

H.R. 3309: FURTHER FLEXIBILITY IN HIT REPORTING AND ADVANCING INTEROPERABILITY ACT

Health information technology (HIT) is a fundamental component in improving our nation's health care system. However, the current HIT infrastructure does not provide for efficient electronic exchange of patient information and the meaningful use (MU) program has overly ambitious and prescriptive timetables. The result is a combination that hinders – instead of helps – physicians' abilities to provide high-quality care to their patients. With fewer than 20 percent of providers attesting to meaningful use stage 2 requirements, the program continues to push forward without addressing existing problems.¹ **The AAOS believes that no new delivery model in which information exchange is critical should be mandatory until providers can be assured that interoperability is achievable and the physician-patient relationship will be preserved.**

Why H.R. 3309 Matters:

Aligning rulemaking between the MU program and the new Merit-based Incentive Payment System (MIPS) as well as addressing EHR interoperability challenges faced by physicians and hospitals will allow physicians to continue to provide high-quality care without being hindered by administrative changes or burdened by inefficient EHR systems. **The FLEX-IT 2 bill will strengthen accountability and effectiveness of an HIT-enabled health care system, while ensuring that patients continue to receive high-quality care.**

The FLEX-IT 2 Act Will:

- **Delay Stage 3 Rulemaking:** This legislation directs CMS to wait to publish a final rule on requirements for Stage 3 meaningful use until at least 2017, either when the MIPS final rules are released or at least 75 percent of doctors and hospitals are successful in meeting Stage 2 requirements.
- **Harmonize Reporting Requirements:** H.R. 3309 would align reporting requirements for the MU, Physician Quality Reporting System (PQRS), and Hospital Inpatient Quality Reporting (IQR) programs to remove duplicative measurement and streamline the process.
- **Institute a 90-day reporting period:** This bill would create a 90-day reporting period for the MU program for each year, regardless of stage or program experience.
- **Encourage interoperability among EHR systems:** H.R. 3309 directs the Secretary to test interoperability standards, implementation specifications, and certification criteria for widespread use for at least one year before proposing adoption of such standards.
- **Expand hardship exemptions:** The legislation adds providers who recently changed electronic health records systems, providers who encounter unforeseen circumstances that present barriers to MU compliance, and other providers who may not interact directly with patients to the list of those eligible for a hardship exemption.

What Congress Should Do:

Congress should support the passage of H.R. 3309, the Further Flexibility in HIT Reporting and Advancing Interoperability Act, into law.

¹ Centers for Disease Control and Prevention, <http://www.cdc.gov/nchs/data/databriefs/db143.htm>, last accessed 9/1/15