

United States Senate

WASHINGTON, DC 20510

September 28, 2015

The Honorable Sylvia Mathews Burwell
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, D.C. 20201

Dear Secretary Burwell,

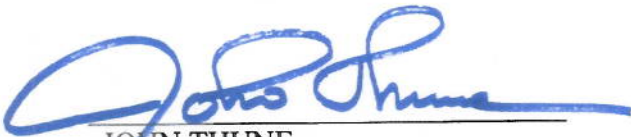
We write to request that the department delay until no sooner than January 1, 2017, making final rules for stage three of the meaningful use program, and then phase in stage three requirements at a rate that reflects how successfully the program is being implemented. In addition, we ask that the modified rule proposed for stage two of the program be adopted immediately. These actions will help most doctors and hospitals to comply with the government's requirements.

Patients need an interoperable system that enables doctors and hospitals to share their electronic health records, but the government, doctors, and hospitals need time to do it right. To date, taxpayers have invested \$30 billion to encourage electronic health records adoption. While all hospitals and most physicians met the requirements of the first stage of the meaningful use program, stage two requirements are so complex that only about 12 percent of eligible physicians and 40 percent of eligible hospitals have been able to comply. This year alone, 257,000 physicians have seen a 1 percent reduction in their Medicare reimbursements and 200 hospitals stand to see an even greater reduction. The modified stage two rule will enable more providers to comply with the government's requirements. It should be adopted immediately to give physicians and hospitals time to adapt to these huge changes.

If the department does not delay making final the stage three rules and instead proceeds before it can measure the impact of the modified stage two rule, it will be a missed opportunity to build support among providers. Pausing the stage three rules will also enable the department to ensure its final rules align with the new payment models created by the Medicare Access and CHIP Reauthorization Act, which created the Merit-Based Incentive Payment System.

For many years, our constituents have contacted us about their frustrations with the implementation of the meaningful use program. We respectfully request that you delay making final the stage three rules and immediately adopt the modifications to the stage two rule. We look forward to your response.

Sincerely,


JOHN THUNE
United States Senator
LAMAR ALEXANDER
United States Senator

Congress of the United States
House of Representatives
Washington, DC 20515-3302

September 28, 2015

The Honorable Shaun Donovan
Director
Office of Management and Budget
725 17th Street, N.W.
Washington, DC 20503

The Honorable Sylvia Mathews Burwell
Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, DC 20201

Re: Medicare and Medicaid Electronic Health Record Incentive Program

Dear Director Donovan and Secretary Burwell,

We are writing to ask that you refrain from finalizing Meaningful Use Stage 3 at this time and work to refocus the program to better serve patients and the providers who care for them. We have an interest in being active partners in successfully enabling health information technology to serve as the digital infrastructure necessary to achieve delivery system reform and meet the needs of a modern healthcare system. To that end, we urge you to refrain from finalizing Meaningful Use Stage 3 and 2015 Edition Certification at this time.

Six years after passage of Health Information Technology for Economic and Clinical Health Act (HITECH), there exists an opportunity to make policy decisions apart from the arbitrary deadlines of the EHR Incentives Program. We believe that additional time is necessary for the proper evaluation and optimization of implemented technology to ensure the technology can ensure better quality care for all patients.

We believe that the Stage 3 rule should be paused as it should rely on proven technology – designed outside the limitations of current federal requirements – that can support a shift to outcomes and interoperability rather than measures and objectives. Unfortunately, the proposed Stage 3 rule, currently under review at the Office of Management and Budget (OMB), exacerbates current problematic policies of Stage 2. We should incentivize technology that enables interoperability and improved health outcomes rather than incentivizing technology that counts how many times a provider performs an activity. The additional time would also give policymakers a chance to understand how the private sector performs relative to modifications proposed for program years 2015 through 2017. Taking the time to get it right now will surely pay dividends in the future.

Further, pausing Stage 3 at this time will provide the opportunity to evaluate the environment after these regulatory changes and consider the implementation issues surrounding the Merit-Based Payment System (MIPS) and Alternative Payment Models (APMs). Since the Stage 3

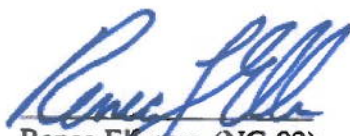
regulation was developed in a world prior to the Medicare Access and CHIP Reauthorization Act (MACRA), CMS should take the opportunity to reevaluate Stage 3 in light of MIPS and APMs.

