

March 11, 2015

The Honorable Orrin Hatch
Chairman
Finance Committee
U.S. Senate
Washington, DC 20510

The Honorable Ron Wyden
Ranking Member
Finance Committee
U.S. Senate
Washington, DC 20510

The Honorable Paul Ryan
Chairman
Ways and Means Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Sandy Levin
Ranking Member
Ways and Means Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Fred Upton
Chairman
Energy and Commerce Committee
U.S. House of Representatives
Washington, DC 20515

The Honorable Frank Pallone, Jr.
Ranking Member
Energy and Commerce Committee
U.S. House of Representatives
Washington, DC 20515

Dear Chairman Hatch, Ranking Member Wyden, Chairman Ryan, Ranking Member Levin, Chairman Upton, and Ranking Member Pallone:

We write in strong support of legislative language to amend the Qualified Entity (QE) statute to allow for broader sharing of Medicare data and ask that the language be included in any Sustainable Growth Rate (SGR) reform or fix legislation. We believe adjusting the QE statute will improve health care quality and reduce cost through increased transparency.

We are especially appreciative of the bipartisan and bicameral legislative support these reforms have received. Recent legislative proposals that featured important language to improve the QE program have included:

- SGR Repeal and Medicare Provider Payment Modernization Act of 2014
- Expanding the Availability of Medicare Data Act introduced by Reps. Paul Ryan (R-WI) and Ron Kind (D-WI) in the 113th Congress and 114th Congress
- The Quality Data, Quality Healthcare Act introduced by Sens. Tammy Baldwin (D-WI) and John Thune (R-SD) in the 113th Congress and 114th Congress
- House Ways and Means Health Subcommittee Chairman Kevin Brady's Hospital Improvements for Payment (HIP) Act of 2014 Discussion Draft
- House Energy and Commerce Committee Chairman Fred Upton's 21st Century Cures Discussion Document White Paper

In addition, the President has recognized the importance of modifying the QE Program and has proposed in his Fiscal Year (FY) 2016 Budget to expand Medicare data sharing through QEs.

These proposals would provide flexibility to QEs in the way that they use and share combined Medicare and private claims data with providers, payers, and health care consumers. Through these changes, QEs could provide actionable information and targeted analyses to achieve positive changes in the health care delivery system. Modifying the statute would also enable QEs to charge a voluntary fee

for certain aspects of their work, which creates an important funding stream to further enable their critical transparency and analytics work.

We ask that you include the legislative proposal in any SGR legislation that Congress considers in the coming months.

Sincerely,

AARP

American Academy of Family Physicians

American Academy of Nursing

American Association of Birth Centers

ASC Association

athena health

CalPERS

Center for Improving Value in Health Care

Common Table Health Alliance

Council for Affordable Health Coverage

Greater Detroit Area Health Council

HealthBridge

Health Collaborative

HealthInsight

Health IT Now

Insurance, Benefits & Advisors, LLC

Maine Health Management Coalition

Marshfield Clinic Health System

Midwest Business Group on Health

MN Community Measurement

National Association of Manufacturers

National Coalition on Health Care

National Consumers League

National Retail Federation

National Physicians Alliance

Network for Regional Healthcare Improvement

Oregon Health Care Quality Corporation

Pacific Business Group on Health

Pittsburgh Regional Health Initiative

St. Louis Area Business Health Coalition

ThedaCare Center for Healthcare Value

Virginia Health Information

Washington Health Alliance

Wisconsin Collaborative for Healthcare Quality

Wisconsin Health Information Organization

Wisconsin Hospital Association

Wisconsin Medical Society