



April 12, 2021

The Honorable Xavier Becerra  
Secretary  
U.S. Department of Health and Human Services  
200 Independence Ave SW  
Washington, DC 20201

Dear Secretary Becerra,

As the onset of the COVID-19 pandemic demonstrated, the use of technology in healthcare can lower costs and improve care quality by putting timely and actionable information into the hands of providers. Under your leadership, the Department of Health & Human Services (HHS) has a fantastic opportunity to develop sound policy to encourage utilization of the innovative technologies needed to stem the tide of the pandemic and get Americans safely back to living their lives.

The Health Innovation Alliance (HIA) is a diverse coalition of healthcare providers, patient advocates, consumers organizations, employers, insurers, technology companies, and payers who support the adoption and use of data and technology to improve health outcomes and lower costs. As the premiere health IT advocacy organization in Washington, D.C., Health Innovation Alliance is on the front lines in promoting the following goals:

- **Public Health.** HIA's public health portfolio contains several initiatives including digital vaccine cards, CDC data modernization, and utilizing technology to stem the tide of the addiction and drug misuse and abuse epidemic.

With vaccinations increasing and economies opening there is a demand among policymakers, consumers, and businesses to validate who has been vaccinated against COVID-19. Digital Vaccine Cards (DVCs) will help all employers, whether they are in services, hospitality, building or manufacturing, safely reopen. We urge HHS to ensure DVCs meet standards for private, secure, and interoperable use of verifiable data for DVCs across applications and geographic jurisdictions.

The COVID-19 pandemic has exacerbated gaps that exist within our public health data reporting systems. The lag in reporting and lack of system modernization then hamstrings public health officials in making the best decisions possible on where to send and how to use resources, supplies, and personnel. HIA encourages HHS to use the authority given in Section 319D of the Public Health Service Act to build a modern infrastructure with a focus on real-time, secure, bidirectional communication standards as an integral part of that system. We have attached a letter further explaining this priority that was sent in September 2020.

In December 2020, the CDC reported that over 81,000 overdose deaths had occurred in the previous 12 calendar months, with an acceleration happening during the COVID-19 pandemic. America is facing dual crises that both need to be addressed. Technology should be utilized in critical aspects of addressing the public health emergency including improving prescription drug monitoring through a facilitator-type model, enhancing near-fatal overdose reporting, and increasing the availability of treatment options. We encourage HHS to build on the foundation laid in bills such as the *Comprehensive Addiction and Recovery Act* and the *SUPPORT for Patients and Communities Act* and look to advancing technological solutions to drastically reduce the number of deaths and provide needed treatment to those affected by addiction.

- **Health Data Privacy.** HIA has long advocated for the improved sharing of health information across entities to improve outcomes and lower costs. The 21<sup>st</sup> Century Cures Act has begun to loosen many of the traditional silos of health information, but as health data begins to flow to actors not covered by traditional health privacy laws like HIPAA, we run the risk of losing the trust of patients and trust in the

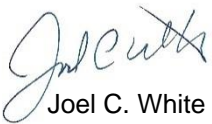
information itself. HIA members support an independent commission to identify gaps in inadequate Federal guidelines and the patchwork of State and local rules governing the privacy of health data. The Commission should conduct a study of issues relating to protection of individual privacy and the balance necessary between protecting individual privacy and allowing and advancing appropriate uses of personal health information.

- **Telehealth.** Congress created additional flexibilities to access care via telehealth in Medicare and other public programs, but these flexibilities expire once the public health emergency ends. HHS needs to extend these flexibilities permanently to ensure continued access to care and to modernize our health delivery system. Expanded use of virtual care and remote patient monitoring can help us capitalize on new technology to transform the way care is provided and to improve value-based care. This will not only improve patient outcomes, but it will also lead to reduced health costs.
- **Burden Reduction.** The implementation of Real Time Benefit Tools will give patients and providers information about coverage when they need it to help navigate care management, reducing provider documentation burden and reporting requirements by automating data systems and data collection, and allowing patients to have easier and more accessible records. We must incentivize the free flow of information to better deliver and pay for care.

In addition to getting patients and providers information in real time, HHS should focus on reducing burdens for both patients and providers. By streamlining the requirements for patients to access their own information and harmonizing the reporting requirements and quality measures placed on providers, HHS can help transition health care back to a relationship between patients and their caregivers and away from burdensome regulators.

We look forward to working with you on these issues as the Biden Administration seeks to create value for patients by transforming care, improving connectivity, enhancing patient access, and streamlining the regulatory process.

Sincerely,



Joel C. White  
Executive Director

Attachment