



November 30, 2022

The Honorable Nancy Pelosi  
Speaker  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Steny Hoyer  
Majority Leader  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Kevin McCarthy  
Republican Leader  
U.S. House of Representatives  
Washington, DC 20515

The Honorable Chuck Schumer  
Majority Leader  
U.S. Senate  
Washington, DC 20510

The Honorable Mitch McConnell  
Republican Leader  
U.S. Senate  
Washington, DC 20510

Dear Speaker Pelosi, Leaders Schumer, McConnell, Hoyer and McCarthy,

The Healthcare Information and Management Systems Society ([HIMSS](#)) and our members thank you for your leadership and the great strides the country has made over the past year to strengthen healthcare and public health. However, our work is far from over. Supporting digital health transformation will help further health equity and achieve HIMSS' vision of realizing the full health potential of every human, everywhere. As Congress works to finalize Fiscal Year (FY) 2023 appropriations and sets its priorities for the end of the year, there are numerous initiatives that have yet to be addressed that we request be considered in any year-end legislation.

HIMSS is a global advisor and thought leader whose mission is to reform the global health ecosystem through the power of information and technology. As a mission-driven non-profit, we offer 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.

### **Telehealth**

Through the COVID-19 Public Health Emergency (PHE) declaration, regulatory changes across all levels of government unleashed an unprecedented wave of telehealth and connected care adoption across the country. While these changes were intended to be temporary, the rate at which patients and providers rapidly and decisively adopted telehealth as a key tool in supporting, augmenting, and substituting for in-person care indicates that there has long been a need to embrace these tools on a permanent basis. These telehealth waivers are currently set to expire 151 days after the end of the PHE, which could happen as soon as June 2023. HIMSS believes that these changes should be made permanent, and will continue working with Congress to see them enacted. Barring permanent extension before the end of the year, HIMSS urges you to consider including provisions from the bipartisan Advancing Telehealth Beyond COVID-19 Act (H.R. 4040), which would extend many critical telehealth flexibilities through the end of 2024 and passed the House 416-12.

These vital telehealth flexibilities have helped millions of individuals across the U.S. access care with ease and have helped ease the provider and specialist shortage in rural and underserved areas. The need for these flexibilities still exists and will continue to exist long after the PHE expires.

### **Maternal Health**

The United States continues to have the highest maternal mortality rate in the developed world, with hundreds of pregnancy-related deaths and thousands of injuries each year. This crisis has only gotten worse during the COVID-19 pandemic. Even more disturbing, according to recent data from CDC, over 80% of these pregnancy related deaths were preventable, with African American, Alaskan Native, and Indigenous American women more likely to die from pregnancy-related causes. We believe that every woman deserves a safe and successful pregnancy and access to the high-quality care that supports it. Greater use of digital health tools and accurate and reliable data will go a long way to improving maternal health and supporting the elimination of maternal health disparities. We have seen important bipartisan legislation passed during the 117<sup>th</sup> Congress to help address this issue, including the *Maternal Health Quality Improvement Act* and the *Rural Maternal and Obstetric Modernization of Services (MOMS) Act*, but more needs to be done. HIMSS urges you to take decisive action to further address this crisis.

HIMSS has long advocated for the passage of the Black Maternal Health Omnibus Act of 2021 (H.R. 959/S. 346), a comprehensive bill (also introduced as 12 standalone bills) that seeks to address different aspects of the maternal mortality crisis, including critical investments to address social determinants of health, funding for community-based organizations, growing and diversifying the perinatal workforce, and improving in data collection and quality measures. Additionally, it includes the bipartisan Tech to Save Moms Act (standalone bill introduced as H.R. 937/S. 893), which would make investments to promote the integration and development of telehealth and other digital tools to reduce maternal mortality and severe maternal morbidity.

HIMSS strongly encourages you to take immediate action to create a better future for mothers and their children by advancing the Omnibus package in any end-of-year legislation.

### **Department of Veterans Affairs Cybersecurity**

HIMSS urges Congress to include commonsense bipartisan, bicameral legislation that would strengthen cybersecurity at the Department of Veterans Affairs (VA) and protect information technology systems and devices used at VA. The Strengthening VA Cybersecurity (SVAC) Act of 2022 (H.R. 7299/S. 3863) would require the VA to obtain an independent cybersecurity assessment of its most critical information systems, as well as its cybersecurity posture as a whole, and develop a timeline and budget to fix any weaknesses and deficiencies identified by the report. This legislation recently passed the House under suspension of the rules, and should be included in the end-of-year legislation.

