



September 29, 2015

The Honorable Renee Ellmers
United States House of Representatives
Washington DC 20515

Dear Congresswoman Ellmers:

On behalf of the American College of Physicians, I am writing to share our support for H.R. 3309, the Further Flexibility in Health Information Technology (HIT) Reporting and Advancing Interoperability Act (Flex-IT 2 Act). The College appreciates your leadership in working to reduce the burdens associated with physician participation in the Medicare and Medicaid electronic health record (EHR) incentive program.

ACP is the largest medical specialty organization and the second-largest physician group in the United States. ACP members include 143,000 internal medicine physicians (internists), related subspecialists, and medical students committed to advancing the science and practice of medicine. Internal medicine physicians are specialists who apply scientific knowledge and clinical expertise to the diagnosis, treatment, and compassionate care of adults across the spectrum from health to complex illness.

ACP has been a steadfast supporter in your effort to improve the reporting process for physicians to meet meaningful use requirements. During the last Congress, we supported H.R. 5481, the Flexibility in Health IT Reporting (Flex-IT) Act of 2014, and are pleased that you have continued this effort with the introduction of H.R. 3309, the Flex-IT 2 legislation in this Congress. This legislation is consistent with our effort that urges the Centers for Medicare and Medicaid Services (CMS) to pause the implementation of Stage 3 meaningful use requirements until the new Merit-Based Incentive Payment System (MIPS) is ready to be implemented. We believe the pause of stage 3 meaningful use requirements would provide an opportunity for CMS to re-examine all of the existing Medicare reporting programs (i.e., PQRS, the Value-Based Payment Modifier, and Meaningful Use) in light of their new role in moving the country to a new, value based payment and health care delivery system and to develop a new comprehensive approach that meets the needs of our physicians and their patients.

We favor the provision in your legislation that shortens the reporting period for the EHR Incentive Payment Programs from twelve months each year to three months. We supported this provision in your initial Flex-IT bill that was introduced last year and are pleased that it remains in this bill. We were disappointed that CMS chose to re-implement the full-year

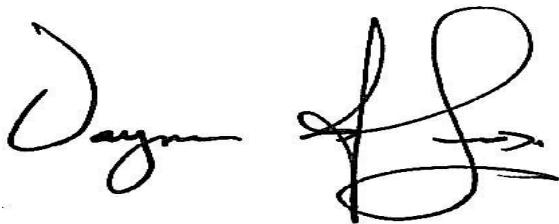
reporting period to meet the Stage 3 requirement as experience has shown that new physicians and physicians who change EHR vendors have more difficulty attesting to a full calendar year.

ACP also champions sections in this legislation that provide greater freedom for our physicians to meet meaningful use requirements. H.R. 3309 would provide the Secretary of HHS greater flexibility to change, suspend, or revoke meaningful use criteria if the requirements are not consistent with the Medicare Access and CHIP Reauthorization Act of 2015 (MACRA) that was signed into law earlier this year. It would also allow the Secretary to adjust criteria that may negatively harm the quality of care or risk harm to the patient. This is consistent with our approach as we believe that, at a minimum, the meaningful use program must be modified to deal with the MACRA law's mandates associated with group reporting, virtual groups, risk adjustment, and the fact that the program will no longer apply to many eligible physicians who will be participating in the Alternative Payment Models.

We also support this legislation's removal of the pass-fail approach of the Medicare and Medicaid Meaningful Use Program that will allow our physicians to receive partial credit for their meaningful use reporting. We have asked CMS to adopt this policy and appreciate the approach of this bill that will allow our physicians to receive a score on a linear scale that provides credit for meeting some of the goals associated with meaningful use.

We appreciate your steadfast leadership on this issue and look forward to working with you on this legislation and will continue to raise these issues with CMS. Please let us know how we can be helpful as you continue to work to advance this legislation through the 114th Congress.

Sincerely,

A handwritten signature in black ink, appearing to read "Wayne Riley", followed by a stylized flourish or scribble.

Wayne Riley, MD, MPH, MBA, MACP
President