December 14, 2012

The Honorable Diane Black
1531 Longworth House Office Building
Washington, DC 20515

Dear Congressman Black:

As the nation's healthcare system is undergoing a transformation in an effort to improve quality, safety, and efficiency of care, the undersigned organizations support the use of electronic health record (EHR) technology to implement such changes. While the Health Information Technology for Economic and Clinical Health (HITECH) Act was created to stimulate the adoption of EHRs by providing financial incentives to eligible health professionals who demonstrate "meaningful use," those incentives require reform in order to ensure EHR adoption by small practices who do not have and who simply cannot afford health information technology.

A study in the March 2011 edition of *Health Affairs* estimated that the total first-year costs of EHR implementation for a five-physician practice to be $233,297, with average per-physician costs of $46,659 – a large expense for any business to incur. For small practices, the high cost of EHR adoption is not offset by existing financial incentives. To the contrary practitioners face uncertainty regarding the value they will receive. This is because the initial financial benefits of adoption, if they even exist, are difficult to quantify.

For these reasons, we commend you for introducing the Electronic Health Records Improvements Act (H.R. 6598), legislation which if enacted, would implement much needed reforms to the Medicare and Medicaid Electronic Health Records Incentive Program, ensuring small practices are better prepared to adopt EHRs.

H.R. 6598 would make common sense reforms, including:

- Creating a hardship exemption for small practices and physicians in and near retirement to avoid workforce shortages;
- Shortening the gap between the performance period and the application of the penalty;
- Expanding options for participation in the Incentive Program and improving quality measures by using specialty-led registries;
- Increasing participation among rural health care providers;
- Tailoring requirements to meet specific needs of certain specialties; and
- Establishing an appeals process before application of penalties.

We appreciate your leadership on these issues and look forward to working together to ensure

that small practices are better able to adopt EHRs, improving the quality, safety and efficiency of care.

Sincerely,

American Academy of Dermatology Association
American Academy of Ophthalmology
American Academy of Otolaryngology – Head and Neck Surgery
American Association of Oral and Maxillofacial Surgeons
American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American College of Surgeons
American Congress of Obstetricians and Gynecologists
American Dental Association
American Gastroenterological Association
American Osteopathic Association
American Society of Anesthesiologists
American Society of Breast Surgeons
American Society of Cataract and Refractive Surgery
American Society of Colon and Rectal Surgeons
American Society for Metabolic and Bariatric Surgery
American Society of Plastic Surgeons
Congress of Neurological Surgeons
Medical Group Management Association
National Coalition of Healthcare Providers
The Society of Thoracic Surgeons
Society for Vascular Surgery