Honorable President Donald Trump   Honorable James Donald Vance
President-Elect   Vice President-Elect
1401 Constitution Avenue NW   1401 Constitution Avenue NW
Washington, DC 20230   Washington, DC 20230

Dear President-Elect Trump and Vice President-Elect Vance,

On behalf of OCHIN, we welcome the opportunity to congratulate you on a well-run campaign and to share our recommendations for your first 100 days. OCHIN is the **largest nonprofit health IT and data analytics company of rural and underserved providers in the country**. We represent over 2,000 community healthcare sites in rural and underserved communities across 40 states. Our networks include nearly 40,000 providers committed to improving healthcare access, quality, and outcomes in areas where resources are scarce. We provide innovative solutions and health IT for roughly 30% of the nation's 31.5 million health center patients.

Our work aligns with your incoming Administration's goals to "Make America Healthy Again" by empowering local healthcare providers (particularly in rural communities), reducing regulatory burdens, and increasing healthcare efficiency. By modernizing health IT infrastructure, scaling digital health solutions (like telehealth) and AI-driven solutions, and supporting transformative payment models, we support rural and underserved providers in delivering essential care and reducing healthcare costs for American families. We share your focus on ensuring current healthcare funding is directed where it will drive improved efficiencies and are responsible fiscal stewards building health care systems.

We respectfully present our recommendations below for sustaining rural healthcare and ensuring that hard-working Americans have the resources needed to thrive while bending the cost curve. We urge your Administration in the first 100 days to:

Ensure the Future of Rural Healthcare
- **Provide funding and ensure that existing federal programs (including the United States Department of Agriculture (USDA) community grant program) are streamlined, simplified, and clarified** so funds 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). Additionally, we urge clarification to rural providers that USDA funding can be used to fund cybersecurity resiliency.
- **Provide Resources to the Office of Rural Health under the Health Resources & Services Administration (HRSA)** to expand technical assistance for health IT adoption and optimization and drive technological transformation to create access, financial sustainability, and local control.

Reduce Long Wait Times to See Specialists
- Rural patients wait **nearly two months on average for an appointment with a specialist**, leading to worse health outcomes and increased costs.
- **Direct the** Centers for Medicare & Medicaid Services (CMS) Innovation Center to authorize a **virtual network of specialists demonstration focused on testing the integration of a range of digital tools**

and dedicated specialist to increase access to specialty services in rural and underserved communities. Sen. Markwayne Mullin (R-OK) and Rep. Michelle Steel (R-CA) introduced the Equal Access to Specialty Care Everywhere (EASE) Act (HR 7149 & S.4078) earlier this year to utilize telehealth, electronic consults between primary care clinicians and specialists, and other innovations such as enhanced and integrated clinical decision support and auto-escalations to reduce wait times for specialty care services, many of which are tied to chronic diseases <u>by requiring</u> CMMI to test a fully integrated model.

- Work with Congress to **permanently extend the Medicare COVID-19 telehealth public health emergency flexibilities**.
- Work with states to **participate in interstate medical licensure compacts** and **allow telehealth licensing registration to facilitate the ability of out-of-state providers to care for patients in their state**, thereby allowing doctors to practice across state lines and bringing specialty care closer to rural and underserved communities.

Fund Cybersecurity Improvements to Protect Rural and Underserved Communities.
- Provide funding to the Department of Health and Human Services (HHS) in partnership with Cybersecurity & Infrastructure Security Administration (CISA) to support cybersecurity readiness in rural and underserved communities. Further, clarify that USDA grant funding can be used to improve rural providers' cybersecurity.

Ensure Rural Providers Can Participate in Artificial Intelligence (AI) and Health Care Innovation.
- **Support health IT modernization** for rural providers so they can participate actively in the AI transformation of health care and are not left behind.
- **Fund targeted technical assistance to rural providers** to build capacity, resources, and partnerships to ensure rural patients reap benefits from the AI innovations in care and delivery.
- **Establish a national AI regulatory framework** to avoid burdensome, duplicative, and conflicting AI standards between states while leveraging industry driven standards.
- **Support learning and innovation labs that utilize rural and diverse patient data** as they test AI-powered health solutions to ensure that these populations are not left out due to algorithmic bias.

Rural providers have proven that they are the backbone of their communities and can build a healthcare system that truly represents all Americans. Investments in rural IT modernization will ensure that these communities remain central to the nation's health, well-being, and prosperity—reflecting the Trump administration's commitment to American self-sufficiency and prosperity.

Please contact Jennifer Stoll, Chief External Affairs Officer, **stollj@ochin.org**, as OCHIN stands ready to work closely with the Transition Team and the Trump Administration.

Sincerely,

Jennifer Stoll

cc: Linda McMahon, Transition Co-Chair,   Howard Lutnick, Transition Co-Chair,
        Presidential Transition Team   Presidential Transition Team

        Hannah Anderson, Director,
        Center for a Healthy America

APPENDIX: Additional Information About OCHIN's Recommendations

Enhance Funding Efficiency and Scalability for Rural Health Care Providers with Modernized Infrastructure.

Approximately one in five Americans live in rural areas where they serve as the backbone of the country, cultivating and providing crucial sources of water, food, energy, and recreation for all Americans. Despite rural America's contributions, federal policy has overlooked many of these hardworking communities, leaving them to adapt to and overcome challenges that impact their access to health care such as aged infrastructure, antiquated health IT systems, endemic clinician and support staff shortages, and lack of broadband access. Too many rural providers have not received their fair share of funding to modernize their health IT systems, which is needed for expanding access to care through telehealth and other virtual services, optimizing operations and financial sustainability through informatics and analytics that support transitions to new payment and delivery models, strengthening cybersecurity, and leveraging the benefits of rapidly developing AI systems. Health IT modernization is necessary for rural health care providers to sustain themselves, allowing them to access critical funding streams and serve their communities effectively. As Vice President- Elect Vance has emphasized, "**we need to ensure that technology doesn't leave our people behind,**" and this effort is a powerful step toward that goal. Investments in rural IT modernization will ensure that these communities remain central to the nation's health, well-being, and prosperity—reflecting the Trump administration's commitment to American self-sufficiency and prosperity.

