



1188 Centre Street, #3
Newton, MA 02459

May 28, 2024

via electronic submission

Micky Tripathi, PhD, MPP
National Coordinator for Health IT
U.S. Department of Health and Human Services
330 C Street SW, 7th Floor
Washington, D.C. 20201

Re: Comments on 2024-2030 Federal Health IT Strategic Plan

Dear Dr. Tripathi:

We appreciate this opportunity to comment on the draft 2024-2030 Federal Health IT Strategic Plan (“Strategic Plan”). We applaud ONC’s commitment to facilitating access to critical information to support consumers, and particularly its focus on price transparency as a critical aspect of its long-term strategy. Real time patient access to electronic health information, including price and clinical information, will empower patients to make informed decisions about their health care spending as well as foster market competition in the healthcare industry, a key focus area of this Administration, as evidenced by the Executive Order on Promoting Competition in the American Economy and the DOJ response to ensure competitive healthcare markets.

PatientRightsAdvocate.org (“PRA”) is a 501(c)(3) nonprofit, non-partisan organization that provides a voice for consumers—patients, employees, employers, and taxpayers—to have transparency in healthcare. PRA advances policies that allow patients easy, free, real-time access to complete price information. Specifically, consumers should know in advance what prices their providers, both in-network and out-of-network, will charge for care. Empowered with such information, patients will be able to make the best possible health care decisions, and patients and employers will shop for the best quality of care at the lowest possible price. Consumers with access to price information are empowered to reduce their costs of care and coverage and to make the best health care decisions. With price certainty, patients can protect their health and wealth for themselves, their families, and the generations to come. PRA embraces free market principles which will foster a competitive, functional marketplace and restore trust and accountability to the healthcare system.

We limit our comments on the Strategic Plan to strategies that focus on price transparency and encourage robust commitment and action from the federal agencies enforcing current regulations. Systemwide price transparency with robust enforcement will ensure patients and employers have clear and accurate prices in a timely manner to make critical health care decisions, that purchasers have the information they need to make purchasing decisions, and that individuals have access to high quality care in a competitive healthcare market. We recommend that the Strategic Plan include leveraging the full force of government to ensure that there are strong policies for patient access to price and payment data, and that these rules are backed up with strong enforcement.

We provide the following specific comments:

Goal 2: Enhance the Delivery and Experience of Care

Within the goal of enhancing the delivery and experience of care, ONC has rightly focused on a key objective, competition and transparency. We applaud the inclusion of **Objective C: “Health care is improved through greater competition and transparency.”** As ONC has noted in its prior strategic plan, price transparency—including the availability of this information to patients and providers in real-time—improves patient decision-making, promotes competition in healthcare, and helps drive down costs. We encourage this Strategic Plan to go further in a few areas.

1. Strategy: “Make care quality and price information available electronically.”

PRA supports ONC’s strategy to “Make care quality and price information available electronically” so that “individuals can easily access, understand, and use quality and price information to make care planning decisions.” This strategy is important, but can go further. We believe it is critical for price information to be accurate, reliable complete, timely, and free. Simply making it available electronically is insufficient, as is evidenced by the fact that we have price transparency rules in effect and many entities are facility to comply or take actions to limit the usefulness or reliability of this data. It is also critical to hold entities accountable for the prices that they provide.

We recommend revising the strategy as follows:

“Require all health care providers, health plans, and intermediary health care organizations to make care quality and accurate, reliable and timely price information easily available electronically to all individuals and purchasers.”

To meet this strategy, we recommend the federal government implement the following tactics.

- ***Expand price transparency requirements to apply to all health care providers, health plans, and other organizations involved in financial arrangements.*** HHS should not limit price transparency requirements to hospitals, as patients should be able to shop for health care services in a variety of settings and obtain financial information from all health plans and intermediaries. Hospitals should not be allowed to avoid providing all patients with the required standard charge information through the provision of care via affiliates, subsidiaries, and other providers operating within the same system. For example, ambulatory surgical centers (“ASCs”) play an increasingly important role in patient care and provide many of the same items and services as hospitals. Imaging centers and laboratories furnish services that are offered in hospital and that significantly impact the overall cost of care to patients. ASCs, imaging centers, and laboratories should be held to the same price transparency standards as hospitals to ensure that healthcare consumers can make informed decisions.
- ***Require disclosure of all rebates, incentive payments, and other arrangements that impact the cost of care.*** Individuals and employers need to be made aware of all payments and incentives, as these financial arrangements impact the decisions of their health care providers and plans. ACOs and other organizations, including all middle players, should be required to fully disclose the financial arrangements and incentives under a specific plan or contract, not just the consumer’s anticipated liability. Furthermore, structures that are set up for capitated payment with either shared savings or bonus arrangements create conflicts of interest that

shift incentives towards financial gain over best clinical decisions and patient care at the best cost.

Today, the patient and employer neither have visibility nor benefit from these shared savings arrangements. Full price transparency across all players in healthcare is necessary to prevent healthcare plans and issuers from simply shifting costs to sectors of the market where opacity is accepted, and interoperability and data access requirements would not apply.

- ***Require price information to be accurate, timely, and reliable.*** We encourage HHS to require hospitals and other health care providers to provide accurate prices that patients can rely on in making critical health care decisions. Specifically, we suggest HHS require actual prices in dollars and cents, not estimates. Estimates are misleading and do not provide sufficient information for individuals to make planning decisions. Estimates provide no accountability and must simply be replaced with true and accurate prices, giving patients real financial certainty.