While healthcare providers are committed to implementing EHRs, many are becoming disenchanted by the seemingly unrealistic expectations dictated by the Meaningful Use Program. Unfortunately, the frustrations voiced by providers and policymakers regarding the systems deployed in over 80 percent of hospitals and physician offices are real. According to the Centers for Medicare & Medicaid Services (CMS), an estimated 257,000 providers are currently subject to payment adjustments in the 2015 program year for failing to meet the Meaningful Use Program's requirements. We believe this signals a failure that is indicative of issues outside the hands of health care providers. We believe the solutions to address the provider community's concerns are well within the Department's reach and action must be taken now, as we have arrived at a pivotal time in the Program.

We appreciate the opportunity to share our constituents' perspectives on the need to reevaluate how we can foster an interoperable health information infrastructure that does not disrupt patient care. We reiterate the importance of refraining from issuing the Meaningful Use Stage 3 and the accompanying certification rule until a rigorous evaluation of provider participation in Stage 2 has been completed. Frankly, we were surprised and disappointed to see that the Stage 2 modifications rule was transmitted to OMB simultaneous to the transmission of the Stage 3 final rule and the new EHR certification rule. A learning health system should incorporate the lessons learned from Stage 2 into Stage 3. This is not possible at present because a minority of providers have achieved Stage 2 and because the Stage 2 modifications rule has yet to be implemented.

In order to ultimately reach our shared goals of better health care, smarter health care spending and healthier patients, the administration needs to take time to reevaluate the program. We ask that you refrain from finalizing Meaningful Use Stage 3 at this time and work to refocus the program to better serve patients and the providers who care for them. We respectfully ask for a response no later than 30 days from the receipt of this letter.

