The Honorable Charles E. Schumer
Majority Leader United States Senate
100 State Street, Room 3040
Rochester, NY 14614

The Honorable Mitch McConnell
Minority Leader United States Senate
317 Russell Senate Office Building
Washington, DC 20510

The Honorable Mike Johnson
Speaker of the House
H-232, The Capitol
Washington, D.C. 20515

The Honorable Hakeem Jeffries
Minority Leader House of Representatives
2433 Rayburn House Office Building
Washington, DC 20515

Re: *2024 Congressional End-of-the-Year Legislative Priorities*

Dear Leader Schumer and Leader McConnell, Speaker Johnson, and Leader Jeffries:

As you consider year-end legislation to address the nation's most pressing needs, we respectfully urge Congress to focus on key issues vital to the health of patients and the ability of providers to deliver health care in rural communities.

Today, **OCHIN is the largest national nonprofit health information technology innovation and research network**. We proudly support over 2,000 community health care sites in advancing health care access across 40 states. Our network includes Critical Access Hospitals (CAHs), rural and frontier health clinics, federally qualified health centers (FQHCs) and local public health agencies in 40 states. We provide innovative solutions and health IT for roughly 30% of the nation's 31.5 million health center patients, supporting nearly 40,000 providers in the US.

Our specific recommendations center on **ensuring access to health care services and the sustainability of providers in rural and underserved communities**, supporting adoption of modernized health IT systems that bolster cybersecurity, facilitate transition to new sustainable payment models, and expand access to specialty care through telehealth and other digital health modalities. Please see the attached Appendix for additional details.

We urge Congress to:

- **Fund providers in rural areas so they can acquire and implement certified, hosted, and maintained health IT system.** Critical Access Hospitals, rural health clinics, community health, specialty as well as mental health and behavioral health providers need funding to modernize their health IT systems. They have not received their fair share of funding needed to expand access through telehealth and other digital modalities; engage in new payment and delivery models; strengthen cybersecurity; and harness the potential of AI. Without action, the digital divide continues to grow leaving behind providers in rural communities in particular.

- **Fund a virtual specialty network demonstration by passing H.R. 7149/S 4078, the Equal Access to Specialty Care Every Act of 2024 (EASE Act) and permanently extend COVID-19 Medicare telehealth**

flexibilities. The shortage of specialty care services continues to impact many across the nation, especially patients in rural areas. Patients in the OCHIN network, for example, wait nearly two months on average for an appointment with a specialist, leading to worse health outcomes and increased costs. Establishing a virtual network of specialists that includes rural providers and leverages telehealth, and other digital health modalities in addition to permanent Medicare telehealth flexibilities will support the financial health of providers in rural and underserved communities while allowing people to access care when and where they need it.

- **Complete 2025 Department of Homeland Security Appropriations including Congressionally Directed Spending funding requests that support cybersecurity upgrades and technical assistant to keep our providers and patients in rural communities safe and resilient against cyber threat actors.** With the increasing frequency of cyber events and as Congress moves to fortify cybersecurity through mandatory requirements, it is imperative that providers in rural and underserved communities have essential resources to comply. In addition, network collaboratives and implementers of data systems that support member providers also need resources so they can continue providing critical cybersecurity support. Specifically, we call on Congress to include OCHIN's Congressionally Directed Spending Request that would be part of the Department of Homeland Security Appropriations Act, 2025. This would strengthen the statewide disaster readiness of Oregon health care providers in rural communities, in the final FY 2025 appropriations package. Funding requests that strengthen community control is critical.

- **Support the ability of rural providers to utilize AI.** Transformation through AI is already on its way in healthcare yet the prohibitive costs and technical complexity of AI systems risk pricing out providers in rural areas–the very communities that could benefit most from AI capabilities. Providers need modernized health IT and targeted technical assistance to build needed capacity and resources. Further, with 50 states poised to regulate AI independently, the proliferation of bureaucratic, duplicative requirements could create inefficiencies, increase healthcare costs, and make it challenging for providers in rural and underserved communities that are already navigating financial strain to successfully adopt and use AI. We support congressional action to establish a national framework that relies on stakeholder derived standards and best practices and investment in local capacity to manage AI life cycle reflective of local patient and implementation conditions.