### **Data Modernization Initiative**

Even before the COVID-19 pandemic, Congress had committed to strengthening our nation's public health infrastructure and support public health data modernization as part of FY 2020 appropriations. We thank you for your ongoing leadership and support on this critical issue, including providing more than \$1 billion to date for CDC's Data Modernization Initiative (DMI), as we continue responding to the COVID-19 pandemic and prepare for the next public health

emergency. Funding for the DMI has enabled the CDC to take the first significant steps to strengthen the public health data and surveillance infrastructure of the U.S. We've seen these investments already starting to pay off, with public health jurisdictions throughout the country implementing core DMI pillars including electronic case reporting and electronic laboratory reporting.

While this initial funding has helped bolster our public health capabilities, we continue to need robust, sustained annual funding to support public health systems transformation, particularly at state and local health departments. As technology continues to evolve, our public health data systems will need regular updates and a robust health informatics workforce will need to be trained. HIMSS recently released a [report calling for approximately \\$36.7 billion](#) in investments to digitize, modernize and interoperate public health data infrastructure at state, territorial, local, and tribal (STLT) health agencies over the next ten years. As year-end negotiations evolve, HIMSS respectfully request that you meet or exceed the House Appropriations Committee level of \$250 million for DMI in any final FY 2023 funding legislation. This funding is essential to the ongoing success of DMI and our nation's health security.

### **Patient Identification**

For more than two decades, innovation and industry progress around patient identification has been stifled due to the inclusion and a narrow interpretation of Section 510 from the Labor-HHS bill. Over the last several years, Congress has increasingly recognized the risks associated with a lack of a national strategy on patient identification, including patient safety and privacy, and significant financial burden to patients, clinicians, and healthcare institutions. [New research](#) shows that on average, organizations spend 109.6 hours per week and over \$1 million each year to resolve patient identity issues.

We are grateful that the draft FY23 Senate Labor-HHS bill has removed the ban for the second year in a row, and the House of Representatives' FY23 Labor-HHS bill repealed the ban in a bipartisan manner for the fourth year in a row. Despite this progress, Section 510 has remained in every fiscal year appropriations bill since FY1999. We strongly urge Congress to remove the outdated Section 510 from the final Labor-HHS appropriations bill or any end-of-year funding package. HIMSS continues to urge the U.S. Department of Health and Human Services to explore and evaluate a full range of patient identification and matching approaches, tools and solutions, and work with the private sector to develop and implement an actionable national strategy for patient identification and matching that is cost-effective, scalable, secure, and protects patient privacy.

### **ONC Funding**

The passage of the Health Information Technology for Economic and Clinical Health (HITECH) Act propelled our nation's healthcare system into the 21st Century, rapidly accelerating our ability to leverage information and technology to support healthcare delivery and improve patient outcomes. As a critical convener for health IT activities across federal agencies, states, and healthcare sector stakeholders, the Office of the National Coordinator for Health Information Technology (ONC) supports a wide array of initiatives aimed at advancing national goals for better, safer, and more equitable healthcare through a nationwide interoperable

health IT infrastructure. However, since 2004 ONC has largely operated at the same funding levels despite being entrusted with new authorities and responsibilities through legislation (HITECH Act, 21<sup>st</sup> Century Cures Act, MACRA, and an increased public health focus).

To ensure our healthcare system continues to advance information sharing and interoperability capabilities, we urge you to fully fund the Office of the National Coordinator for Health Information Technology (ONC) at the President's proposed FY23 budget request of \$103.6 million. This would represent a significant increase over FY22 funding levels, and provide the agency with the necessary resources they have long needed. Without this much needed funding boost, we fear that ONC will be hard-pressed to successfully execute the many agency initiatives, including certification, technical assistance on information sharing, ensuring technology solutions incorporate the Biden administration's requirements for health equity by design for federal programs, and working with CDC to advance public health data modernization that are required to support the transformation of the healthcare system.

Thank you for your consideration of our requests. HIMSS is grateful for the work Congress has done in the past year and we look forward to continuing to be a resource in 2023. If you have questions or would like to discuss these recommendations further, please contact David Gray at [david.gray@himss.org](mailto:david.gray@himss.org).

Sincerely,

A handwritten signature in black ink, appearing to read "Harold F. Wolf III". The signature is fluid and cursive, with a long horizontal stroke extending to the right.

Harold F. Wolf III, FHIMSS  
President & CEO

cc: The Honorable Rosa DeLauro  
The Honorable Kay Granger  
The Honorable Tom Cole  
The Honorable Patrick Leahy  
The Honorable Richard Shelby  
The Honorable Patty Murray  
The Honorable Roy Blunt