Yours truly,



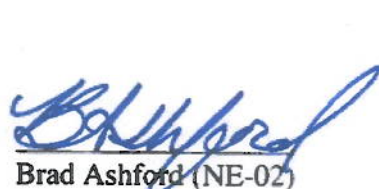
Renee Elmers (NC-02)
Member of Congress



Tom Price (GA-06)
Member of Congress



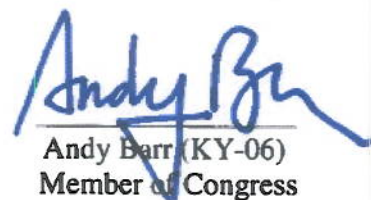
David Scott (GA-13)
Member of Congress



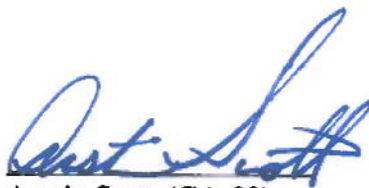
Brad Ashford (NE-02)
Member of Congress



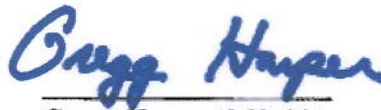
Brian Babin (TX-36)
Member of Congress



Andy Barr (KY-06)
Member of Congress



Austin Scott (GA-08)
Member of Congress



Gregg Harper (MS-03)
Member of Congress



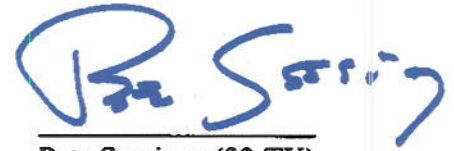
Pete Olson (TX-22)
Member of Congress



André Carson (IN-07)
Member of Congress



Jason Smith (MO-08)
Member of Congress



Pete Sessions (TX-32)
Member of Congress



Brendan Boyle (PA-13)
Member of Congress



Chris Collins (NY-27)
Member of Congress



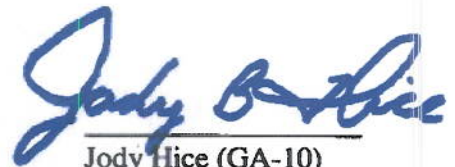
Gary Palmer (AL-06)
Member of Congress



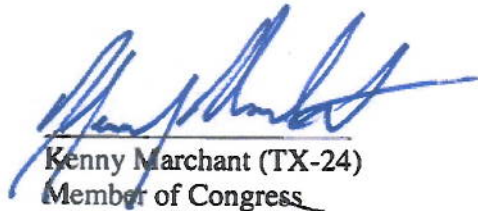
Lynn Jenkins (KS-02)
Member of Congress



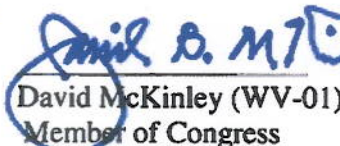
David Rouzer (NC-07)
Member of Congress



Jody Hice (GA-10)
Member of Congress



Kenny Marchant (TX-24)
Member of Congress



David McKinley (WV-01)
Member of Congress



Bill Huelskamp (MI-02)
Member of Congress



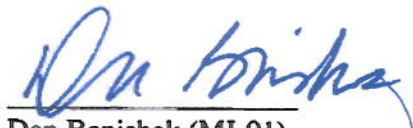
Donald M. Payne Jr. (NJ-10)
Member of Congress



Ryan Costello (PA-06)
Member of Congress



Patrick Meehan (PA-07)
Member of Congress



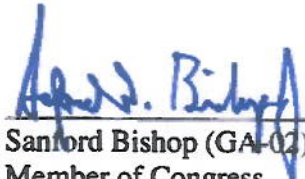
Dan Benishek (MI-01)
Member of Congress



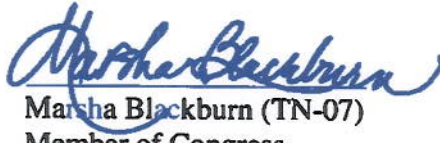
Ami Bera (CA-07)
Member of Congress



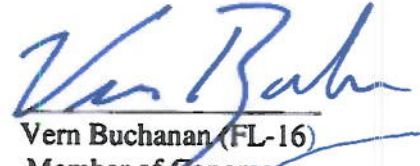
Rob Bishop (UT-01)
Member of Congress



Sanford Bishop (GA-02)
Member of Congress



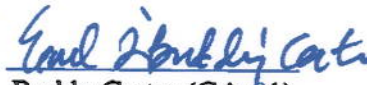
Marsha Blackburn (TN-07)
Member of Congress



Vern Buchanan (FL-16)
Member of Congress



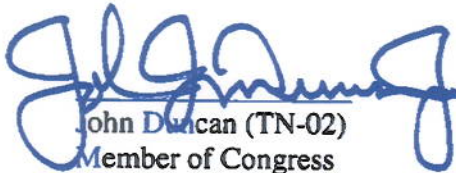
Bradley Byrne (AL-01)
Member of Congress



