



AMERICAN ACADEMY OF
FAMILY PHYSICIANS
STRONG MEDICINE FOR AMERICA

July 30, 2015

The Honorable Renee Ellmers
U.S. House of Representatives
1210 Longworth Office Building
Washington, DC 20515

Dear Representative Ellmers:

On behalf of the American Academy of Family Physicians (AAFP), which represents 120,900 family physicians and medical students across the country, thank you for your leadership in introducing the *Further Flexibility in HIT Reporting and Advancing Interoperability* (FLEX-IT 2) Act (HR 3309). The AAFP supports this legislation that would reform the Meaningful Use (MU) Program through regulatory flexibility and stronger interoperability requirements.

Health information technology (health IT) has become a vital component of today's value-based health care delivery systems. Although family physicians were early adopters, we recognize the federal government's role as an important partner in advancing health IT. For example, the *Health Information Technology for Economic and Clinical Health (HITECH) Act* increased physicians' adoption of electronic health records by 25 percent. In addition, we expect the *Medicare Access and CHIP Reauthorization Act (MACRA)* will increase health care coordination and incentivize health information exchange.

We are pleased that the FLEX-IT 2 Act's MU program reforms include several issues of concern to family physicians. The bill eliminates the current "all or nothing" assessment and replaces it with a standard allowing physicians to be evaluated based on the proportion of MU measures they meet. Under the bill, physicians may attest for MU based on a 90-day reporting window instead of a burdensome and unrealistic 365-day reporting period. Physicians reporting at all MU stages would be allowed this flexibility and it would be in place for all subsequent years.

In addition, HR 3309 would expand the conditions for MU hardship exceptions. Under the bill, physicians will be allowed to claim a hardship exception including if they switch technology vendors, experience unforeseen circumstances, like becoming the victim of a cyber-attack, is at or near retirement or work in certain specialties with limited patient interaction outside the hospital. These common-sense policies would strengthen MU, prevent physicians from being unfairly penalized and increase program participation.

The FLEX-IT 2 Act also would require that certified electronic health records undergo interoperability testing. Finally, the bill sets up conditions to delay Meaningful Use Stage 3 criteria and harmonizes Centers for Medicare & Medicaid Services quality reporting standards – two much-needed changes.

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Again, thank you for introducing this important legislation. We appreciate the opportunity to work with you on policies to improve our nation's health. If you need our assistance with this legislation, please contact Sonya Clay, Government Relations Representative, at 202-232-9033 or sclay@aafp.org.

Sincerely,



Reid B. Blackwelder, MD, FAAFP
Board Chair