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June 16, 2025

Assistant Secretary for Technology Policy
Office of the National Coordinator for Health Information Technology
Department of Health and Human Services
Attention: Centers for Medicare & Medicaid Services [CMS–0042–NC] RIN 0938–AV68 Request for Information; Health Information; Health Technology Ecosystem

Dear Assistant Secretary for Technology Policy (ASTP)/ Office of the National Coordinator for Health Information Technology (ONC), Centers for Medicare and Medicaid Services (CMS), and Department of Health and Human Services (HHS):

Colorado appreciates the opportunity to submit comments on the Office of the Assistant Secretary for Technology Policy and Office of the National Coordinator for Health Information Technology (ASTP/ONC) and Department of Health and Human Services (HHS), Request for Information (RFI), Heath Technology Ecosystem, CMS–0042–NC. We recognize that stakeholders and entities will be submitting their own comments expressing their views. Colorado submits these comments from the perspective of staff from several Colorado state agencies and offices who worked together to contribute their perspectives and expertise to the formulation of these comments, including the Office of eHealth Innovation and the eHealth Commission, Health Care Policy & Financing (Colorado's single state agency for the administration of the Medicaid and Children's Health Insurance (CHIP) programs), Colorado Department of Public Health & Environment, Department of Corrections, Division of Insurance, and Office of Information Technology. Our comments concentrate on the health programs and systems questions posed by the RFI. (For ease of reference, our responses are grouped by topic, with the applicable question numbers at the end of individual paragraphs.)

Expanding Interest, Access, Adoption, and Use of Digital Health Applications and Products

Colorado believes that the ultimate goal of digital health technologies should be to facilitate a healthy population with improved health outcomes. To achieve this goal, several critical patient-specific objectives must be met: 1. Patients must be aware of the benefits of digital health products (applications) and how their use can improve health outcomes; 2. Patients must have *easy* access to *all* of their health records; and 3. Patients must know how to successfully access and frequently use Digital Health Products (DHPs).

Colorado agrees with the approach seeking input based on use cases targeted to patients and caregivers, providers, payers, technology vendors and data providers, and value-based care organizations. This approach will produce valuable data and information as CMS and ASTP/ONC continue efforts to advance seamless, secure, and patient-centered digital health infrastructure.

The RFI seeks comments from patients and others about their awareness and use of care navigation or personal health record applications, and how to make digital products accessible, especially for

those with little prior experience using digital tools. The RFI also asks what CMS can do to encourage patient interest, and the role that CMS should have in reviewing or approving the efficacy, quality, and impact of DHPs on health outcomes. (PC-3 through PC-7)

Colorado agrees that the use cases identified in PC-12 (PR-4, TD-1) would help patients to better understand and manage their health needs. To further demonstrate the value of DHPs and meet patient (and provider) needs, DHPs should include:

- The capacity to deliver integrated applications in real-time that include insurance coverage information, case management details, medical history, treatment plans, status of referrals, medication refills, etc.
- Simple screens that are easy to read and formatted with accessibility options such as large print, screen reader, multiple languages, instructions with pictures, and read-aloud options.
- For providers and payers, applications need to be capable of easily sharing records/messages, showing insurance claims/denials, status of prior authorization requests, and the ability to conduct real-time scheduling.
- For Health Information Exchanges (HIEs), the data is highly valuable to providers and payers, but its impact is often invisible to patients because it occurs behind the scenes. Expanding the use of DHPs that leverage HIE-facilitated data exchange could strengthen both patient engagement and understanding of HIE value. (PC–11)

For patients to consider using DHPs, they must be confident that their personal health information remains private, and is safe and secure. Given the mobility of patients, there must be integrated protections and safeguards capable of not only "selling safety" but actually delivering it. Colorado strongly believes that privacy and security are paramount to the success of digital health systems. Yet, consideration must be given to ensure that the federal government has the bandwidth to provide the level of security needed for all patients regardless of where they are, as they formalize policies.

Implement Improved Technology Standards for Access and Exchange of Records

An additional challenge for patients (along with providers and payers) is that all major health related entities (payers, hospitals, health IT vendors, and health systems) have their own proprietary sign-on protocol which results in multiple passwords, sign-ons, and credentialing requirements. For patients, in addition to frustration, an unintended consequence of having multiple sign-ons is that they may miss important notifications because they are not signed in to a particular site. Having fewer logins would result in more efficiency, less frustration, and ultimately more patients using DHPs. (PR-9, PR-10, PR-11, VB-14)

Colorado accepts that Application Programming Interfaces (API) are a part of the fabric of modern life, and have been adopted as the primary means of accessing health data. We also recognize that a single API sign-on will not be feasible for the foreseeable future. Yet, we should not accept the status quo of multiple applications with multiple sign-ons that continue to disrupt and discourage access to the full exchange of health data. We recommend more uniform standards for sign-ons and

credentialing. (PR–5, PA- 2, TD-2, TD-4, TD-11, TD-12, TD- 13, TD-14, TD-15, TD-16)

To that end, CMS and ASTP/ONC can formally support interoperable API development through federal guidance and certification requirements. These policies can then be shared with policymakers, and states can leverage the guidance within their administrations and legislatures to better promote and seek funding for more interoperable API standards. Additionally, CMS and ASTP/ONC can lead an effort to establish API governance during the API design lifecycle, including the establishment of advisory task forces, to assist with developing formal and enforceable policies on API standards.

