

June 21, 2016

The Honorable Lamar Alexander
Chair, Senate Health, Education,
Labor and Pensions Committee
428 Senate Dirksen
Washington, DC 20510

The Honorable Bill Cassidy
Member, Senate Health, Education,
Labor and Pensions Committee
428 Senate Dirksen
Washington, DC 20510

The Honorable Sheldon Whitehouse
Member, Senate Health, Education,
Labor and Pensions Committee
428 Senate Dirksen
Washington, DC 20510

Dear Senators:

On behalf of the undersigned organizations, we applaud you and members of the Senate Committee on Health, Education Labor, and Pensions for your leadership on the issue of health information technology interoperability. As you move your innovation initiative to completion, we support inclusion of language in the *Improving Health Information Technology Act* aimed at eliminating information blocking and enhancing data exchange between electronic health record technology and clinical data registries.

We believe that legislative action is necessary to eliminate information blocking. In a House Committee on Oversight and Government Reform Subcommittee on Information Technology hearing held earlier this year, the National Coordinator for Health IT explained that the agency needs additional support from Congress in order to address information blocking. In addition, in a [2015 report to Congress](#), ONC highlighted that successful strategies to address information blocking would require congressional intervention.

Interoperability is essential to achieving higher quality and better outcomes for patients and will be key to success of the Quality Payment Program established under MACRA legislation. Achieving interoperability will become even more important as CMS begins to rely more on clinical data registries and Qualified Clinical Data Registries to support the Merit-based Incentive Payment System and Alternative Payment Models. However, some electronic health record vendors are intentionally blocking the exchange of information, including not adopting standards needed to accomplish information exchange in a timely fashion or charging unreasonable fees to exchange clinical data. For example, even when physicians wish to share electronic health information with outside systems, such as clinical data

registries, some EHR vendors refuse to share that electronic health information, or create financial or other barriers precluding such data from being shared.

Therefore, we encourage the committee's continued focus and efforts aimed at advancing interoperability and eliminating information blocking.

Sincerely,

American Academy of Dermatology Association

American Association of Neurological Surgeons

American Academy of Neurology

American Academy of Ophthalmology

American Academy of Otolaryngology - Head and Neck Surgery

American Academy of Physical Medicine and Rehabilitation

American College of Gastroenterology

American College of Rheumatology

American College of Surgeons

American Gastroenterological Association

American Society for Gastrointestinal Endoscopy

American Joint Replacement Registry

American Society of Clinical Oncology

American Society of Plastic Surgeons

American Society for Radiation Oncology

American Urological Association

Congress of Neurological Surgeons

The Society of Thoracic Surgeons