



June 15, 2015

Secretary Sylvia Matthews Burwell
Acting Administrator Andy Slavitt, Centers for Medicare and Medicaid Services
National Coordinator Karen DeSalvo, M.D., Office of the National Coordinator for Health
IT
U.S. Department of Health and Human Services
200 Independence Avenue SW
Washington, D.C. 20201

Re: 42 CFR Part 495 Medicare and Medicaid Programs; Electronic Health Record Incentive
Program—Modifications to Meaningful Use in 2015 Through 2017; Proposed Rule Formal
Comments on Meaningful Use Stage 2 Rulemaking

File No. CMS-3311-P

Dear Secretary Burwell, Acting Administrator Slavitt, and Dr. DeSalvo:

On behalf of the Asthma and Allergy Foundation of America (AAFA), I am pleased to
submit these comments in response to the request for comments on Meaningful Use Stage 2
Rulemaking.

AAFA, founded in 1953, is a national non-profit volunteer health association dedicated to
improving the quality of life for people with asthma and allergic diseases and their families
and family caregivers, through education, advocacy and research. AAFA develops and
provides trustworthy information, services and support to parents and family caregivers to
improve the health and well-being of people living with asthma and allergies. AAFA
develops and provides trustworthy information and support to parents and family caregivers
to improve the health and well-being of people living with asthma and allergies. Our
websites (www.kidswithfoodallergies.org and www.aafa.org) house hundreds of pages of
evidence-based resources for disease prevention, management and treatment. Together, these
websites host an average of 700,000 unique visitors each month.

AAFA support allows patients, parents and family caregivers to understand how to actively
participate in self-management and to implement prevention strategies within and outside the
home environment, including in schools, restaurants, and child care settings, to keep
themselves and their families safe and healthy. AAFA's broader agenda includes educational
programs that support patients with these conditions and the allied health professionals who
care for them. These programs are also directed at increasing public awareness, through
campaigns and social research projects which highlight the growing challenges of asthma for
individuals and communities.

Below, we offer focused comments about the following proposed changes:

- Changing the threshold from the Stage 2 Objective for Patient Electronic Access
measure number 2 from “5 percent” to “equal to or greater than 1”



- Changing the threshold from the Stage 2 Objective Secure Electronic Messaging from being a percentage based measure, to yes-no measure stating the “functionality fully enabled”

AAFA supports the Department of Health and Human Services’ (DHHS) efforts to establish patient and family engagement as one of the five priorities of the meaningful use program in recognition that patients should have access to meaningful and useful information about their own health and health care. However, AAFA is very concerned with DHHS’ proposal to replace its original requirement that 5% of patients view, download, or transmit their health information with a revised requirement that eligible professionals and hospitals need only show that one patient accesses his or her health information online. We are also concerned about the DHHS proposal to replace the threshold from the Stage 2 Objective Secure Electronic Messaging from being a percentage based measures, to a yes-no measure.

We are concerned that the proposed changes will signal a lack of DHHS commitment to assuring that patients, their families and caregivers have access to their health data. The proposed changes are not supportive of patient and family engagement in their health and health care. It is essential that patients have access to and can see their information in order to participate as equal partners in shared decision making, self-management and treatment plan adherence.

AAFA urges you to reconsider the proposed changes in MU criteria related to patient access to their data. AAFA urges the DHHS to reach out to organizations such as AAFA so that jointly we can develop measures that are important to patients and that assure patient access to data, patient-centeredness in all policies, and ultimately better outcomes for all Americans. AAFA stands ready to work with DHHS on this important public policy priority.

We believe that such changes undermine the department’s vision that patient needs and perspectives be central to health and health care and will ultimately compromise the quality of care and indeed the quality of life for patients, their families, and their caregivers.

We thank you for your time and consideration. Please do not hesitate to contact me or Meryl Bloomrosen (mbloomrosen@aafa.org), AAFA’s Senior Vice President, Policy, Advocacy and Research, if you or your staff would like to discuss these issues in greater detail.

Sincerely,

Cary Sennett, MD, PhD
President and Chief Executive Officer