

June 3, 2019

Via Electronic Submission – www.regulations.gov

Office of the National Coordinator for Health Information Technology
Attn: 21st Century Cures Act Proposed Rule
Mary E. Switzer Building
Mail Stop: 7033A,
330 C Street SW
Washington, DC 20201

Centers for Medicare & Medicaid Services
Department of Health and Human Services
Attn: CMS-9115-P
Mail Stop C4-26-05
7500 Security Blvd.
Baltimore, MD 21244-1850

**RE: Interoperability, Information Blocking, and ONC Health IT Certification Program
ONC RIN 0955-AA01
CMS 9115-P; RIN 0938-AT79**

To Whom It May Concern:

The Council of Insurance Agents and Brokers (“The Council”) appreciates this opportunity to comment on the related proposed rules from the Office of the National Coordinator for Health Information Technology (ONC) and the Centers for Medicare & Medicaid Services (CMS) regarding patient access to, and interoperability of, healthcare data (collectively, the “proposal”).¹ The Council strongly supports your efforts to address barriers to free and timely flow of healthcare data and the specific policy goals underlying the proposal:

- Improving care coordination;
- Increasing stakeholders’ ability to track and analyze health outcomes, trends and costs, and quality and results; and
- Better management of benefits and health for different populations.

¹ CMS Proposed Rule, 84 Fed. Reg. 7610 (Mar. 4, 2019); ONC Proposed Rule, 84 Fed. Reg. 7424 (Mar. 4, 2019).

Ultimately, we believe, all of these steps are necessary to improving quality of care and bending the healthcare cost curve.

By way of background, The Council represents the largest and most successful employee benefits and property/casualty agencies and brokerage firms. Council member firms annually place more than \$300 billion in commercial insurance business in the United States and abroad. Council members conduct business in some 30,000 locations and employ upwards of 350,000 people worldwide. In addition, Council members specialize in a wide range of insurance products and risk management services for business, industry, government, and the public.

Council members' focus, not surprisingly, is on the employer-sponsored healthcare market; specifically, improving quality and controlling costs therein. Timely access to complete and meaningful data is essential for employers to effectively evaluate plan/benefit options for their particular population's needs, eliminate unnecessary costs, promote efficiencies and better patient utilization, and improve the overall health of their employees.

Although the proposal does not impact the entire private market, we believe it is an important step toward encouraging all players in the healthcare marketplace to improve data sharing practices and capabilities. We particularly support the following features of the proposal:

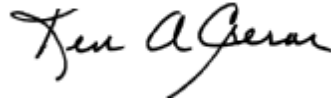
- Improving interoperability between providers via standardization of technology, content and vocabulary requirements;
- Allowing healthcare data to “follow” the patient to whom it applies through use of common technologies;
- Clarifying that the data available to, and shareable by, patients must be complete health data, including, *inter alia*:
 - Claims data;
 - Cost-sharing obligations;
 - Drug benefits information; and
 - Robust clinical data covered by the U.S. Core Data for Interoperability (USCDI) standard;
- Requiring *timely* disclosure of data so that health records are updated on a more real-time basis; and
- Deterring information blocking by providers.

Our members have long reported that meaningful health data is very difficult to access – for employees and employers alike – for many of the reasons identified in the proposal (e.g., each provider handles data management and data sharing protocols differently; some health IT vendors prevent the timely share of information, even when directly requested by the patient; etc.). We believe the proposal will go a long way to address these challenges with respect to the

entities it covers and we hope this effort will lead to wider adoption of these much-needed reforms in the private healthcare sector.

Again, we appreciate this opportunity to comment and your efforts to address these important issues.

Respectfully submitted,

A handwritten signature in black ink that reads "Ken A. Crerar". The signature is written in a cursive, flowing style.

Ken A. Crerar
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