



June 16, 2025

Mehmet Oz, M.D., Administrator  
Centers for Medicare & Medicaid Services

Thomas Keane, M.D., Assistant Secretary for Technology Policy and the Office of the National  
Coordinator for Health Information Technology

Department of Health and Human Services  
Attention: CMS-0042-NC  
P.O. Box 8013  
Baltimore, MD 21244-8013

**Re: Request for Information; Health Technology Ecosystem CMS-0042-NC**

*Submitted Electronically via Regulations.gov*

Dear Dr. Oz and Dr. Keane,

athenahealth Inc. (“athenahealth” or “athena”) appreciates the opportunity to respond to the Request for Information on the Health Technology Ecosystem. For more than twenty-five years, athenahealth has worked to build a thriving ecosystem that delivers accessible, high-quality, and sustainable healthcare for all.

We are a national leader in building a connected ecosystem and we strongly support your vision for enhancing care coordination and patient outcomes. We stand ready, willing and able to work with the Trump Administration to do whatever we can to support this important work.

We believe health IT vendors should compete on the value of their services, not on access to proprietary data silos. Over 160,000 clinicians in the US use our single-instance software platform, which connects to more than 230 national registries and nearly 100 Health Information Exchanges (HIEs) and Accountable Care Organizations (ACOs). This connectivity makes vital patient data readily available across different systems and supports the integrated care models essential for a high-performing healthcare system.

In 2024, we imported and migrated over 58 million patient records for 2,800 new customers. Last year, our customers made over 35 billion API calls, demonstrating the value they gain from seamless access to critical patient information. Furthermore, we actively promote broad data sharing with automatic connections to *Carequality* and *CommonWell*. Through participation in these data-sharing networks and frameworks,

athenahealth customers connect to 100% of participating Epic and Cerner customers covering over 87,000 care sites. These connections directly reduce administrative burden, facilitate value-based care, ensure patients can access data across various systems, and help providers deliver high-quality, coordinated care.

Effective federal policy is critical to modernizing healthcare. Our recommendations focus on areas where the government can drive meaningful change to foster interoperability, reduce burdens, and encourage innovation.

## **1. Stay the course on the Trusted Exchange Framework and Common Agreement (TEFCA)**

The government has spent tens of billions of dollars to digitize healthcare records and more than a decade of laws and regulations to lay the groundwork for nationwide data exchange. Now, just as TEFCA is achieving widespread adoption and we are beginning to see the benefits, some are suggesting we should change course. We disagree. TEFCA has established a unified and secure network and fills crucial gaps by creating a standardized framework and providing essential federal governance. Moreover, critical healthcare stakeholders including health IT vendors, providers and payers are already using TEFCA for meaningful data exchange. To maintain momentum, the Administration must stay the course and ensure that if there are changes that need to be made to TEFCA (and we suggest some below) let's make them. TEFCA's governance structure and technology infrastructure is designed to evolve with technology, market dynamics, and regulatory changes.

The Administration can make two specific improvements to accelerate meaningful health information exchange:

- **Expand TEFCA eligibility.** We strongly recommend enrolling telehealth-only providers and free clinics. As healthcare delivery models change, excluding these providers means clinicians may receive an incomplete patient care history.
- **Require a Record Locator Service (RLS).** The lack of a required RLS for Qualified Health Information Networks (QHINs) is a significant barrier to effective data exchange. Complex patient-matching unnecessarily constrains interoperability. Original TEFCA drafts included an RLS requirement, and we believe its inclusion would greatly help QHINs match patients and share records

confidently. Not requiring an RLS is a missed opportunity to promote data exchange.

We recognize the potential of identity verification tools such as ID.me, Login.gov and CLEAR (and other NIST 800–63–3 IAL2/AAL2 CSPs) and support consideration of tools and standards that would verify identity without the need to log-in individually to different patient portals. However, Identity verification without effective patient matching will not cure “portalitis” or ensure results are complete and match to the correct individual. If ID verification confirms the patient is who they say they are, only a Record Locator Service enables them to access their complete healthcare information.

