AHIMA Policy Statement: Healthcare Reform

AHIMA's Position:

AHIMA supports the use of policy to promote access to health insurance coverage for all, as well as the continuity, accuracy, timeliness, completeness, accessibility, and security of an individual's health information regardless of their health coverage status. Health information (HI) professionals have extensive knowledge and expertise to contribute in developing policies around health reform and health information. To recognize the value of health information in any health reform efforts seeking to expand insurance coverage, improve quality, and/or reduce costs, AHIMA believes that, regardless of insurance coverage status, public policy must:

1. **Guarantee the right for all to have access to affordable, high-quality health insurance coverage.** Access to health coverage is critically important for promoting and maintaining health, preventing and managing ongoing health conditions, and reducing fiscal burden on individuals and their families. Policy must consider closing existing coverage gaps to help achieve comprehensive health coverage for every American.

2. **Ensure individuals are able to access, use, and share their health information.** Individuals' access to their health information is essential to ongoing care coordination and management. While the Health Insurance Portability and Accountability Act (HIPAA) guarantees the right of individuals to access their protected health information (PHI) that is maintained by a covered entity, policy must also ensure that an individual's access to his or her health information should not be impeded by any change in insurance status, including a change in commercial or government-run insurance plans.

3. **Encourage the portability of an individual's health information.** An individual's health insurance status or plan can change over time. Policy must encourage individuals to have the ability to take their health information, including both clinical and administrative data, with them when they change plans or experience a change in coverage, should they choose to do so.

4. **Promote the accuracy, timeliness, completeness, and trustworthiness of health information.** Policy must promote the accuracy and integrity of an individual's health information. This includes addressing the challenge of patient identification and working to incorporate social determinants of health data whenever possible.

5. **Ensure individuals' health information remains secure and private.** Individuals' health information must have the same protections regarding privacy, security, and completeness regardless of insurance coverage.

Background

Healthcare has been in a constant state of reform in the US for the past century. From the creation of Medicare and Medicaid to the implementation of the Health Insurance Portability and Accountability Act (HIPAA), to the enactment of the Patient Protection and Affordable Care Act (ACA), healthcare reform has been a consistent area of attention. The Biden Administration has prioritized protecting and expanding access to quality, affordable health care, and building on

the ACA. One critical area within healthcare reform that has received less attention is ensuring the accuracy, timeliness, availability, completeness, and access individuals have to their health information. While some steps have been taken to address these issues, additional work is needed to maintain the integrity of an individual's health information as his or her health insurance status may change. As policymakers aim to address this important issue, AHIMA members have the expertise to offer insight.

Key Points

Guaranteeing affordable, equitable, high-quality health coverage for all Americans and guaranteeing the continuity, accuracy, timeliness, completeness, accessibility, and security of an individual's health information regardless of their health coverage status could yield considerable benefits, including:

- Increased numbers of patients with access to healthcare coverage, leading to increased access to preventive care, better-managed health conditions, and reduced financial strain on individuals and families;

- Improved patient outcomes;

- Improved patient access to information, education, and trust in providers as it pertains to their own health;

- Improved longitudinal records of all patient health information, including patient health conditions and medical services;

- Improved operational efficiencies by both providers and payers; and

- Reduced unnecessary care and testing, which could lead to reduced costs for both patients, providers, and payors.

To realize the benefits of comprehensive health coverage, certain barriers must be addressed, including:

- **Lack of access to healthcare coverage.** Since 2017, the number and share of Americans without health insurance coverage has risen every year. In 2019, approximately 28.9 million Americans under the age of 65 were uninsured.[1] Barriers to coverage include affordability, ineligibility, and complexity in the enrollment process.[2]

- **Limitations in individuals being able to easily access their health information, including claims data**. The ONC Cures Act Final Rule encourages the ability of individuals to leverage secure, standards-based application programming interfaces (APIs) to support individuals' access to their electronic health information. At the same time, the Centers for Medicare and Medicaid Services (CMS), in a separate final rule,

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[1] Available at: https://www.cdc.gov/nchs/fastats/health-insurance.htm.
[2] Available at: https://www.cdc.gov/nchs/data/databriefs/db382-H.pdf, https://www.kff.org/uninsured/issue-brief/key-facts-about-the-uninsured-population/#:~:text=In%202019%2C%2073.7%25%20of%20uninsured,for%20financial%20assistance%20for%20coverage.

requires health plans in Medicare Advantage, Medicaid, the Children's Health Insurance Program (CHIP), and through the federal Exchanges to share claims data and other health information electronically via API with individuals. However, not all aspects of the rule have been implemented. Furthermore, beneficiaries under commercial health insurance plans that are not under CMS authority are not required to share encounter and claims data electronically with individuals via a secure, standardized API. Work also remains to support individuals being able to collect all of their information in one place.