Buddy Carter (GA-01)
Member of Congress



John Culberson (TX-07)
Member of Congress



John Duncan (TN-02)
Member of Congress



Mike Fitzpatrick (PA-08)
Member of Congress



Bill Flores (TX-17)
Member of Congress



Andy Harris (MD-01)
Member of Congress



Evan Jenkins (WV-03)
Member of Congress



Ann Kirkpatrick (AZ-01)
Member of Congress



James Langevin (RI-02)
Member of Congress

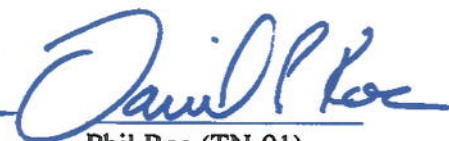



Leonard Lance (NJ-07)
Member of Congress

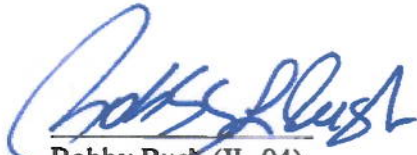


Billy Long (MO-07)
Member of Congress


Mia Love (UT-04)
Member of Congress



Phil Roe (TN-01)
Member of Congress

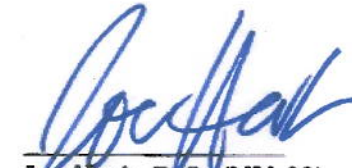

Chris Stewart (UT-02)
Member of Congress

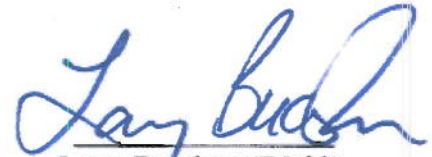

Bobby Rush (IL-04)
Member of Congress


Mike Bost (IL-02)
Member of Congress



Trent Franks (AZ-08)
Member of Congress


Devin Nunes (CA-22)
Member of Congress



Joe Heck, D.O. (NV-03)
Member of Congress



Larry Bucshon (IN-08)
Member of Congress


Mike Kelly (PA-03)
Member of Congress

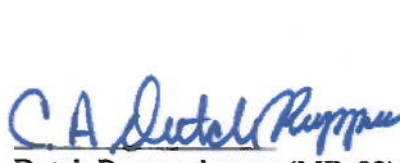

Stephen Fincher (TN-08)
Member of Congress

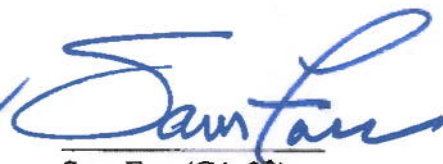

Steve Knight (CA-25)
Member of Congress



Jason Chaffetz (UT-03)
Member of Congress


Mo Brooks (AL-05)
Member of Congress



Mimi Walters (CA-45)
Member of Congress

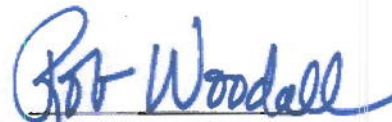

Dutch Ruppersberger (MD-02)
Member of Congress



Sam Farr (CA-20)
Member of Congress



Paul Cook (CA-08)
Member of Congress

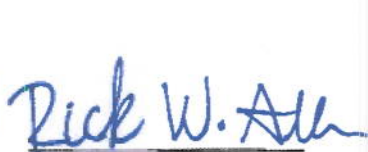

Barbara Comstock (VA-10)
Member of Congress



Morgan Griffith (VA-09)
Member of Congress

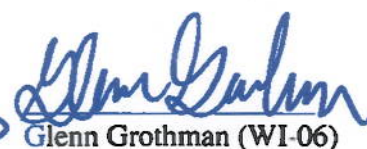

Rob Woodall (GA-07)
Member of Congress

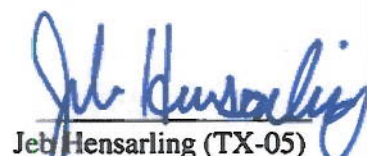

Michael C. Burgess, M.D (TX-26)
Member of Congress

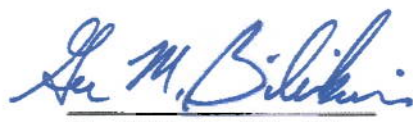

Paul Gosar (AZ-04)
Member of Congress



Rick Allen (GA-12)
Member of Congress


Brad Wenstrup (OH-02)
Member of Congress



Glenn Grothman (WI-06)
Member of Congress



Jeb Hensarling (TX-05)
Member of Congress



Gus Bilirakis (FL-12)
Member of Congress



Julia Brownley (CA-26)
Member of Congress

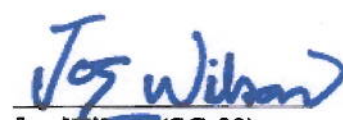

John Fleming (LA-04)
Member of Congress

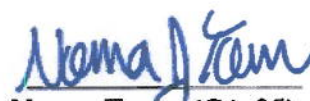

Todd Young (IN-09)
Member of Congress


Doug Collins (GA-09)
Member of Congress


Steve Israel (NY-03)
Member of Congress


Alex Mooney (WV-02)
Member of Congress


Joe Wilson (SC-02)
Member of Congress


Norma Torres (CA-35)
Member of Congress



Bill Johnson (OH-06)
Member of Congress



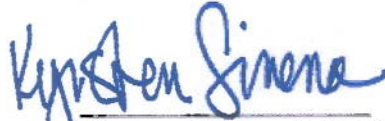
Lou Barletta (PA-11)
Member of Congress



Steve Chabot (OH-01)
Member of Congress



Ryan Zinke (MT)
Member of Congress



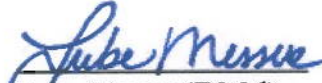
Kyrsten Sinema (AZ-09)
Member of Congress



