

The EHR Regulatory Relief Act

Senators Thune, Alexander, Burr, Enzi, Roberts, Cassidy

Feedback from the hospital and physician community resoundingly indicates that the burdens of compliance with the meaningful use requirements are negatively affecting hospitals and medical providers.

The sponsors of this bill also authored the 2013 report, “REBOOT: Re-examining the Strategies Needed to Successfully Adopt Health IT,” which outlined concerns with the meaningful use program.

Regulatory flexibility is necessary to help hospitals and medical providers focus on transitioning into the new, patient-focused payment policies created by Congress by the Medicare Access and CHIP Reauthorization Act of 2015 instead of the “check-the-box” meaningful use program.

90-Day Reporting Period:

- While CMS has [proposed](#) a 90-day reporting period for reporting year 2016, this bill will codify this proposal to ensure hospitals and eligible providers will be able to attest with 90 days of reporting, as they were able to do in 2015.

Removing the All-or-Nothing Approach to Meaningful Use:

- The 100%-is-passing approach to meaningful use creates an unfair burden of compliance. Missing a threshold by a small amount or failure to meet an individual part of an objective results in failure, despite good faith efforts.
- This bill would create a new threshold that requires eligible hospitals or eligible providers to meet no more than 70% of the required metrics to satisfy meaningful use requirements.

Flexibility in the Hardship Exception:

- This bill extends current law providing hardship relief to providers for 2016 and 2017.
- Reasons for hardship include insufficient internet connectivity, natural disasters, unexpected practice closures, vendor and certification issues, lack of face-to-face patient interaction, etc.