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 associated with electronic health records (EHRs) are negatively affecting hospitals and medical providers.

Regulatory flexibility is necessary to help hospitals and medical providers focus on transitioning into patient-focused payment policies, instead of the "check-the-box" meaningful use program.

90-Day Reporting Period:

- While CMS has administratively provided a 90-day reporting period, this bill would codify this policy to ensure providers are able to attest with 90 days of reporting.

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

- The "100 percent 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 to meet no more than 70 percent of the required metrics to satisfy meaningful use requirements.
- Recognizing the early stages of implementation of the Merit-Based Incentive Payment System, it would direct the U.S. Department of Health and Human Services (HHS) to consider forthcoming recommendations from the GAO with respect to improving EHR requirements for physicians.

Reducing Volume of Future EHR-Related Significant Hardship Requests:

- Current law requires HHS to make EHR standards more stringent over time, which drives more providers to seek hardship exceptions as they struggle to remain in compliance.
- The bill would eliminate this requirement so HHS can make deliberative decisions on standards moving forward and avoid a high volume of hardship requests in the future.

Flexibility in the Hardship Exception:

- This bill extends hardship relief to providers for 2019.
- Reasons for hardship include insufficient internet connectivity, natural disasters, unexpected practice closures, vendor and certification issues, lack of face-to-face patient interaction, etc.