Bill Shuster (PA-09)
Member of Congress



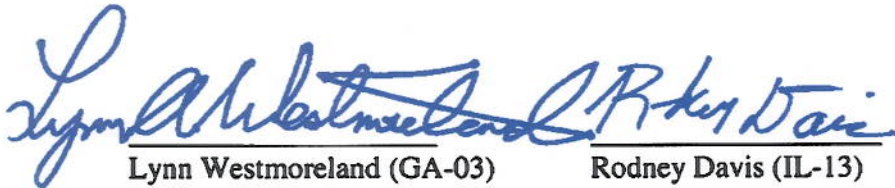
Ed Royce (CA-39)
Member of Congress



Luke Messer (IN-06)
Member of Congress



Sam Graves (MO-06)
Member of Congress




Lynn Westmoreland (GA-03)
Member of Congress

Rodney Davis (IL-13)
Member of Congress



Louie Gohmert (TX-01)
Member of Congress

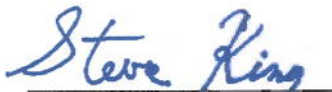


Ed Whitfield (KY-01)
Member of Congress


Brett Guthrie (KY-02)
Member of Congress




David Young (LA-03)
Member of Congress



Steve King (IA-04)
Member of Congress



Diane Black (TN-06)
Member of Congress



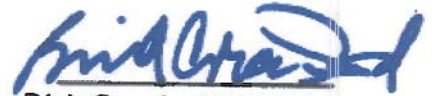
Doug LaMalfa (CA-01)
Member of Congress



Chris Smith (NJ-04)
Member of Congress



Alan Lowenthal (CA-47)
Member of Congress



Rick Crawford (AR-01)
Member of Congress


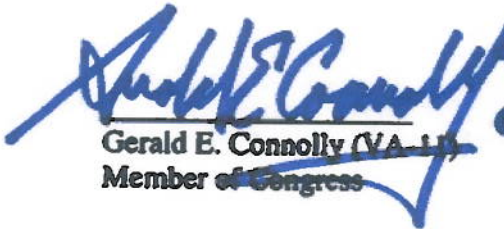


Jaime Herrera Beutler (WA-03)
Member of Congress

George Holding (NC-13)
Member of Congress



Raul Ruiz, M.D. (CA-36)
Member of Congress



Gerald E. Connolly (VA-11)
Member of Congress

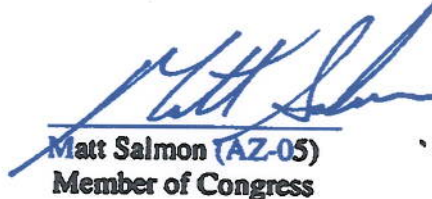
Scott Peters (CA-52)
Member of Congress



Bob Goodlatte (VA-06)
Member of Congress



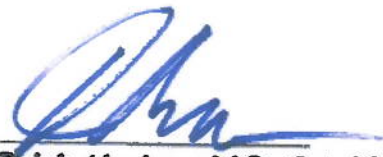
David Jolly (FL-13)
Member of Congress



Matt Salmon (AZ-05)
Member of Congress



Jim Renacci (OH-16)
Member of Congress



Ralph Abraham, M.D. (LA-05)
Member of Congress



Kristi Noem (SD)
Member of Congress

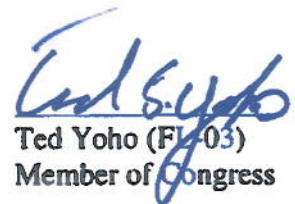
Bill Posey (FL-08)
Member of Congress



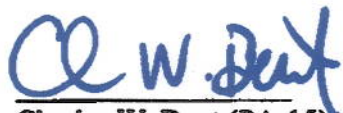
Charles Boustany, M.D. (LA-03)
Member of Congress



