



May 31, 2022

The Honorable Xavier Becerra  
Secretary  
Department of Health and Human Services  
200 Independence Avenue, S.W.  
Washington, D.C. 20201

Dear Mr. Secretary,

On behalf of the members of the National Uniform Billing Committee (NUBC), we are writing to provide comments in response to the March 30, 2022 National Committee on Vital and Health Statistics (NCVHS) letter titled "Recommendations to Modernize Aspects of HIPAA and Other HIT Standards to Improve Patient Care and Achieve Burden Reduction." The NUBC appreciates NCVHS's effort to solicit industry feedback and for the opportunity to provide comments on its recommendations in this letter.

The NUBC is a Data Content Committee named in the Health Insurance Portability and Accountability Act of 1996 (HIPAA). The NUBC is composed of a diverse group of health care stakeholders representing providers, health plans, designated standards maintenance organizations, public health organizations, and vendors. Our goal is to promote the development of the data needs reported within a uniform claim for use by institutional health care communities and transmitted to all third-party payers.

In its March letter, the NCVHS identified four recommendations that it believes will help achieve the top health data priorities of this administration, including promoting interoperability, improving health equity, reducing provider and payer burden, and achieving greater efficiencies in health care administration.

Overall, we commend the Committee for recognizing the significant opportunities to improve the current process for identifying, developing, and adopting new and revised health care standards. However, we are concerned with NCVHS's third recommendation stating that HHS should permit HIPAA Covered Entities to implement API-based standards such as HL7's FHIR standards when HHS adopts FHIR standards under authorities other than HIPAA. The NUBC believes that permitting a suite of standards invites variance into the standards. Although this recommendation is presented as a way to promote standards flexibility, we believe it may have the effect of impeding the effort to achieve administrative simplification and interoperability. Allowing for multiple ways to format and transport clinical information fails to accomplish the HIPAA legislative objective of predictable, efficient standardization. To promote efficiency and meet the goals of the HIPAA legislation, the NUBC believes that the health care industry must have a single, uniform, and defined way of formatting and enveloping clinical information between providers, health plans, and other stakeholders.

Moreover, the NUBC does not believe that covered entities should be forced to support multiple methods of electronically transmitting the same information. Doing so may cause a loss of efficiency and increase costs. We believe that such a modification to HIPAA Rules would impose additional burden on health care stakeholders, which runs counter to the goals of HIPAA that seek to promote efficiency in the exchange of the data by adopting a single standard. Any modifications to the HIPAA Rules should not

impose additional administrative burdens on health care stakeholders. Instead, modifications should reduce barriers to care coordination, case management, and value-based care.

Further, the NUBC cautions against the adoption of standards still under development within the industry, such as a number of HL7 Implementation Guides (IGs). We stress that pilot projects tested in controlled, closed systems will face unique challenges when deployed in real-time among diverse health care entities. Mandating a standard prior to performing adequate testing or piloting is a consistent challenge in the health care industry. Sufficient industry experience, testing, and piloting not only identifies potential implementation problems but also helps establish best practices. Further, robust and successful testing can serve to accelerate stakeholder support and adoption.

Finally, the NUBC strongly supports NCVHS's fourth recommendation calling to streamline the process for adopting HIPAA transaction standards so that they are reliable, efficient, and timely. We agree with the assertion that the current process to develop and mandate electronic standards does not permit the rapid adoption of modifications necessary to keep up with the ever-changing health care environment. HIPAA was enacted 25 years ago, and the initial framework for transactions it established requires updates due to changed business requirements, changes to health data policy, evolving technologies, the growth of value-based purchasing programs, and the emergence of new actors in health data. For example, the NUBC continues to support the adoption of an electronic attachment standard, and we join the NCVHS in urging HHS to promptly address this significant industry need.

There are substantial opportunities to improve the current process for identifying, developing, and adopting new and revised health care standards. As HHS considers NCHVS's recommendations and undertakes the development and adoption of new standards, the NUBC emphasizes the need for full involvement of all stakeholders to ensure that any changes to processes or standards cause minimal disruption to the current system of data exchange.

Thank you for the opportunity to comment on this important topic and for your attention to the concerns we have raised. Please contact me if you have any questions or feel free to have a member of your staff contact Terrence Cunningham, NUBC Chair, at [tcunningham@aha.org](mailto:tcunningham@aha.org).

Sincerely,

/s/

Terrence Cunningham, Chair  
National Uniform Billing Committee

CC:  
Jacki Monson, NCVHS