Furthermore, HHS could require a senior official in an organization to attest to the accuracy of this information, in order to hold the entity accountable for the information that they make available to patients. Patients need accurate information to shop for care and to plan for expenses, and it is unacceptable for a health care organization to check the box to meet regulatory requirements while patients end up with medical debt. The duty of accuracy and the cost of inaccuracy should not fall on the patient. Health care providers must be required to share the accurate prices of items and services, along with the percentage or algorithm on which the price is based, and be held accountable for these prices.

- ***Make machine-readable files (“MRFs”) accessible.*** MRFs must be accurate, complete, and usable data files that are available and easily accessible in both machine-readable *and* human readable format. JSON files are not useful for consumers and employers. We encourage CMS to require the use of spreadsheets (such as CSV files) to ensure consumers and employers can access this information without having to pay middlemen to translate the data for their use.
- ***Host all price information at CMS/HHS, creating a centralized database for patients and purchasers.*** While hospitals and health plans currently are required to post their standard charges, they are often difficult for patients, employers, and others to locate and use for shopping for healthcare, financial planning, and other decision making. A CMS/HHS centralized location for this pricing information will promote compliance and make it easier for patients and employers to educate themselves and make decisions based on the best quality of care at the lowest price.
- ***Ensure robust enforcement of price transparency requirement.*** It is critical that the federal government provide oversight and accountability of providing complete, accurate and timely pricing information. Failure to do so results in health care organizations choosing not to comply or use the effort needed to do so. When there is lax enforcement, the goals of price transparency are not achieved and the patient suffers.

2. Strategy: Educate health care consumers on the availability of quality and price information.

PRA supports ONC’s strategy to “Educate health care consumers on the availability of quality and price information” so that “*Health care consumers can use this information to shop for care based on value.*” The value of pricing data will only be realized if it is made easily available and if consumers know that they have the right to access this critical information in advance of receiving care.

We recommend strengthening the strategy as follows:

“Require all health care providers and plans to educate health care consumers on the availability of quality and price information and their right to such information.”

To meet this strategy, we recommend the federal government implement the following tactics.

- ***Publicize patients’ rights to pricing data.*** A fully informed and aware public is critical so that patients know that they have a right to access health care price information in advance of care. It is also the strongest defense against false and misleading healthcare price information. The Administration should implement strategies to inform all individual consumers and employers that they have the right to real and accurate prices from hospitals and other health care providers where they seek care, from their health plans, and from other intermediaries that have financial arrangements with such providers and plans.
- ***Require all health care providers and health plans to communicate and provide notice to patients about their right to accurate, up-front pricing data.*** While there is value in the government communicating rights to accurate price information, health care organizations that have direct relationships with patients should have a duty to communicate this information clearly and at the point of care.
- ***Require hospitals to publicly post their charity care or financial aid policies in a manner that is easily accessible to patients.*** Hospital policies regarding charity care and financial aid should be readily available to patients as a means of increasing hospital price transparency.

3. Strategy: Support efforts to merge clinical and administrative data streams, including payment data.

PRA supports ONC’s strategy to “Support efforts to merge clinical and administrative data streams, including payment data” so that “*Health care providers and patients have access to real-time financial data at the point of care and can leverage patient trust models to ensure patients are enabled to make informed decisions regarding their care.*” Health care providers and health plans already have systems in place and use industry standard to collect and exchange clinical and claims information.

It is critical that we build on what already exists to make it easy for health care organizations to share price and clinical data and for consumers to access and use that data. This strategy needs to happen right away and should not be delayed waiting for entities to create new systems for pricing and payment data. Therefore, we recommend strengthening the strategy as follows:

“Support efforts to Merge clinical and administrative data streams, including **price and payment data.”**

To meet this strategy, we recommend the federal government implement the following tactics.

- **Require health care providers and health plans to use existing billing systems to create advanced explanations of benefits (AEOBs).** Providers and plans already have systems in place to generate bills, pay claims, and generate explanations of benefits (EOBs) using X12 standards. These standards can easily be used to create and transmit AEOBs by leveraging existing technology and processes to identify services and generate an EOB in advance of care. There is no need to reinvent the wheel. The federal government should require these covered entities to ensure that their vendors build on existing systems to enable the generation of AEOBs in advance of care.
- **Require health care providers, plans, and their technology vendors to maintain all versions of prices (including estimates to the extent they are allowed), good faith estimates (GFEs), and AEOBs.** It is critical that patients can retain versions of pricing information that they receive from covered entities so that they can review bills for accuracy and compare AEOBs and other price information to actually billed rates.
- **Require health care providers to include all standard billing codes, including CPT, HCPCS, DRG, and NDC.** Hospitals and other health care providers must be required to provide all codes and code modifiers that are associated with the standard charges of the items and services in question, including but not limited to CPT, HCPCS, DRG, and NDC. Proprietary codes should not be permissible as proprietary codes prevent comparability across pricing information. Any administrative fees and other charges need to be revealed in a standard format so that patients can get a full and complete understanding of the true price.

Thank you for considering our comments and recommendations for the Strategic Plan. We welcome the opportunity to speak with you further about our suggestions.

Sincerely,



Cynthia A. Fisher
Founder and Chairman
PatientRightsAdvocate.org