Patrick Tiberi (OH-12)
Member of Congress



Ted Yoho (FL-03)
Member of Congress



Charles W. Dent (PA-15)
Member of Congress



John Ratcliffe (TX-04)
Member of Congress

September 17, 2015

Shaun Donovan
Director
Department of Management and Budget
725 17th Street, NW
Washington, DC 20503

Dear Shaun Donovan:

The undersigned medical societies agree that interoperable, useable, and clinically relevant Electronic Health Records (EHRs) are the essential foundation for the implementation of Merit-Based Payment System (MIPS) and Alternative Payment Models (APMs). The physician community, however, is extremely concerned with the current direction of the Meaningful Use (MU) program. To date, 80 percent of physicians are utilizing EHRs, but less than 10 percent of physicians have successfully participated in MU Stage 2. Furthermore, due to the inflexible MU regulations and certification requirements, vendors have created software products that are frequently unusable, administratively burdensome, and in many instances do not promote clinically relevant patient care.

The physician community is extremely dismayed by recent press reports that the Final Modifications Rule and the Final MU Stage 3 Rule have been combined and this rule is now under review at the Office of Management and Budget (OMB). If the administration finalizes the proposed MU Stage 3 regulation now, vendors will create software that will lock-in problematic technology, which physicians and patients will be living with for years to come. The proposed MU Stage 3 regulation exacerbates problematic policies of MU Stage 2 by continuing to "count" physicians' compliance with one-size-fits-all objectives rather than focusing on the clinical activities that should support differences in medical practices and patient care. We believe Stage 3 takes a drastic step backwards from the proposed improvements of the Modifications Rule.

Moreover, the proposed MU Stage 3 regulation was developed prior to and without consideration of the changes enacted by the Medicare Access and Chip Reauthorization Act (MACRA). Yet, the MU program will play a vital role in both the new MIPS payment system and the development of APMs. **The administration should therefore pause MU Stage 3 and reevaluate the program in light of these pivotal changes to Medicare.**

Importantly, pausing Stage 3 will not stop or delay progress with EHRs. Rather, we believe it will help move the program forward and drive innovation and adoption. **To continue to advance EHRs, we urge the administration to proceed with finalizing the Modifications Rule as well as with integral pieces of the proposed 2015 Edition Certification Rule as soon as possible.** For example, the administration should release a revised 2014 Edition and move forward with proposals to: provide updates to the testing and use of clinical and quality

Shaun Donovan
September 17, 2015

document standards; adopt more stringent safety enhanced design requirements; standardize Application Programming Interfaces; conduct “in-the field” health IT surveillance; and provide transparency and disclosure requirements. Physicians and patients should not have to wait until 2018 to see improvements to current technology. Yet, the administration has waited too long and left physicians with uncertainty about the program requirements. **Due to the extremely late date in publishing the Modifications Rule, we strongly believe that the agency should establish an additional hardship exemption category for physicians who could not anticipate new program mandates so late into the year.**

There seems to be a view among some policymakers that by requiring more certified EHRs to populate the landscape the systems will achieve interoperability. The physician community strongly disagrees, and we are concerned that spreading poor performing systems may exacerbate the problem. Instead, we believe key interoperability challenges need to be addressed first so that the systems entities adopt will be capable of facilitating the seamless exchange of data. We believe that pausing Stage 3 at this time will provide the opportunity to evaluate the environment as we work with the administration to implement the needed changes found in the Modifications Rule. There are so many questions surrounding creation of MIPS and APMs that it is premature to proceed with MU Stage 3, especially since EHRs and MU will serve as a foundation for the success of these programs.

The physician community is committed to working with the administration on the implementation of MACRA. We, however, strongly believe that moving forward with MU Stage 3 at this time will severely undermine the ability of the health system to support the implementation of this critical legislation.