- **Lack of a national patient identification strategy.** Today, lack of widespread operational principles, as well as limitations in processes and technologies, result in inaccurate patient identification.[3] Accurate patient identification is necessary in strengthening interoperability. Patient matching processes differ between insurers, which increases difficulties for patients to ensure they have access to their accurate and complete patient data.

- **Lack of digital infrastructure and technical capabilities to support functional, structural, and semantic interoperability across health plans.** Successful attempts today that attempt to ensure the accuracy, continuity, and completeness of an individual's health information as their health insurance status changes is often manual, human-capital intensive, and may involve unstructured data.

- **Protecting privacy and security**. Healthcare reform efforts must maintain the ability of health information professionals to be good stewards of health information, which includes the appropriate sharing of health information (while ensuring that only the minimum necessary information is exchanged and limited to the specific transaction in question). Patient health information, whether residing in a clinic or hospital, or with one of the many HIPAA non-covered entities, must be protected.

Current Situation:

On March 3, 2010, the Patient Protection and Affordable Care Act (ACA) was signed into law, which achieved the most significant regulatory overhaul of health coverage since the passage of Medicare and Medicaid in 1965. Provisions went into effect over the next few years, and by 2016, the uninsured share of the population had halved, covering an additional 20 to 24 million people. Increases in coverage under the law came about by both an expansion of Medicaid eligibility and changes to individual insurance markets.

On December 13, 2016, President Barack Obama signed into law the 21st Century Cures Act. One focus of this Act was to advance interoperability by addressing information blocking. The Act called for "all electronically accessible health information" to be accessed, exchanged, and used "without special effort on the part of the user."

Since then, the US Department of Health and Human Services (HHS) has published and finalized the ONC Cures Act Final Rule and the CMS Patient Access and Inoperability Rule, which requires:
- CMS-regulated payers to implement and maintain a Patient Access API, (enforcement of which for Medicare Advantage, Medicaid, and the Children's Health Insurance Program

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[3] ECRI Institute PSO Deep Drive: Patient Identification: Executive Summary. Available at: https://www.ecri.org/Resources/Whitepapers_and_reports/PSO%20Deep%20Dives/Deep%20Dive_PT_ID_2016_exec%20summary.pdf.

is scheduled to begin in July 2021). These requirements of plans parallel existing requirements of healthcare providers to make patient records available through portals and APIs.

- Compliance with the Office of the National Coordinator for Health IT (ONC) Cure Act Final Rule, which prohibit health IT developers, networks, health information exchanges, or healthcare providers from interfering with the access, exchange, or use of electronic health information (EHI) (enforcement of which at present has been delayed until April 5, 2021).

Within the CMS interoperability rule, CMS-regulated payers are required to make a patient's claims and encounter data available via the Patient Access API. This makes patient data available to the patient even when they change insurance plans. Currently, commercial plans that do not fall under CMS authority are not required to make such data available or transfer such data.

The Lower Healthcare Cost Act of 2019 attempted to address this issue by giving patients full, electronic access to their own healthcare claims information. The bill did not pass (even though some of provisions of the legislation, such as surprise billing, were addressed in the Consolidated Appropriations Act of 2021), but it remains a starting point with the 117th Congress.

Today, there are a number of healthcare reform plans that aim to build on the ACA's work over the past decade. The Patient Protection and Affordable Care Enhancement Act, introduced by Democrats in the US House of Representatives in 2020, would strengthen the current ACA, shore up Medicaid, and lower prescription drug prices. President Biden, in his first month in office, laid out his healthcare plan, which would give Americans the option of buying into a "Medicare-like" plan or keeping their private insurance; expand Medicaid to states that had not participated in Medicaid expansion; eliminate the 400 percent income cap on tax credit eligibility; and lower the cap on income spent on insurance from 9.86 percent to 8.5 percent. There is also Medicare for All, the plan popularized by Senator Bernie Sanders (I-VT), that would result in a single-payer system aiming to provide comprehensive coverage to all Americans.

As Congress continues to consider healthcare reform, AHIMA and its members stand ready to lend its expertise and unique voice to the conversation.