

March 27, 2024

The Honorable Ann Meyer  
Chair  
Iowa Health and Human Services Committee  
State Capitol Building  
Des Moines, IA 50319

The Honorable Devon Wood  
Vice Chair  
Iowa Health and Human Services Committee  
State Capitol Building  
Des Moines, IA 50319

The Honorable Beth Wessel-Kroeschell  
Ranking Member  
Iowa Health and Human Services Committee  
State Capitol Building  
Des Moines, IA 50319

**Re: Oppose HF2623 (Formerly HSB 623) Regarding a State-Designated Health Data Utility**

Dear Representatives Meyer, Wood, and Wessel-Kroeschell,

On behalf of the 29 member companies of the HIMSS Electronic Health Record (EHR) Association, we appreciate the opportunity to register our concerns and opposition to the designation of a Health Data Utility (HDU) in the state of Iowa.

As the national trade association of EHR developers, Association members serve the vast majority of hospital, post-acute, specialty-specific, and ambulatory healthcare providers using EHRs and other health IT across the United States. Together, we work to improve the quality and efficiency of care through the adoption and use of innovative, interoperable, and secure health information technology. EHR Association members are committed to enabling robust interoperability, given its positive impacts on patient care and ability to reduce administrative burden. Our members and their healthcare provider organization customers consistently emphasize robust participation in nationwide networks as the best way to achieve that goal.

Today, the vast majority of healthcare provider organizations engage in secure health record exchange to improve patient care and streamline administrative processes by connecting directly with each other. These connections are facilitated by nationwide frameworks like Carequality, the CommonWell Health Alliance, the eHealth Exchange, and the government-sponsored Trusted Exchange Framework and

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<a href="#">AdvancedMD</a>	<a href="#">Elekta</a>	<a href="#">Greenway Health</a>	<a href="#">Netsmart</a>	<a href="#">Sevocity</a>
<a href="#">Altera Digital Health</a>	<a href="#">EndoSoft</a>	<a href="#">Harris Healthcare</a>	<a href="#">Nextech</a>	<a href="#">STI Computer Services</a>
<a href="#">Athenahealth</a>	<a href="#">Epic</a>	<a href="#">MatrixCare</a>	<a href="#">NextGen Healthcare</a>	<a href="#">TruBridge</a>
<a href="#">BestNotes</a>	<a href="#">Experity</a>	<a href="#">MEDHOST</a>	<a href="#">Office Practicum</a>	<a href="#">Varian – A Siemens Healthineers Company</a>
<a href="#">CureMD</a>	<a href="#">Flatiron Health</a>	<a href="#">MEDITECH, Inc.</a>	<a href="#">PointClickCare</a>	<a href="#">Veradigm</a>
<a href="#">eClinicalWorks</a>	<a href="#">Foothold Technology</a>	<a href="#">Modernizing Medicine</a>		

Common Agreement (TEFCA). This connectivity results in hundreds of millions of records exchanged monthly nationwide.

Over the last eight years, the federal government has invested substantial resources into establishing the TEFCA as a single on-ramp to data exchange in healthcare. Participants can connect to TEFCA once, and instantly request records from any other entity connected to TEFCA for the network's supported use cases – which will include treatment, payment, operations, public health, government benefits determination, and individual access services. Connections to TEFCA can be achieved in a variety of ways, enabling the participant to choose the manner that suits it the best.

The EHR Association believes that Iowa can leverage the hard work and financial investment that the federal government has already completed to identify technical standards, create a nationwide, scalable architecture, and define consensus-based terms of connection and participation. To save the time, resources, and costs necessary for an HDU approach, Iowa should promote participation in TEFCA – including among Iowa's public health agencies. With universal participation in TEFCA, doctors, health plans, public health agencies, and others will be able to directly request and receive the data they need without maintaining a costly and low-value repository of health data.

State Health Information Exchange (HIE) and HDU models that rely on all participants submitting patient records to a centralized repository have historically struggled with financial sustainability. They often find it challenging to meet all exchange use cases and needs simultaneously, including treatment, public health, research, payment, and healthcare operations. This is because the specific types of information necessary and appropriate can vary greatly among these use cases, often leading to incompatibilities. As a result, stakeholders tend to bypass HDUs or HIEs, preferring to request data directly from the provider organization or health plan, rather than relying on secondhand information from a generic repository.

The state should not compel healthcare provider submission of data to an HDU, especially if doing so requires connection fees paid by the provider organization. HDUs should demonstrate their value in the market without subsidies from the state or mandatory fees paid by healthcare providers. Compelling data submission to an HDU may result in an untenable and costly situation: provider organizations, health plans, and others must continue to submit data to a repository, but decline to request data from the repository because it offers little value to them. Our members and their clients have voiced that provider organizations, health plans, public health agencies, and individuals are better served by direct connections to each other. That allows each stakeholder to adopt specialized tools that meet their specific data processing needs – whether for treatment, population health analytics, payment, or public health activities – and retrieve up-to-date information that is most pertinent to their needs.

Leveraging TEFCA and promoting its widespread adoption can offer Iowa—affecting its providers, public health agencies, pharmacies, and payers—a cost-effective, efficient, and scalable solution for health information exchange. This aligns with national standards and decreases the necessity for state-specific infrastructure, which could lead to higher costs and more complex maintenance requirements.

Thank you for your consideration. As industry stakeholders, we stand ready to support Iowa's efforts toward widespread adoption of health information technology and establishing a framework for the sharing of health information. We share your concern for compliance with privacy and security laws, the

enhancement of data interoperability, and the promotion of a patient-centered approach. The Association's leadership can be reached by contacting Kasey Nicholoff at [knicholoff@ehra.org](mailto:knicholoff@ehra.org), who in turn can help identify a time that will work for all stakeholders to schedule an online meeting.

Sincerely,



Stephanie Jamison  
Chair, EHR Association  
Greenway Health

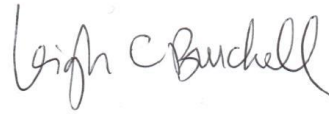


William J. Hayes, M.D., M.B.A.  
Vice Chair, EHR Association  
CPSI

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Leigh Burchell  
Altera Digital Health



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Epic



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Ida Mantashi  
Modernizing Medicine

*Established in 2004, the Electronic Health Record (EHR) Association is comprised of 29 companies that supply the vast majority of EHRs to physicians' practices and hospitals across the United States. The EHR Association operates on the premise that the rapid, widespread adoption of EHRs will help improve the quality of patient care as well as the productivity and sustainability of the healthcare system as a key enabler of healthcare transformation. The EHR Association and its members are committed to supporting safe healthcare delivery, fostering continued innovation, and operating with high integrity in the market for our users and their patients and families. The EHR Association is a partner of HIMSS. For more information, visit [www.ehra.org](http://www.ehra.org).*