Sincerely,

American Medical Association
Advocacy Council of the ACAAI
AMDA – The Society for Post-Acute and Long-Term Care Medicine
American Academy of Allergy, Asthma & Immunology
American Academy of Dermatology Association
American Academy of Facial Plastic & Reconstructive Surgery
American Academy of Family Physicians
American Academy of Neurology
American Academy of Ophthalmology
American Academy of Otolaryngic Allergy
American Academy of Otolaryngology—Head and Neck Surgery
American Academy of Pediatrics
American Academy of Physical Medicine & Rehabilitation
American Association of Clinical Endocrinologists
American Association of Neurological Surgeons
American Association of Orthopaedic Surgeons
American College of Cardiology

Shaun Donovan
September 17, 2015

American College of Gastroenterology
American College of Mohs Surgery
American College of Osteopathic Internists
American College of Physicians
American College of Radiology
American College of Rheumatology
American College of Surgeons
American Gastroenterological Association
American Medical Group Association
American Osteopathic Association
American Psychiatric Association
American Society for Clinical Pathology
American Society for Dermatologic Surgery Association
American Society for Gastrointestinal Endoscopy
American Society for Radiation Oncology
American Society of Cataract and Refractive Surgery
American Society of Hematology
American Society of Plastic Surgeons
American Urological Association
College of American Pathologists
Congress of Neurological Surgeons
Medical Group Management Association
North American Spine Society
Society for Vascular Surgery
The Society of Thoracic Surgeons

September 17, 2015

The Honorable Sylvia Burwell
Secretary
Department of Health and Human Services
200 Independence Avenue, SW
Room 445-G
Washington, DC 20201

Dear Secretary Burwell:

The undersigned medical societies agree that interoperable, useable, and clinically relevant Electronic Health Records (EHRs) are the essential foundation for the implementation of Merit-Based Payment System (MIPS) and Alternative Payment Models (APMs). The physician community, however, is extremely concerned with the current direction of the Meaningful Use (MU) program. To date, 80 percent of physicians are utilizing EHRs, but less than 10 percent of physicians have successfully participated in MU Stage 2. Furthermore, due to the inflexible MU regulations and certification requirements, vendors have created software products that are frequently unusable, administratively burdensome, and in many instances do not promote clinically relevant patient care.

The physician community is extremely dismayed by recent press reports that the Final Modifications Rule and the Final MU Stage 3 Rule have been combined and this rule is now under review at the Office of Management and Budget (OMB). If the administration finalizes the proposed MU Stage 3 regulation now, vendors will create software that will lock-in problematic technology, which physicians and patients will be living with for years to come. The proposed MU Stage 3 regulation exacerbates problematic policies of MU Stage 2 by continuing to "count" physicians' compliance with one-size-fits-all objectives rather than focusing on the clinical activities that should support differences in medical practices and patient care. We believe Stage 3 takes a drastic step backwards from the proposed improvements of the Modifications Rule.

Moreover, the proposed MU Stage 3 regulation was developed prior to and without consideration of the changes enacted by the Medicare Access and Chip Reauthorization Act (MACRA). Yet, the MU program will play a vital role in both the new MIPS payment system and the development of APMs. **The administration should therefore pause MU Stage 3 and reevaluate the program in light of these pivotal changes to Medicare.**

Importantly, pausing Stage 3 will not stop or delay progress with EHRs. Rather, we believe it will help move the program forward and drive innovation and adoption. **To continue to advance EHRs, we urge the administration to proceed with finalizing the Modifications Rule as well as with integral pieces of the proposed 2015 Edition Certification Rule as soon as possible.** For example, the administration should release a revised 2014 Edition and move

AMERICA'S HOSPITALS AND HEALTH SYSTEMS

May 28, 2015

Ms. Sylvia Burwell
Secretary
U.S. Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Dear Secretary Burwell:

As organizations representing hospitals and health systems across the country, we are writing to express our concern about the readiness of health information technology (HIT) infrastructure to support the successful attainment of proposed Stage 3 requirements for the Medicare and Medicaid Electronic Health Record (EHR) Incentive Program in 2018. We believe the creation of an efficient and effective infrastructure for health information exchange is essential to support the delivery of high-quality, patient-centered care and is a precursor to many of the proposed advances for Stage 3. **Therefore, we recommend that the Department of Health and Human Services (HHS) prioritize the activities of public and private stakeholders to accelerate the availability of the necessary infrastructure for health information exchange and refrain from finalizing a Stage 3 meaningful use rule at this time.**

