

## QUESTIONS FOR SENATE HEALTH, EDUCATION, LABOR, AND PENSIONS (HELP) FOR A POTENTIAL HEARING ON THE DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS) REORGANIZATION:

The HHS reorganization decisions are not evidence based.

- (1) What evidence was used to make the reorganization decisions?
- (2) What are your plans for the Assistant Secretary for Technology Policy/Office of the National Coordinator of Health IT (ASTP), which was left out of the HHS reorganization press release? ASTP is an agency that is pivotal to American digital health technology infrastructure, securing patient data, assuring availability of patient data for clinical care, and streamlining access to large data sets for research.

The newly “streamlined” HHS will not achieve the administration’s stated goals of tackling chronic illness, following the science, or improving government efficiency.

- (1) There are rumors that the National Library of Medicine (NLM) will be moved into the National Institute for General Medical Sciences. The focus of NIGMS is basic research, and their own [website](#) explicitly states that research related to “treatment, or cure of a specific disease or condition will, in most cases, be more appropriate for another institute or center, If moved, how will you ensure NLM has the resources it needs to maintain PubMed, PubMedCentral, clinicaltrials.gov, and the many medical resources that support direct provision of care to our nation’s patients, including materials developed specifically for patients?
- (2) Given your focus on addressing chronic illness in the nation, how do you plan to gather, analyze, and use the data that is needed to understand which chronic illnesses are most pervasive and how many Americans are affected by these illnesses? Who will tackle this research in the reorganized HHS? Beyond conducting the research, who will tackle implementing the evidence-based solutions in practice?
- (3) You purport to be focused on efficiency.
  - a. The practice of prior authorization in Medicare Advantage (MA) plans has demonstrated inefficiency with over 80% of prior authorization claims that are initially denied being overturned on appeal.<sup>1</sup> This results in denied care and thus worsening conditions, including for the chronically ill. How is this addressed in your reorganization plan?
  - b. It is estimated that annual administrative costs come to \$950 billion, at least some of which could be reinvested in patient care.<sup>2</sup> Where in your

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<sup>1</sup> [https://www.kff.org/medicare/press-release/medicare-advantage-plans-denied-a-larger-share-of-prior-authorization-requests-in-2022-than-in-prior-years/#:~:text=Just%20one%20in%2010%20\(9.9,that%20were%20overturned%20upon%20appeal.](https://www.kff.org/medicare/press-release/medicare-advantage-plans-denied-a-larger-share-of-prior-authorization-requests-in-2022-than-in-prior-years/#:~:text=Just%20one%20in%2010%20(9.9,that%20were%20overturned%20upon%20appeal.)

<sup>2</sup> <https://jamanetwork.com/journals/jama/fullarticle/2785479>

reorganization does it address reducing these administrative costs? Will reduced costs be reinvested into the Medicare system to treat patients?

- (4) The Agency for Healthcare Research and Quality (AHRQ) is imperative to gathering data to understand the impact of our healthcare system, analyzing inefficiencies and disparities in our system, and making changes to increase access to care for all, particularly those in rural areas.
- a. By cutting the Agency for Healthcare Research and Quality (AHRQ), you are sending a message to rural Americans that their care isn't a priority, given that AHRQ has consistently prioritized advancing care to rural Americans. Is that the message you intend to send? If not, what was your goal with cutting AHRQ in half?
  - b. Risks of occupational injury and illness from exposure to chemicals such as pesticides are dramatically different in rural areas than they are in urban areas. AHRQ has prioritized the assessment of health needs and risks throughout our country. If coverage of rural areas is limited, this will further disadvantage rural populations with respect to understanding their needs and developing appropriate care paradigms?
  - c. AHRQ is essential to understanding and addressing the needs of aging Americans. As the US population ages, while resources to care for aging family members become more and more prohibitively expensive, we will look to AHRQ more and more to help guide us towards solutions that will not leave our seniors unable to access or afford the care they need. Who do you think will address these issues?

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