The Promoting Interoperability (PI) Program provided valuable lessons that can be used to further digital health efforts. The PI Program provided significant financial funding to Eligible Professionals and Eligible Hospitals to adopt Electronic Health Records (EHRs) and systems, and exchange patient data, as well as providing valuable education through its Regional Extension Centers. Colorado believes CMS and ASTP/ONC should continue to build on the PI foundation through policies and certification standards that facilitate the expansion of Health IT to professionals, particularly those in Behavioral Health and Skilled Nursing Facilities, that were not eligible to participate in the initial PI program. We also encourage CMS to continue to move forward with Behavioral Health Information Systems initiatives.

Promoting Interoperability program expansion could be furthered by ASTP/ONC's Certification process rewarding developers that create low-cost EHRs and DHPs that meet behavioral health provider and patient needs, which further promotes patient and provider use and interoperability objectives. Colorado encourages support from CMS and ASTP/ONC for funding for this expansion and adoption of a streamlined approval process for all DHPs of a developer that participates in a low-cost EHR certification program. (TD-8, TD-9, TD-10, TD-17, VB-5, VB-6, VB-7, VB-8, VB-9, VB-10)

To further data and cost-benefit analysis, ASTP/ONC's Certification program should require certified Health IT systems to report on patient access and use. (The Promoting Interoperability Program had requirements for providers that a designated percentage of their patients used a patient portal.) This requirement would permit CMS to create baselines and measure performance improvements which would further encourage positive market reaction and use of DHPs.

Colorado encourages CMS and ASTP/ONC to focus on outcomes rather than prescriptive rules and regulations with a single solution. That is, create an environment that accommodates various standards-based technologies as long as the DHPs are interoperable, secure, and promote use through easy access for all.

TEFCA is one example of a reasonable step towards an outcome-based approach, yet it can, and should, be further enhanced through additional data points and interoperability features that include standardizing APIs. CMS and ASTP/ONC should also consider Social Determinants of Health (SDoH) standards for TECFA participation. Privacy measures can be enhanced, such as in cases where blanket consent is/has not been obtained, the system supports a "granular" consent message

included when records are exchanged. (PC–8, PC-9, PC-10, PR-6, PA 1, PA-3, TD-6)

Incidents of information blocking have not risen to higher levels in the state of Colorado. We do recommend that CMS and ASTP/ONC provide more education and communication on information blocking and how to use the portal to report potential violations to federal authorities at this time (PC-13, PR-14, PA-7, 10-18).

Leverage Federal Program Funding through Collaborations

Colorado applauds CMS and ASTP/ONC for their effort to "advance a seamless, secure, and patient-centered digital health infrastructure [and] to unlock the power of modern technology to help seniors and their families take control of their health and well-being". It is well understood that DHPs can only be useful if patients know how to easily access and use the tools. The success of DHPs will be determined in large part by whether digital education is offered broadly. Colorado recommends that CMS and ASTP/ONC consider proven successes such as the Renewable Energy Credits (REC) framework and funding to promote digital navigation education for patients and providers (PC-3, PC-4, PC-5, PC-6, PC-7).

Health IT and data exchange rely on high-speed broadband technology for digital connections. At the national level, the critical importance of broadband infrastructure is being implemented through major programs such as the Broadband Equity, Access and Deployment (BEAD) Program. BEAD is bringing over $42 billion to states to make subgrantee awards to build out broadband to identified areas. These funds will substantially increase the number of households and businesses, including health care providers, that are able to access digital tools, such as DHPs. The need for digital literacy education continues to increase. We encourage ASTP/ONC to partner with federal agencies, such as the National Telecommunications and Information Administration (NTIA) that administers the BEAD and other broadband related programs, to share experiences and leverage resources to expand digital literacy programs, especially for the Medicare and Medicaid populations. Collaborations of this nature have proven successful, such as the ONC's 2020-2025 Federal Health IT Strategic Plan effort which included a group of more than two dozen federal organizations participating in its development and implementation.

If you have any questions or seek further information, please contact Stephanie Pugliese, Director, Office of eHealth Innovation at ask_oehi@state.co.us.

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