CONCLUSION

We believe these targeted investments are essential for addressing the gaps created by years of underfunding and will significantly enhance the ability of health programs to meet the needs of our rural communities. We appreciate your attention to these critical issues and look forward to your support in advancing these vital initiatives.

Thank you for your commitment to improving healthcare access and quality for all Americans. Please contact me at **stollj@ochin.org** if you have any questions.

Sincerely,

Jennifer Stoll
Chief External Affairs Officer
External Affairs

LEVEL THE PLAYING FIELD BY MODERNIZING HEALTH IT SYSTEMS

Currently, too many rural providers have not received their fair share of funding to modernize their health IT systems which is essential to: (1) expanding access to care through telehealth and other digital health modalities services; (2) optimizing operations and financial sustainability through informatics and analytics that support transitions to new payment and delivery models; (3) strengthening cybersecurity; and leveraging the benefits of rapidly developing AI systems. **Outdated technologies have limited security features and do not support new features, such as multifactor authentication and encryption, leaving rural providers more susceptible to attacks and data breaches.** The lack of modernized health IT systems will also be the one of the biggest drivers of digital divide in the health care AI race leaving rural and under sourced providers on an uneven playing field as larger and flagship institutions. Further, the increased activity of private equity contributes to inflating costs in health that could hamper the ability of rural providers to modernize their health IT systems. Private equity firms' emphasis on short-term return on investments (ROI) can drive up costs for high-value services and technology in healthcare, which can skew the availability and affordability of modernized health IT solutions, leaving providers in rural providers struggling to afford or justify the ROI for further investing in health IT.

Specifically, we urge Congress to:

- **Reauthorize the Farm Bill** with provisions that would expand funding for rural health care providers to acquire certified hosted and maintained health IT.
- **Direct the United States Department of Agriculture (USDA) to streamline, simplify, and clarify the community grant program** so it can be readily used by rural providers to support the adoption of hosted and maintained certified health IT as well as **software subscriptions (that include regular security patches) which are essential infrastructure**. Congress must clarify that this funding covers software licenses as an essential component of infrastructure investment. Currently, the complex requirements of the community grant program prevent rural providers, who do not have grant writers, from applying to these programs and preclude the acquisition of essential 21st Century infrastructure.
- **Increasing funding adequately for the Office of Rural Health** under the Health Resources & Services Administration (HRSA) to meet the current challenges faced by rural providers and drive efficiency and scalability. This funding will help increase access to the technical assistance provided by HRSA that rural providers desperately need.

ADDRESSING ACCESS TO SPECIALTY CARE IN RURAL COMMUNITIES

Patients around the country face long wait times to access specialty care, and this is even more pronounced in rural and underserved communities. In the OCHIN network, the **average wait time to see a specialist increased from 50 days in 2019 to 58 days in 2023**. A virtual specialty network integrated with providers in rural communities as well as permanent Medicare telehealth flexibilities can expand access to care and reduce wait times by meeting patients in rural areas where they are.

Specifically, we urge Congress to:

- **Pass H.R. 7149/S 4078, Equal Access to Specialty Care Every Act of 2024 (EASE Act).** The EASE Act would require the Centers for Medicare and Medicaid Services (CMS) Innovation Center

(CMMI) to test a delivery model designed to improve access to specialty health services in rural communities. The demonstration would **fund the development of a panel of specialists using digital modalities (including clinical decision support, eConsults, and telehealth, for example)** targeted at rural primary care providers and those in other underserved areas for their patients who are covered under Medicare, Medicaid, and self-pay (sliding scale). It would include health IT integration with primary care providers and the specialist network.

- **Extend the Medicare telehealth regulatory flexibilities initiated in response to the COVID-19 pandemic public health emergency (PHE).** The COVID-19 PHE flexibilities have produced a substantial evidence-base – both regulatory and payment – representing real-world evidence generated from different sites of care, regions, health conditions, and patient populations at a scale rarely (if ever) provided in the testing of clinical interventions and modalities. In the OCHIN network, the data has established that these flexibilities have not increased inappropriate utilization, but instead have expanded access to care in lower cost sites of care (ambulatory settings) and have afforded patients facing structural barriers such as lack of transportation and housing insecurity access to care.