We urge your Administration in the first 100 days to:

- Ensure that existing federal programs (including the United States Department of Agriculture (USDA) community grant program mentioned below) are streamlined, simplified, and clarified 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.
- Fund 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.
- Streamline and simplify arcane USDA grant application requirements that prevent rural providers, who do not have margins to support grant writers, from applying to these programs.

Improve Access to Specialty Care in Rural America

The shortage of specialists in rural areas continues to create barriers to timely, effective care, leading to the sobering reality that rural Americans facing a 23% greater risk of death from preventable diseases than urban residents. OCHIN network data reflects national trends of limited access and lengthy wait times for specialty care, which drives health disparities in rural and other underserved communities. The overall average wait time to see a specialist increased from 50 days in 2019 to 58 days in 2023. Certain specialists are even higher: the average wait time for a neurologist is 84 days, gastroenterologist is 71 days, and ophthalmologist is 66 days. By leveraging digital health (such as telehealth, eConsults, and store and forward) for specialty care, it is possible to evaluate and then scale capacity that supports sustainable payment models tailored to rural volumes. This would also help inform rural providers on ways to increase stable revenue sources that allow them to attract and retain specialists. This solution will help rural communities overcome health disparities, providing access to advanced care while strengthening local healthcare infrastructure.

- Establish a virtual network of specialists that includes rural providers through the Centers for Medicare & Medicaid Services (CMS) demonstration authority dedicated to offering services in rural and underserved communities.
- Work with Congress to permanently extend the Medicare COVID-19 public health emergency flexibilities.
- Work with states to encourage participation in the Interstate Medical Licensure Compact and other health professional licensing compacts, allowing physicians already licensed to practice in one state an expedited pathway to practice medicine in multiple states – including telehealth.
- Work with states to allow telehealth licensing registration to allow the ability for out-of-state providers to care for in-state patients.

Fund Cybersecurity Improvements to Protect Rural and Underserved Communities.

Rural healthcare providers are especially vulnerable to cybersecurity threats as they often do not have financial margins to invest in the needed robust protections and they often have antiquated systems. As laid bare by the recent cyberattack on Change Healthcare (one of the largest health payment processing companies in the world accounting for nearly 40 percent of all claims), the **healthcare ecosystem is interdependent and cyberattacks on one company, organization, or provider will have far reaching adverse impact on many others**. In the OCHIN network, which is comprised of providers in rural and underserved communities, nearly 500 connections had to be rebuilt after the attack. These interfaces were disconnected to address the breach. Now, many months later, OCHIN continues to work with members on the aftermath of the incident, resulting in increased costs and staff redirected from care delivery and innovation to dealing with the aftereffects. Additionally, cyber resilience not only protects patient information and medical systems but is critical for continuity during natural disasters, where data sharing and care coordination are essential.

We urge your Administration in the first 100 days to:

- Provide funding to the Department of Health and Human Services (HHS) in partnership with Cybersecurity & Infrastructure Security Administration (CISA).
- Direct the USDA to streamline its community grant program to help rural providers secure resources to fortify these systems without undue administrative burden.
- Clarify that this program funding can be used to fund cybersecurity resiliency for rural providers.

Protect Rural Mothers and Newborns by Addressing High Rural Maternal Mortality Rates
Rural mothers face disproportionately high risks, with the rural maternal mortality rate nearly two times higher than urban areas. Innovation and modernization can dramatically improve access to care for mothers and newborns in rural communities. Investments in modernized health IT systems, national digital data and technical standards that facilitate interoperability relevant to maternal health, improving specialty care access through telehealth, remote patient monitoring (RPM), and other tools can bridge gaps in maternal care. This issue exemplifies the need for a healthcare system that "puts our people first," as both President Trump and Vice President Vance have emphasized, ensuring that the most vulnerable populations receive the care they need.

We urge your Administration in the first 100 days to:
- Ensure equitable payment for digital health services including eConsults, telehealth, and remote monitoring services across Medicare and urging state Medicaid programs to pursue similar policies.

- Enhance interoperability across health IT systems through standard national digital data and technical standards for data elements and categories relevant to maternal and newborn health.

Ensure Rural Providers Can Participate in Artificial Intelligence (AI) and Health Care Innovation.

As AI transforms healthcare, rural providers must have the opportunity to benefit from and participate in these advancements. **Supporting rural AI readiness will empower providers to leverage these tools to improve patient outcomes, expand access, and generate revenue.** Senator Vance has highlighted the importance of "using technology to improve lives rather than undermine them." We urge investments that include rural providers in every phase of the innovation lifecycle, ensuring they have access to modernized health IT tools. This inclusion will allow them to benefit from AI advancements on par with larger institutions, strengthening rural healthcare infrastructure and ensuring all communities have access to life-saving innovations.

We urge your Administration in the first 100 days to:

- Support health IT modernization as an essential prerequisite to rural providers participating actively in the AI transformation of health care.
- Fund targeted technical assistance to rural providers to build capacity and resources and supports partnerships to ensure rural patients are part of the AI enterprise and reap benefits from the innovations in care and delivery.
- Fund a health care AI Innovation and Learning lab to support a network of providers in rural and underserved communities to drive identification, development, validation and deployment of AI solutions need to meet local needs that drive greatest impact and savings.