September 21, 2018

The Honorable Mitch McConnell
Majority Leader
United States Senate
317 Russell Senate Office Building
Washington, DC 20510

The Honorable Charles Schumer
Minority Leader
United States Senate
322 Hart Senate Office Building
Washington, DC 20510

The Honorable Paul Ryan
Speaker
United States House of Representatives
H-232, United States Capitol
Washington, DC 20515

The Honorable Nancy Pelosi
Minority Leader
United States House of Representatives
H-204, United States Capitol
Washington, DC 20515

Dear Leader McConnell, Leader Schumer, Speaker Ryan and Leader Pelosi:

The College of Healthcare Information Management Executives (CHIME) is pleased to support Congressional efforts to curb the opioid epidemic plaguing our nation. CHIME applauds Congress' recognition through many of the provisions of the Substance Use-Disorder Prevention that Promotes Opioid Recovery and Treatment for Patients and Communities Act (H.R. 6) that leverages information technology to aid healthcare providers and empower patients.

CHIME is an executive organization dedicated to serving more than 2,700 chief information officers (CIOs), chief medical information officers (CMIOs), chief nursing information officers (CNIOs) and other senior healthcare IT leaders in more than 51 countries. CHIME represents the highest tier of healthcare executives in most of the nation's health systems. In addition, the CHIME Foundation includes more than 150 healthcare IT companies and professional services firms. Information technology is integral in every aspect of patient care, making our members valuable contributors in any care pathway and often the innovators who bring change to healthcare. In 2017, CHIME established an opioid task force aimed at curbing the pattern of addiction by using technology and data-driven solutions.

The legislation under consideration is an important advancement in combating the opioid epidemic and we applaud many important provisions promoting further interoperability, electronic prescribing of controlled substances (EPCS), treatment via telemedicine and the use of prescription drug monitoring programs (PDMP), among others. The SUPPORT for Patients and Communities Act (H.R. 6) and the Opioid Crisis Response Act represent critical steps in addressing this crisis. We are pleased to offer the perspective of the nation's health IT leaders for your consideration.

Overdose Prevention and Patient Safety (OPPS) Act (H.R. 6082)

We urge the inclusion of the Overdose Prevention and Patient Safety (OPPS) Act, (H.R. 6082) in the final package.

It is essential that healthcare providers have a complete medical history with all relevant information that will help them make clinical decisions. To ensure the highest quality of care, information pertaining to substance use disorder (SUD) is pertinent. Unfortunately, under current law, 42 CFR Part 2, SUD treatment and diagnoses are kept confidential from providers which can be extremely problematic when a clinician is attempting to treat someone but is unaware of their prior addiction history. Our members strongly support synchronizing these consent policies, which will reduce the burdens imposed by these two different sets of rules and facilitate consent for the purposes of treatment, payment and healthcare operations pursuant to HIPAA.

House-passed H.R. 6/ *Senate-passed H.R. 6*

Sec. 2001. Authority not to apply certain Medicare telehealth requirements in the case of certain treatment of a substance use disorder or cooccurring mental health disorder/ *Sec. 2102. Expanding the use of telehealth services for the treatment of opioid use disorder and other substance use disorders.*

We believe that extending telehealth services will benefit those afflicted with opioid use disorder and other substance use disorders. The legislation waives geographic and facility requirements for telehealth coverage for substance use disorders, which is critical to expanding access to telehealth services. However, we suggest the inclusion of the Senate language in Section 2102 that would allow patients to be treated in their homes.

Sec. 2005. Requiring e-prescribing for coverage of covered part D controlled substances/ *Sec. 2104. Every prescription conveyed securely*.
CHIME recognizes the importance of electronically prescribing controlled substances under Medicare Part D by 2021.

Sec. 5042. Medicaid providers are required to note experiences in record systems to help in-need patients.

CHIME supports the need for clinicians to access prescription drug monitoring programs (PDMPs) prior to prescribing controlled substances.

