OCHIN

A driving force for health equity

California Telehealth Network

An OCHIN organization

Submitted via electronic mail

April 4, 2023

The Honorable Josh Becker
1021 O St
State Capitol, Room 7250
Sacramento, CA 95814-5704

Re: Opposition to SB 582, Health records: EHR Vendors

Dear Senator Becker,

On behalf of OCHIN and the California Telehealth Network (CTN), we regretfully must oppose SB 582, which though well-intentioned would undermine the goal of interoperability and will create a contradictory policy incentive to increase the administrative complexity and burdens that California providers will face as part of the California Health and Human Services Data Exchange Framework (DxF). We are concerned that this bill, when coupled with structure and governance of DxF, will hinder technical capabilities needed to achieve Cal-AIM goals and undermine the State's ability to coordinate with other states and the federal government to address public health emergencies. We do understand the sponsor's intent in attempting to protect small and medium-sized physician practices, but the bill in print will unfortunately not accomplish those goals.

OCHIN is a national nonprofit health information technology innovation and research network of locally controlled community health providers with California network members serving 1.6 million patients facing significant adverse social drivers of health and clinical complexity. CTN is a leading consortium of organizations focused on increasing access to healthcare through telehealth platforms and education and affordable broadband throughout the state, particularly in rural and underserved communities.

OCHIN has been a pacesetting leader in advancing interoperability in California and across the nation while also ensuring our members—providers of some of the most underserved communities in the State—are able to adopt and use affordable best in class health information technology that advances care to patients where they are located, 21st Century public health capabilities, and sophisticated analytics and reporting capabilities to keep pace with Cal-AIM goals of enhanced care management and screening and community connections to address social drivers of health. In order to affordably achieve the foregoing (for members such as federally qualified health centers, rural health clinics, youth authorities and local public health agencies, for example) OCHIN has relentlessly advocated for policies and provided technical expertise to develop open-sourced uniform, national data and technical standards developed by subject matter experts drawn from a wide array of stakeholders. Some of the most significant drivers of cost throughout the diffusion of technology development, implementation, and use are differing standards governing digital data and technical interoperability standards.

This legislation seeks to limit one much smaller component of costs that would be borne by providers that will be created when the DxF creates digital data and technical standards that differ from mature national, multi-stakeholder standards, particularly those being advanced under the Trusted Exchange Framework and Common Agreement (TEFCA) and the U.S. Core Data for Interoperability (UCSCI). It does not account for the increased administrative burden, additional staff time, and cognitive fatigue that

providers and their staff will shoulder every day, cumulatively, when DxF requirements differ from TEFCA and USCDI. While the bill is intended to alleviate provider cost, it will in fact, not address the greater burden and cost of conflicting or duplicative documentation and reporting requirements. The latter are the greater cost and threat as the burn-out rate among clinicians and exodus from the profession among physicians and nursing are at an all-time high. This is being spurred in significant part by the complexity and growth in documentation and reporting requirements and the resultant complexity of the electronic health record. The latter is caused by the need to address the myriad of similar but differing documentation and reporting requirements. This legislation minimizes this larger cost to providers and does not address how it is premised on undermining national interoperability initiatives.

This bill creates a new California regulatory arm while borrowing only some portions of federal regulations related to the reasonableness of fees that are already enforceable under federal law. As such, this creates a duplicative state enforcement agency responsible for enforcing federal regulations. This will drive additional compliance obligations and is very likely to drive different interpretations and create greater costs. The increase in costs, as outlined above, will largely be a function of DxF provisions that are different from federal interoperability and digital data and technical standards.

The federal work on TEFCA is moving apace, and we are concerned this bill could undermine efforts to move interoperability forward. Interoperability is critical to support public health readiness and mitigation and sentinel capabilities in addition to research and movement to new payment models. While we commend the positive intentions of this legislation, as it is currently written it will do more harm than good and impose significant additional cost on already under-resourced providers and clinics that serve California's least financially stable population. Please contact me at stollj@ochin.org if you would like to discuss this important issue any further. Again, thank you for the opportunity to comment.

Sincerely,

Jennifer Stoll
Executive Vice President
External Affairs

Kim Klupenger
President
California Telehealth Network