Our collective memberships are actively engaged in building their information infrastructures and view information exchange as vital to care improvement, as well as to successful implementation of new models of care. And, important progress is underway to facilitate easier information exchange. For example, HHS is in the midst of refining its interoperability roadmap in consultation with stakeholders, and will help the nation prioritize activities to ensure that health information can flow to support both regulatory requirements and the advancement of new models of care. In the private sector, the Argonaut project holds the promise of a new standard to support information exchange across technology platforms, but its work is in an early stage of development relative to the current scale of information exchange that is expected among clinicians and consumers. Public health departments continue to develop their platforms to accept electronically reported data using the federally adopted standards. Clinical data registries must develop that capability. And, we need to make progress on solving the challenge of correctly identifying and authenticating patients so that we have confidence that accurate information is being shared. HHS can be instrumental to this effort by supporting and coordinating across these activities to ensure that federal policy prioritizes progress on sharing data efficiently and effectively.

Success in achieving interoperability that is based on open-source, consensus-based standards is a precursor to proposed Stage 3 requirements such as providing patients with access to their data via third-party applications, expanded public health reporting options and many others. We have learned from early experience in Stage 2 that it is unwise to finalize requirements based on untested standards, such as the Direct protocol for sending summary of care documents. We need

As written, the Stage 3 Meaningful Use rule is salvageable for the future. It needs to be scoped more tightly and the thresholds have to be decreased, since many are not achievable today. After 20 years of engaging patients, Beth Israel Deaconess has regular secure electronic communications with 25% of patients. The other 75% have chosen other means. Requiring 35% in regulation is not reasonable.

The Stage 3 certification rule needs to be rewritten from scratch. It is decoupled from the Meaningful Use program and includes lists of standards that are not used anywhere in production in the world. I support offering a standards advisory document outside of regulation - highlighting emerging standards that are likely to be fit for purpose in the future. Requiring them in regulation will not help anyone. Including them as optional standards in regulation outside of the Meaningful Use program will just cause market confusion.

In summary, let's delay Stage 3 entirely, and reassess our position in 2018, after the private sector has enhanced products to meet the business demands of stakeholders.

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Lamar Alexander of Tennessee - Chairman

For Immediate Release

Contact:

[Margaret Atkinson](#) / [Jim Jeffries](#) (Alexander): 202-224-0387

Alexander Calls for Delay of Making Final Rules for Stage Three of Electronic Health Records Program

Chairman says “patients need an interoperable system that enables doctors and hospitals to share their electronic health records, but the government, doctors, and hospitals need time to do it right”

* * *

“Some hospitals have told me they are ‘terrified’ by stage three. It does not help patients to make these massive changes fast and wrong. It does help patients to do this deliberately and correctly so that doctors and hospitals embrace the changes instead of dread them.” – Lamar Alexander

WASHINGTON, D.C., Sept. 16 – Senate health committee Chairman Lamar Alexander (R-Tenn.) today called for a delay until January 1, 2017, of making final rules for stage three of the federal government’s program to require doctors and hospitals to create electronic health records systems.

He said that stage three requirements should then be phased in at a rate that reflects how successfully the program is being implemented. He also said that the modified rules proposed for stage two of the program should be adopted immediately because it will help most doctors and hospitals to comply with the government’s requirements.

“Patients need an interoperable system that enables doctors and hospitals to share their electronic health records, but the government, doctors and hospitals need time to do it right,” Alexander told a senate hearing. “Some hospitals have told me they are ‘terrified’ by the prospect of stage three. It does not help patients to makes these massive changes fast and wrong. It does help patients to do this deliberately and correctly so that hospitals and doctors embrace the changes instead of dread them.”

Since 2009, the federal government has spent more than \$30 billion to encourage the nearly 500,000 physicians and more than 5,000 hospitals who serve Medicare and Medicaid recipients to establish electronic health records systems. About half of these doctors and most hospitals have established such systems. Beginning this year, the government is assessing penalties on those who have not. About 257,000 physicians have begun losing 1 percent of their Medicare reimbursements and 200 hospitals may be losing more than that, the senator said.

Alexander said that all hospitals and most physicians met the requirements of the first stage of the so-called “meaningful use” program but that stage two requirements are so complex that only about 12 percent of eligible physicians and 40 percent of eligible hospitals have been able to comply. “That is why the government should