Sec. 6001. Testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology/ *Sec. 2112. Testing of incentive payments for behavioral health providers for adoption and use of certified electronic health record technology.*

Many behavioral health providers often do not have the resources to implement and use EHR technology. To have true interoperability, records should be complete and include all care

encounters, not just those in clinician offices or hospitals. CHIME applauds the inclusion of language to expand access to incentive payments to behavioral health providers for the adoption of electronic health records.

Sec. 7052. Inclusion of opioid addiction history in patient records/ *Sec. 1508. Jessie's Law.*

This provision marks an important step forward in furthering important information sharing at the point of care. The provision would call for the information to be "prominently displayed in the medical records (including electronic health records) of such patient" if the patient consented to sharing this information. Specifically, we support the language included in this provision that calls for the U.S. Department of Health & Human Services (HHS) to consult with various stakeholders such as EHR experts and healthcare providers to develop best practices.

While we support the language and appreciate this provision marks an important step forward for sharing a patients' opioid addiction history, we still worry that inconsistencies around how consent is managed – as noted earlier – between 42 CRF Part 2 and HIPAA will continue to present challenges for information sharing.

Sec. 7172. Deadline for interim final regulations for a special registration to engage in the practice of telemedicine/ *Sec. 1415. Regulations Relating to Special Registration for Telemedicine.*

CHIME supports allowing flexibility in the practice of telemedicine to allow for the prescription of medication-assisted treatment (MAT) and other controlled substances via telemedicine.

Sec. 7202. Preventing overdoses of controlled substances/ *Sec. 1505. Preventing Overdoses of Controlled Substances.*

CHIME supports funding prevention through evidence-based grants, including activities designed to help states improve the efficiency of their PDMPs. We support efforts to improve interoperability between PDMPs and EHRs to improve clinical decision making. Furthermore, we believe the bill's support for evidence-based activities, to facilitate information sharing among neighboring states, is also highly desirable.
It is important to encourage the use of evidence-based grants to align controlled substances guidelines. We believe that more uniform use of the CDC's guidelines, especially through clinical decision support and their mobile app, will be helpful.

Sec. 7203. Prescription drug monitoring program/ *Sec. 1507. Reauthorization of NASPER*

Improving the usability, easing access to and interoperability between prescription drug monitoring programs is essential. Our members believe that better integration with electronic health records will facilitate greater use of PDMPs. According to the Pew Charitable Trusts, 24 states have no access to an integration solution.

Further, harmonization of PDMP processes and rules across states is vital. State regulations can be barriers to facilitating data sharing and interoperability of PDMPs. Removing restrictions around sharing information contained in PDMPs is critical to quality care. Unless the barriers at the local level can be overcome, prescribers will continue to have an incomplete picture of a patient's opioid use history and current prescriptions. These obstacles create a serious patient safety risk; until resolved, they will degrade the ability of all clinicians caring for a patient to provide fully informed and appropriate opioid treatment. The discrepancies in functionality and administration of PDMPs from state to state contributes to the current lack of adoption by providers. CHIME applauds Congress' efforts to enhance the value of PDMPs to clinicians and the patients they treat.

Further, Congress should direct ONC to provide guidance to states on PDMPs to reduce complexity and improve the usability as would be allowed under the House bill.

Sec. 2203. Medicaid substance use disorder treatment via telehealth.

CHIME applauds the direction to pursue potential expansion of use and access to telehealth services for the purposes of substance use disorder treatment.

CHIME appreciates the opportunity to share our insights on how we can better leverage technology solutions to improve outcomes for patients. We stand ready to work with you toward the passage of this important legislation that will help clinicians treat those patients struggling with addiction. Should you have any questions about our positions or require additional information, please contact Leslie Krigstein, Vice President of Congressional Affairs, at lkrigstein@chimecentral.org.

Sincerely,

Russell P. Branzell, CHCIO, LCHIME
President and CEO
CHIME