National Committee on Vital and Health Statistics
Request for Public Comment on Healthcare Standards Development, Adoption and Implementation - Instructions for Submission
Comments due July 30, 2021

On August 25, 2021, the National Committee on Vital and Health Statistics (NCVHS), Subcommittee on Standards is holding a listening session to obtain input from representatives of standards development organizations, invited industry stakeholders, and representatives from federal agencies on a variety of topics pertaining to data standards, harmonization of standards and code sets, new FHIR APIs to enhance the exchange of clinical and administrative data, the state of readiness for certain administrative and clinical standards to be considered for adoption or use as HIPAA standards, for interoperability, and other subjects beyond HIPAA transactions.

The Subcommittee seeks to understand the extent to which current and emerging standards for exchanging electronic health-related data under Health Insurance Portability and Accountability Act (HIPAA) and other applicable federal legislation and regulatory processes are meeting the business needs of the health care system. Applicable legislation and regulation include, but are not limited to HIPAA, the May 2020 CMS Interoperability and Patient Access final rule, the 21st Century Cures Act, the Affordable Care Act of 2010, HITECH, and MACRA.

The Committee encourages all interested stakeholders to submit comments including: trading partners and consumers; payers; providers; patients; standards organizations; advocacy groups; data exchanges; HIT developers; and other data producers and data consumers including long term and post-acute care providers (LTPAC); public health agencies; population health registries; Medicaid and operators of claims and encounter data reporting systems.

The Committee developed specific questions to ensure comments address key issues under consideration by the Committee. The Committee requests that commenters please use the following four questions provided here to frame and organize input:

1. How can data sharing be improved between patients, providers, payers, public health system, and other actors in health care? What are the barriers to these improvements?

2. Are there any new standards or use cases available or under development that should be considered by NCVHS for recommendation to HHS for adoption to support interoperability, burden reduction and administrative simplification? Some examples might include new information sharing in health care, such as data or semantics for social determinants of health, public health case reporting, or All Payer Claims Databases. Please do not limit responses to these examples.

3. How have other industries effectively implemented, tested, and certified standards for data and their exchange that could be considered for health care?

4. What short term, mid-term and long-term opportunities or solutions do you believe should be priorities for HHS?

Send all comments to NCVHSmail@cdc.gov no later than July 30, 2021.

Additional Background

In the 25 years since passage of HIPAA, industry business models, data flows, information exchange and technologies have changed such that:

- Administrative and clinical data flows are frequently co-mingled and used in both the same and different systems or by the same entities; data can no longer be considered separate and distinct, or in silos;
- The electronic exchange of both administrative and clinical data has in many cases exceeded the uses envisioned by the HIPAA framers for health plans, providers and patients; for example, aligning components of clinical data with administrative processes, (e.g., patient name and demographics), is critical for patient care in any setting, from acute care to public health to mobile apps;
- New kinds of actors are involved in health data exchange that did not exist in 1996, and the scope of data sharing now encompasses social and behavioral services, public health, cost and quality assessment and research, in addition to HIPAA's original administrative uses;
- Administrative transaction processing technology has migrated away from mainframe computing and batch processing (for which the basic X12 transactions like the 837 Claim were designed) and data sharing increasingly is accomplished with new technologies such as Application Program Interfaces (APIs) based on HL7's Fast Healthcare Interoperability Resources (FHIR) data standard and the use of mobile devices.

Building on recent work of both NCVHS and the Office of the National Coordinator (ONC), the Subcommittee is gathering input to inform phase 1 of its two-year project *Standardization of Information for Burden Reduction and Post-Pandemic America*. This work involves assessing the current landscape of standards development and regulatory adoption processes and identifying opportunities for improving coordination of standards development, adoption, implementation, and conformity across disparate health-related data systems. The information provided during the listening and session and through public comment may be used to inform recommendations to HHS. These recommendations may include an updated framework for standards adoption and implementation that takes into consideration public health, wellness, social services, clinical and claims information and newer technologies that promote interoperability across the health care system.

Please refer to the NCVHS website for additional information: https://ncvhs.hhs.gov/subcommittees-work-groups/subcommittee-on-standards/