



Top Public Policy 2022 Accomplishments

MEMBER ENGAGEMENT

- **Webinars:** The public policy team held 20 educational webinars in 2022 on hot topics such as telehealth, cybersecurity, information sharing, congressional updates, and more.
- **Cheat Sheets:** We published 8 cheat sheets
- **Comment letters:** Submitted 32 comment letters
- **Coalition:** We are active members of:
 - **Cybersecurity:** Active with members of [Healthcare and Public Health Sector \(HSCC\) Joint Cybersecurity Working Group](#). Chair is an AEHIS member.
 - **Patient Identity:** Co-founder of [Patient ID Now Coalition](#)
 - **Privacy:** [Confidentiality Coalition](#)
 - **Telehealth+:** [Connected Health Initiative \(CHI\)](#)
 - **LTPAC:** Long-term Post-Acute Care Health IT Collaborative
 - **Opioids:** [Partnership to Amend 42 CFR Part 2](#)
 - **Interoperability:** Jointly advocate with provider groups and host monthly “Coffee Cabal”

CYBERSECURITY

- The Protecting and Transforming Cyber Health Care (PATCH) Act, a bill CHIME endorsed, was included in Section 3305 of the [Consolidated Appropriations Act, 2023](#) increasing oversight of medical device manufacturers cybersecurity practices.
- Helped secure the release of and responded to Senator Warner’s [messaging document](#) which explores multiple policy options for helping providers fight cybersecurity threats including through financial incentives.
- Responded to Treasury Department on an RFI regarding need for catastrophic cyber insurance supported by CHIME.
- Two CHIME members were elected to serve on the [Health Sector Coordinating Council’s Cybersecurity Working Group \(HSCC\)](#) executive committee including one as chair.
- FDA pre-market draft guidance on medical devices reissued with a heavy focus on several policies we have consistently advocated for; CHIME & AEHIS submitted a comment letter on draft guidance; final guidance TBA.

INTEROPERABILITY

- CMS included changes requested by CHIME to the Medicare Promoting Interoperability (PI) Program in the Inpatient Prospective Payment System (IPPS) Final Rule for fiscal year (FY) 2023.
- Spearheaded and coordinated an unprecedented sign-on letter requesting HHS extend the Oct. 6th information sharing deadline with all provider organizations representing the vast majority of our sector. Received a response letter from the National Coordinator for Health IT Micky Tripathi on behalf of HHS Sec. Becerra.
- Co-led provider stakeholder letter to HHS re-enforcing need for a glidepath for information blocking enforcement, as well as additional outreach and education.
- Increased attention across the care continuum, specifically focused on post-acute care and behavioral health.
- Continue to host one-stop shop for information blocking education at <https://infoblockingcenter.org/>.
- Launched information blocking readiness member survey.

TELEHEALTH/BROADBAND

- Secured two-year extension of telehealth policy flexibilities through 2024 under Section 4113 of the [Consolidated Appropriations Act, 2023](#) following the end of the official Public Health Emergency (PHE) for the COVID-19 pandemic. This followed a massive stakeholder sign-on letter campaign co-led by CHIME with 375 organizational signatories requesting Congress extend pandemic telehealth flexibilities.
- Helped secure multiple extensions of 90-day PHE overseen by HHS with the most recent extending to midJan.
- Launched education campaign with cheat sheet and an interview with Cletis Earle – former CHIME Board Member and current PSC member – on new Federal Communication Commission (FCC) program to subsidize broadband costs for underserved.

PATIENT IDENTIFICATION

- Launched Patient ID Week (May 9-13) for the first time which included a social media campaign on Twitter, other forms of social media, and interviews with Patient ID Now coalition members.
- Held virtual [briefing](#) on Congress' Role in Protecting Patients by Improving Patient Identification with participation from two CHIME members. Nearly 100 people attended.
- Secured 119 signatures (the most to date) on a stakeholder letter to Congress requesting they remove the federal funding ban on a unique patient identifier.
- The House Labor-HHS bill included \$5 million for ONC to work with industry to develop matching standards that prioritize interoperability, patient safety, and patient privacy which CHIME supported.
- For the second year in a row, the Senate majority has removed the federal funding ban on a unique patient identifier (Section 510) from their Labor-HHS bill.
- Digital identity [provision](#) supported by CHIME included in semiconductor legislation (Section 504 of [H.R. 4346, the CHIPS and Science Act](#)) that was signed into law.

OPIOIDS

- Helped secure passage of a law which removes the “X-waiver,” an outdated federal restriction that prevents clinicians from prescribing buprenorphine which helps prevents overdoses and supports recovery in Section 1252 in the Consolidated Appropriations Act, 2023.

PRIVACY

- Developed patient / consumer awareness campaign for members and others on use of mobile apps and handling of health data – [Think Before You Click](#).
- Bipartisan, bicameral national bill favorably reported out of House Energy & Commerce Committee in July containing some HIPAA carveout language.
- Co-led multi-stakeholder meeting to focus on privacy legislation and needed advocacy to shape national legislation.
- FTC [clarified](#) breach guidance for non-HIPAA covered entities handling health information and issued [alert](#) to industry warning on handling sensitive information furthering consumer protections as supported by CHIME.

MEDICARE ADVANTAGE (MA)

- Following CHIME's response to CMS' Request for Information (RFI) on Medicare Advantage, CMS has [proposed](#) to:
 - Better standardize the “submission” process for prior authorization, post document review, claims tracking, and more by calling for all MA plans establish a Utilization Management Committee to review all utilization management and prior authorization policies are correct and up to date; and

- Better align MA and FFS by calling for MA plans to comply with national coverage determinations (NCD), local coverage determinations (LCD), and general coverage and benefit conditions included in Traditional Medicare policies.