May 26, 2015

<u>Submitted via e Rulemaking Portal</u>

Department of Health and Human Services,
Office of the National Coordinator for Health Information Technology
Attention: 2015 Edition Health IT Certification Criteria Proposed Rule
Hubert H. Humphrey Building, Suite 729D
200 Independence Ave SW.
Washington, DC 20201

> **Re: RIN 0991-AB93—Health Information Technology Certification Criteria, Base Electronic Health Record Definition, and ONC Health IT Certification Program Modifications.**

Justice in Aging is pleased to submit these comments on the above referenced rulemaking. Our comments are limited to the issues of race, ethnic, and language information collection, and collection of information related to sexual preference and gender identification.

Justice in Aging, formerly the National Senior Citizens Law Center, uses the power of law to fight senior poverty by securing access to affordable health care, economic security, and the courts for older adults with limited resources. Our health care advocacy focuses primarily on the impact of Medicare and Medicaid programs on low income older adults.

Justice in Aging supports the proposal to require electronic health record systems to document and use disaggregated, granular data categories for patients' race, ethnicity, and language.

The proposed requirement will help address health care challenges for low income seniors, who are a highly diverse group. Language access and access to culturally competent care have been significant barriers for minority and limited English proficient seniors, both for acute care and for the long term services and supports needed to allow them to age in the community. Having more detailed data will be critically important in understanding the characteristics and needs of these individuals and in developing appropriate strategies to address those needs.

It is essential that disaggregated, granular data about race, ethnicity, and language be documented in electronic health records to improve health care quality and reduce health disparities. By collecting more detailed data, programs can develop culturally and linguistically appropriate strategies for targeting inequities. If our healthcare system is going to develop genuine models of person-centered care, it is imperative to have good granular data so that systems can be prepared to meet the challenges of providing such care.

Justice in Aging also supports the proposed regulation requiring electronic health record systems to document patients' sexual orientation, gender identity, and social and behavioral factors that influence health status. We support making these requirements mandatory for all electronic health record systems. Although beneficiary surveys (see, for *example LGBT Older Adults in Long-term Care Facilities: Stories from the Field* at http://justiceinaging.org/lgbt-older-adults-in-long-term-care-facilities-stories-from-the-field/) have documented the many challenges that LGBT seniors face in accessing health care, there is a critical need for more data to fully understand with more specificity the health care needs of LGBT seniors. Data from electronic health records could provide valuable information that will help in designing targeted and effective programs. We also support technical changes in the proposed categories for sexual orientation and gender identity consistent with the recommendations of lesbian, gay, bisexual, and transgender health care providers and community advocates.

Thank you for the opportunity to submit these comments in support of the proposed regulation.

Sincerely,

Kevin Prindiville
Executive Director