardized clinical data related to public health activities" in the list of priorities included in this section.

Increased standardization of health information exchange may reduce the cost and complexity for providers, vendors, and health information exchange organizations. The input of local health departments in developing standards is necessary to make sure the system's infrastructure supports the types of information gathered by local health departments and is relevant to the communities they serve. This input also institutes safe and appropriate use of collected patient information, because health departments have statutory requirements and responsibilities with regard to this information. Standards should improve the quality and performance of public health activities, such as surveillance, treatment follow-up, preventive services, clinical care, and response measures, across all levels of government. NACCHO will continue to weigh in as standards for interoperability are developed to ensure that a system is not created that leaves out surveillance, tracking of health trends and other uses of data that examine geographic or demographic populations as a whole, beyond the level of an individual medical practice or hospital. NACCHO has previously urged HHS to include public health-related standards and data exchange criteria in their requirements and for all Certifying bodies to adapt their EHR certification criteria to include them.

In conclusion, thank you for addressing these important issues in your draft legislation. The opportunity of HIT to connect health care providers, public health professionals and the public in order to improve and protect health is too important to be squandered. NACCHO stands ready to work with you and your

colleagues to achieve these ambitious but achievable goals. Please contact Eli Briggs, Senior Government Affairs Director at ebiggs@naccho.org or 202-507-4194 with any questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'L. Hasbrouck', with a large, stylized initial 'L' and 'H'.

LaMar Hasbrouck, MD, MPH
Executive Director