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The American Academy of Pediatrics (AAP) appreciates the opportunity to provide comment related to paid prioritization of internet access. The AAP is committed to the optimal physical, mental, and social health and well-being of all infants, children, adolescents, and young adults. It is the AAP's position that an Open Internet is a vital component in assuring access to health care for children and their families. As such, AAP is opposed to the implementation of paid prioritization because of its detrimental effects on the elimination of health disparities, efficiency of health care, patient safety, and access to health information by patients, parents, and caregivers.

Impact on Health Disparities

Health disparities have been noted for centuries among populations based on socio-economic class and environmental exposure. Children and adolescents are one of the priority populations where health disparities have been documented. Eliminating health disparities is one of the four overarching goals of Healthy People 2020 and one of the four foundational health measure that will serve as an indicator of progress towards achieving the goals.

In fact, Healthy People 2020 defines health equity as the "attainment of the highest level of health for all people. Achieving health equity requires valuing everyone equally with focused and ongoing societal efforts to address avoidable inequalities, historical and contemporary injustices, and the elimination of health and health care disparities." Paid prioritization is not compatible with "addressing avoidable inequalities" and "elimination of health and health care disparities," and, as such, the Academy would not support its implementation. An Open Internet is essential to decreasing health disparities among children and adolescents in the United States.

Further, the Open Internet is necessary to many aspects of health information technology (HIT), including electronic health records (EHRs), consumer e-health tools, telemedicine, population health information systems, health data registries, and health information exchanges. In their briefing paper, *Understanding the Impact of Health IT in Underserved Communities and Those with Health Disparities*, the National Opinion Research Center discussed the impact of HIT on current disparities in health care with regard to quality of care, access to care, health outcomes, patient engagement, and chronic disease management. The authors concluded that patient and provider access to the internet is key to decreasing health disparities in these areas and improving quality of care for children.

Impact on Efficiency of Care and Patient Safety

An Open Internet is important to maximizing efficiency for health care organizations and clinicians who may use web-based systems for billing, making referrals, and managing other aspects of patient care. If organizations and

clinicians do not have the financial ability to obtain “priority” Internet access, they will be limited in their ability to provide the high quality, patient-centered, cost effective care recommended as part of the ongoing transformation and reform of our nation’s health care system.

With the increasing use of cloud-based HIT, clinical decision support and health information exchange, slower response times will have an impact on the safety of children and adults. For example, if a patient is in an emergency room and their records at another location can save their life, an Open Internet is absolutely essential so that appropriate care can be delivered as quickly as possible. There are many other circumstances where an Open Internet can support patient safety efforts and where “paid prioritization” will decrease the safety of clinical care.

Impact on Access to Health Information

Currently, 94% of pediatricians are using EHRs. Increasingly, the EHRs store patient data in the cloud, where it has to be retrieved for episodes of care. Pediatricians also remain among the lowest paid group of physicians in the United State. Paid prioritization of Internet access to stored EHR data could result in delayed or interrupted care and could become quite costly to pediatricians, thus increasing the cost of caring for children.

In addition, the general public, including parents and caregivers of children, uses web-based platforms to access children’s medical records, make appointments, and find health information. Having slower access to these tools could potentially result in delays in care and seeking information and place an undue burden on ready access to quality health care and health information. Access to educational resources online, to which pediatricians routinely refer patients and their parents, would also become more difficult to access and would hamper efforts of engaging patients in their care.

Finally, the 21st Century Cures Act specifically contained language that discouraged information blocking and gave the Office of the Inspector General at the Department of Health and Human Services the authority to investigate claims of information blocking and assign penalties for practices found to be interfering with the lawful information sharing between EHRs. Paid prioritization could essentially allow information blocking as organizations and clinicians are unable to quickly and efficiently provide access to patient information between EHRs.

For all of the reasons outlined above, the AAP believes that establishing a system of “paid prioritization” is contrary to the health and well-being of infants, children, adolescents, and young adults. An Open Internet is essential to decreasing health disparities among children and adolescents, improving efficiency of health care, assuring patient safety, and improving access to health information by patients, parents, and caregivers.

The AAP appreciates the opportunity to provide comments on the Open Internet. If the Academy can be of any further assistance, please contact Patrick Johnson in our Washington, D.C. office at 202/347-8600, or pjohnson@aap.org.

Sincerely,

Colleen A Kraft

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President

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