FUND CYBERSECURITY RESILIENCE AND SAFETY TO PROTECT RURAL COMMUNITIES

Most urgently, healthcare facilities in rural areas face unprecedented cybersecurity threats from foreign actors and criminal organizations. Earlier this year, the **Change Healthcare cyberattack illustrated the vulnerability of our healthcare facilities and payment systems, leaving many providers scrambling for funding**. For OCHIN members, it impacted operations resulting in the re-allocation of resources to rebuild and reconnect interfaces for 510 payers used by members, many of whom already face significant sustainability challenges. The need for cybersecurity resilience and mitigation also increases in the face of natural disasters, such as Hurricanes Helene and Milton, and other emergencies, which leave health IT systems more vulnerable to cyberattacks, especially if threat actors execute an attack to coincide during a disaster.

Specifically, we urge Congress to:

- **Provide funding to the Department of Health and Human Services (HHS) in partnership with Cybersecurity & Infrastructure Security Administration (CISA) to directly fund frontline providers in rural areas** to strengthen their cybersecurity to support upgrades, technical assistance, and ongoing maintenance.
- **Grant OCHIN's Congressionally Directed Spending request for funds to strengthen the statewide disaster readiness of Oregon health care providers in rural communities**. We urge Congress to add our request in a final 2025 Department of Homeland Security Appropriations Act. Funding our request ensures that we, as a nonprofit network, can supports providers in rural and underserved communities as well as their partners who are essential in hosting and maintaining certified health IT. Further, it ensures that funding goes directly to where OCHIN members know will best impact their communities facilitating local control and not needing to rely on agencies to disseminate the money.

ENSURE PROVIDERS IN RURAL AREAS CAN LEVERAGE AI TECHNOLOGIES

Healthcare in America is not meeting the needs of patients or clinicians in rural areas. Artificial Intelligence (AI) deployed in healthcare offers significant promise to drive system transformation by empowering clinical teams, patients, and caregivers to meet many of these challenges. AI can enhance

access to care, care coordination, and alleviate administrative challenges to better connect primary and specialty care. However, AI systems can exacerbate and exponentially amplify current health disparities and automate inequality in health care in rural communities. Harmful bias can be incorporated into AI systems during its life cycle. However, **providers in rural communities cannot afford most advanced AI models, do not have the workforce for support, or the governance structures to do so - they need resources to support and scale these models.** This means having funds to modernize their health IT and targeted technical assistance. Without these key foundational elements, providers cannot compete on equal footing with larger health systems already deploying AI to enhance care

A national regulatory framework is critical to ensuring AI technologies are safe and effective for all patients, regardless of their demographic or geographic background. However, to have a trustworthy AI health network, rural and other underserved providers need to be included—trustworthy AI networks cannot exclude huge swathes of the health care delivery system. Further, certain AI tools developed in academic institutions, for example, can often be brittle and cannot perform the same when implemented outside of the original development setting. AI systems, depending on applications, cannot simply be mass produced and distributed, particularly clinical applications. **AI-derived models and algorithms need to be tested and monitored before and after being deployed across diverse healthcare settings and populations to help minimize and prevent unintended harms.** The current Food and Drug Administration (FDA) regulatory framework does not account for providers in rural communities that may want to implement or develop AI tools. They often lack the resources and technical internal expertise to evaluate and implement AI tools as well as navigate the complex validation processes, putting advanced AI systems out of reach for the populations that could benefit the most. This challenge is further compounded by the regulatory arms race at the state-level creating variability in digital data and technical standards that spurs complexity, confusion, and, in some cases, systemic exclusion.

Specifically, we urge Congress to:

- **Fund providers in rural communities so they can upgrade dated, fragmented technologies and invest in modernized health IT**. Access to modernized health IT is a prerequisite to closing the digital divide. Funding is needed to enable AI solutions that will help increase efficiency, decrease redundancy and provider burden, and improve regulatory and operational compliance while driving improved outcomes and experiences of care.
- **Mandate the FDA to develop a uniform national regulatory AI framework to reduce proliferating and duplicative requirements at the state level and standardized regulation of AI.** The FDA must ensure the framework explicitly addresses algorithm bias and expected conditions of deployment. We need a unified national regulatory framework that applies across the board to all health care data even when generated in the context of consumer health activities.
- **Invest in targeted technical assistance, including learning and innovation labs, towards rural providers to build capacity and resources** that will help them meet the FDA' regulatory validation requirements and sustainably adopt AI technologies.