

October 3, 2024

For public comment:

Regarding AB7 and NRS 439.589 and rationale for request for exemption;

1. I do not generate any test results, or any information that is not already available on other platforms and online health portals. All information that patients request from me is readily available through current online platforms. My participation in the exchange offers nothing but duplicated information that is readily and currently available. Mandating me to purchase an electronic health record and engage in the health information exchange yields no added benefit to my patients.
2. Patient's currently have easy, readily available communication with me 24-7-365. Moving patients to an electronic health record portal creates a logistic step that will hinder, not improve communication.
3. I do not bill insurance of any kind, nor engage in any government funded contracts. A substantial portion of the expense of electronic health records is managing insurance billing, in which I do not participate. A selling point often cited by electronic health record companies is that a return on investment is achieved at 2.5 years due to increased efficiency and improved capture of billing. Because I do not bill insurance, the return on investment would never be realized, replaced instead by an ongoing annual expense that would be expected to rise with inflation over time.
4. I also do not bill patients or engage in patient collections. My practice income is generated by monthly auto debited membership fees coordinated through software that is not available in electronic health records.
5. A third component offered by EHR's is patient scheduling, which I also do not need or want. I currently use a simple, secure online calendar, which I manage on



ROBERT J. FLIEGLER, MD
206 NORTH CURRY STREET
CARSON CITY, NV 89703
OFFICE (775) 841-7644
FAX (775) 841-9644

my own and have done so since 2006.

6. My practice is small. Under 200 patients. Please consider the impact of this bill on small practices and implement a cut off of something like 500 patients

7. The Health Information Exchange is composed of the Trusted Exchange Framework and Common Agreement (TEFCA) under which there are seven accredited companies. The annual cost of participating in this exchange through the accredited companies starts at \$5000 per year. There are some systems that include the health information exchange in their electronic health record which estimate \$50,000 start up fees, plus variable inconsistent annual fees, a cost which is independent of an electronic health/medical record. These costs would burden my medical practice, while adding no patient benefit and jeopardize the sustainability of my medical practice.

8. Considering that I do not bill private insurance or take any state or federal insurance, I request exemption from government mandated programs.

Thank You,

Physician Signature _____
Robert J. Fliegler, MD

