



American Immunization Registry Association (AIRA) Response to the CMS NPRM

Re: File code CMS-0033-P: Electronic Health Record Incentive Program

The American Immunization Registry Association AIRA is a membership organization with the mission to promote the development and implementation of immunization information systems (IIS) as an important tool in preventing and controlling vaccine preventable diseases. (In the NPRM, IIS are referred to as “immunization registries.”) The organization provides a forum through which IIS programs, and interested organizations, individuals and communities combine efforts, share knowledge, and promote activities to advance IIS and immunization programs.

The AIRA members, as representatives of the IIS community, believe that inclusion of the immunization requirements—as well as lab and syndromic surveillance reporting—in the Stage 1 Meaningful Use recommendations in the CMS NPRM is critical as part of achieving the overall population health goals of HITECH. We are very pleased that the NPRM recognizes the importance of including these public health components.

The AIRA members identified two areas for clarification of the CMS proposed rule, which can be found in rule section 495.6(c)(15), page 1994 of the Federal Register, Volume 75, Number 8. These areas relate to meeting Stage 1 meaningful use requirements.

1. 495.6(c)(15)(i) “EP/Eligible Hospital Objective: Capability to submit electronic data to immunization registries and actual submission where required and accepted.”

AIRA finds the language “where required and accepted” vague, so would like to recommend that CMS:

- Replace the language "where required and accepted" with the phrase "according to applicable law and practice", which is used in the syndromic surveillance objective 495.6(c)(16)(i).
- If it is not possible to make this substitution, then we request that CMS define the language “where required and accepted” more specifically to state “where a state has a formal policy to accept electronic data via HL7.”
- AIRA members also recommend including additional wording that states that “the preferred method an EHR should use when submitting data electronically to an IIS is HL7 (version 2.3.1 or version 2.5.1)” because this is the standard IIS have successfully adopted and implemented for one-way

and two-way data exchanges per recommendations by the Centers for Disease Control and Prevention (CDC).

2. The associated measure for the above objective is: 495.6(c)(15)(ii) “EP/Eligible Hospital Measure: Performed at least one test of certified EHR technology’s capacity to submit electronic data to immunization registries.”

AIRA does not believe that provider self-attestation is sufficient. Many state immunization registries already exchange HL7 messages with EHRs and have procedures in place for testing the successful submission of data. AIRA recommends that the CMS meaningful use rule describe a range of methods to meet the capability testing requirement. Options for a state might include:

- The state is ready to accept electronic data in HL7 format and conducts the capability test with the individual EP/Eligible Hospital EHR system directly.
- The testing capability may not be ready at the state, but the state does want to develop data exchange relationships with provider practices in the future, so agrees to develop the capability testing mechanism.
- The state is not capable of conducting capability testing and wishes to defer this responsibility to a central testing entity such as the Centers for Disease Control and Prevention (CDC) or a separate organization endorsed by CDC to conduct such testing

AIRA also contributed to the development of responses to the CMS NPRM and the ONC IFR by the Public Health Data Standards Consortium (PHDSC) and the Joint Public Health Informatics Taskforce (JPHIT). As such, AIRA supports the PHDSC and JPHIT responses to the CMS NPRM and the ONC IFR.