



**American Hospital  
Association®**

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July 21, 2017

The Honorable Michael C. Burgess, M.D.  
United States House of Representatives  
2336 Rayburn House Office Building  
Washington, DC 20515

Dear Congressman Burgess:

On behalf of our nearly 5,000 member hospitals, health systems and other health care organizations, and our clinician partners – including more than 270,000 affiliated physicians, 2 million nurses and other caregivers – and the 43,000 health care leaders who belong to our professional membership groups, the American Hospital Association (AHA) wishes to express our support for your legislation, which would ease burdens on providers trying to meet federal requirements for meaningful use (H.R. 3120). This bill would reduce the volume of future electronic health record-related significant hardship requests for providers participating in the Medicare and Medicaid Electronic Health Care Record (EHR) Incentive programs.

America's hospitals are strongly committed to the adoption and use of certified EHRs as part of a foundation for care improvements, patient engagement and new models of care. Given the complexity and level of difficulty in meeting all of the meaningful use criteria, the current all-or-nothing approach is overly burdensome. It also is unfair to providers that make good faith efforts to comply, may actually comply with a large percentage of the requirements, expend significant resources and funds in doing so, but still fall short. Current regulations raise the bar on meaningful use requirements in Stage 3 and will be required beginning Jan. 1, 2018. These rules contain provisions that are challenging, if not impossible, to meet and require use of immature technology standards. Your bill would provide much-needed relief to hospitals as they work to ensure patients receive high-quality care.

We note that the Medicare Access and CHIP Reauthorization Act of 2015 made changes to the meaningful use program for physicians that call for greater flexibility in how physicians and other eligible clinicians are expected to use certified EHRs to support clinical care. As these changes are implemented, it will be essential to ensure that program requirements are aligned across all participants, including physicians, hospitals and critical access hospitals. This alignment is critical to ensuring the ability to share health information and improve care coordination among providers across the continuum.

Sincerely,

/s/

Thomas P. Nickels  
Executive Vice President