## **2. Establish a National Provider Directory**

A comprehensive national provider directory would resolve persistent issues with fragmented and outdated provider information. It would improve patient access, streamline referrals, increase administrative efficiency, and better support public health initiatives. We applaud CMS for this recognition. We urge CMS and its HHS partners to engage industry stakeholders to build on the progress companies like athenahealth and organizations like CommonWell have already made. A National Provider Directory must be fully integrated with TEFCA.

## **3. Establish a National Patient Identifier**

We understand that the establishment of a national patient identifier has historically been blocked by Congress. Yet, there is virtually no one who understands the complexities of health IT interoperability who does not agree that a national patient identifier would be a game changer. It is a critical piece of infrastructure that would modernize the U.S. healthcare system, increase safety, lower costs, and support better care coordination. Much of what is currently done in the areas of record matching and identity verification is made needlessly more complex by the lack of a national patient identifier. The Administration has expressed a bold willingness to disrupt the status quo, and it is with that in mind that we urge HHS and CMS to strongly advocate for a national patient identifier.

#### 4. Enforce Information Blocking Rules

Congress designed the 21st Century Cures Act's information blocking rule to empower patients with access to their electronic health information. However, information blocking continues. The Administration must strengthen enforcement and dedicate more resources to hold bad actors accountable. Consistent enforcement will level the playing field for compliant providers and vendors. While the initial threat of enforcement spurred engagement, that momentum has faded. Voluntary compliance alone is insufficient to create a widespread, interconnected healthcare ecosystem.

#### 5. Deregulate to Reduce Burden and Drive Innovation

To reduce burdens on providers and promote developer innovation, we advocate for fewer, more aligned, and less prescriptive regulations. We recommend the following actions:

- **Focus on Outcomes, Not Prescriptive Requirements.** Regulations often dictate *how* to achieve a goal with specific technical mandates, stifling innovation by forcing adherence to outdated standards. An outcomes-based approach allows for tailored solutions, adapts to evolving technology, and reduces regulatory burdens.
- **Encourage (and allow for) Both Public and Proprietary APIs.** The RFI asks how CMS can encourage the use of publicly-available APIs over proprietary APIs. We suggest a more technology-agnostic approach. There is a role for both public and proprietary APIs.

We have seen firsthand that while standards like FHIR and IGS DaVinci are valuable, developers frequently opt for our proprietary APIs. This isn't due to a lack of commitment to standards; rather, it's because our proprietary APIs often address functionality not yet covered by standards or provide unique access to athena-specific capabilities. The overwhelming feedback from developers is that these modern, RESTful proprietary APIs offer significant benefits and are easy to build against. Therefore, CMS should recognize that modern, API-first, cloud-based platforms are as crucial as standards-based APIs. Prioritizing the overall modernization of health IT will accelerate digital innovation more effectively than relying on standards that often don't reflect the underlying technology or user needs.

- **Align Conflicting and Duplicative Regulations.** HHS must fully align its interoperability, data privacy, and security efforts. Harmonizing regulatory deadlines between ONC and CMS interoperability rules and CMS Quality Payment Programs would create a more cohesive and less burdensome environment.
- **Revise or Rescind Unnecessary Regulations.** HHS should avoid regulations that no longer serve the purpose for which they were intended or have significant unintended consequences. For example, the "Insights Condition and Maintenance of Certification" in HTI-1 imposes burdensome, duplicative, and unnecessary reporting requirements. The health IT market is mature and competitive. Providers make informed decisions based on their needs and product capabilities, not an outdated government reporting program. The Administration should eliminate this unnecessary and burdensome requirement.
- **Tread Lightly on AI Regulation.** The current Decision Support Intervention (DSI) certification criterion in the HTI-1 final rule does not differentiate among AI functionality based on risk. A risk-based approach that distinguishes between low-risk administrative AI and potentially higher-risk clinical AI would align with industry standards, reduce unnecessary burdens, and promote the development of innovative AI systems.

By focusing on these strategic areas, the federal government can help create a more effective, efficient, and patient-centric healthcare system for all Americans. athenahealth stands ready to partner with HHS and CMS as you consider and implement policies that will help to create a thriving ecosystem that delivers accessible, high-quality, and sustainable healthcare for all.

We appreciate the opportunity to submit responses to this RFI and look forward to continuing to engage collaboratively with the Administration.

Sincerely,



Joe Ganley  
VP, Government and Regulatory Affairs  
athenahealth