

**Department of Health and Human Services
NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS
November 18-19, 2020**

MEETING SUMMARY – Held Virtually

Note: The transcript and slides for this meeting are posted on <https://ncvhs.hhs.gov/>. See “Related Items” associated with the meeting agenda on the November 2020 meeting page.

Due to the COVID-19 pandemic, the National Committee on Vital and Health Statistics was convened virtually via Zoom on November 18-19, 2020. The meeting was open to the public. Present:

Committee Members

Nick Coussoule, Chair
Tammy Feenstra Banks, MBA, FACMPE
Denise Chrysler, JD
James Cimino, MD
Jamie Ferguson
Melissa M. Goldstein, JD
Richard Landen, MPH, MBA
Denise Love, BSN, MBA
Vickie Mays, PhD, MSPH
Jacki Monson, JD
Frank Pasquale, JD, MPhil
Margaret Skurka, MS, RHIA, CCS, FAHIMA
Debra Strickland, MS
Valerie Watzlaf, PhD, MPH, RHIA, FAHIMA
Wu Xu, PhD

Executive Staff

Sharon Arnold, PhD, ASPE, Exec. Staff Director
Rebecca Hines, MHS, NCHS, Exec. Secretary/DFO

Lead Staff

Lorraine Doo, MPH, CMS
Rachel Seeger, MA, MPA, OCR
Maya Bernstein, ASPE

NCVHS staff

Marietta Squire, NCHS
Geneva Cashaw, NCHS

Guest Presenters

Sharon Arnold, PhD, ASPE
Brian Moyer, PhD, NCHS
Mary Greene, MD, MPH, MBA, CMS
Alix Goss, Imprado/DynaVet Solutions
Sheryl Turney, Anthem

Others

Kiana Morris, NCHS

In addition, 72 members of the public and other federal staff remotely attended the meeting on day 1, and 46 attended on day 2.

ACTION

The Committee passed a motion approving a letter with recommendations to the HHS Secretary on three operating rules proposed by CAQH CORE, subject to minor editing.

—DAY ONE—

Welcome and Agenda Review—Ms. Hines, Mr. Coussoule

Ms. Hines welcomed NCVHS members and thanked them for including NCVHS service among their many current responsibilities. She then welcomed the new NCVHS chair, Nick Coussoule, who has been a Committee member since 2015, served as co-chair of the Subcommittee on Standards, and as a member of the Subcommittee on Privacy, Confidentiality and Security. She also welcomed four new NCVHS members: Tammy Banks, Jamie Ferguson, Valerie Watzlaf, and Wu Xu. Following roll call, Mr. Coussoule reviewed the agenda.

New Member Welcome

Mr. Coussoule expressed gratitude to Lee Cornelius, Alix Goss, and Bill Stead, who recently completed their service on NCVHS, and stated that he was honored to be the new Committee Chair. He then asked new members to introduce themselves.

Tammy Banks is Vice President of Medicare Strategy for Medicare Value-based Care Programs for Providence St. Joseph Health. Having presented to NCVHS on behalf of the AMA and other organizations, she recognizes the crucial role of NCVHS as a stakeholder forum. Her professional focus has been on strategies to promote fair payment, efficient practice management, and industry certification. As part of the Committee's work on interoperability and predictability, she is interested in helping replace the manual work now required of providers participating in value-based care agreements. She also looks forward to helping with efforts to digitize standard reporting of pandemic health emergencies, including vaccine data, in a manner that protects privacy.

Wu Xu, PhD, now retired, served as the State Director, Center for Health Data and Informatics in the Utah Department of Health. At present she serves as the coordinator for the Utah Citizens' Council health committee. Her areas of expertise include state data policy, public health data integration, health informatics, system interoperability, and population health assessment and reporting. In her NCVHS service, she hopes to work on data sharing policy for states to facilitate data sharing with federal agencies, researchers, health systems, and others, and also to help state health departments enhance their population data capacities.

Valerie Watzlaf, PhD, is Associate Professor and Vice Chair of education in the Department of Health Information Management in the School of Health and Rehabilitation Sciences at the University of Pittsburgh. She also has a secondary appointment in Pitt's Graduate School of Public Health. Health information management and epidemiology are her areas of focus, along with emerging technologies, and she has done research on clinical classification systems and the transition from ICD-9 to -10. Other research areas include telehealth privacy and security and the Neighborhood Resilience Project where her team built an app called "imHealthy." She served as AHIMA president in 2019. On NCVHS, she is particularly interested in helping with the transition to ICD-11, especially with respect to research, education and training.

Jamie Ferguson has been Vice President of Health IT Strategy and Policy at Kaiser Permanente for 18 years. He served on the HHS Health Information Technology Standards Panel, Health IT Standards Committee, and Health IT Policy Committee. His experience with standards organizations includes ANSI, WEDI, HL7, and SNOMED International. His interests include privacy and security policy, interoperability, and artificial intelligence (AI) policy. He hopes NCVHS will look at the combined functioning of the information infrastructure for public health, social and community services, long-term care, and the safety net, with attention to the information needs related to care coordination, population care, and value-based financing. He noted that semantic standards for terminology and coding need to be coordinated across these service areas, including the privacy and security policies of various entities. He also hopes to help NCVHS advise the Secretary on policies for “trusted artificial intelligence” in health care, to help control costs and assist consumers and clinicians in health decision-making. Trusted artificial intelligence (AI) will require national policies for transparency and explainability, and he noted that NCVHS can play an important role in this area.

ASPE Update—Sharon Arnold, PhD

After welcoming the new NCVHS chair and new members, Dr. Arnold said the Department was operating under a continuing resolution and has submitted its FY22 budget to OMB. In addition to COVID, three other public health emergencies are in effect related to the opioid crisis, wildfires, and Hurricane Laura. She noted several milestones related to COVID, including the rollout of diagnostic tests to states and partnerships to deliver vaccines.

In other news, HHS has been designated the sector-specific agency for coordination of cybersecurity in the health sector. An NIH intramural researcher and three NIH grantees were awarded 2020 Nobel Prizes in physiology/medicine or chemistry. The Office of Civil Rights has settled multiple enforcement actions and issued guidance on civil rights protections during COVID. CMS issued guidance on safe visitation in nursing homes. HHS issued a final rule as part of its new regulatory cleanup initiative to correct nearly 100 citations, using AI and natural language processing. In ASPE, HHS has issued 18 waivers from the Secretary (authorized under the CURES Act) related to the pandemic, and two related to the opioid emergency. ASPE continues to implement the Foundations for Evidence-Based Policymaking Act (Evidence Act) and has submitted its plan to OMB.

- **Discussion**

Asked in what areas NCVHS could be particularly helpful, Dr. Arnold highlighted the question of how to protect the privacy and security of information collected and aggregated as part of the pandemic. She referred to Dr. Moyer a question about the Heroes Act funding for better data on race and ethnicity, and said HHS was actively thinking and planning for how to use community sources to get people vaccinated. Denise Love noted that NCVHS also could provide input on tracking the outcomes of vaccine distribution and administration. She stressed the importance of this kind of follow-through, and of taking advantage of opportunities for coordinated public-private investments. Dr. Arnold promised to ask those responsible for vaccine distribution how NCVHS could be helpful and to circle back.

NCHS Update—Brian Moyer, PhD, Director ([slides](#))

Ms. Hines introduced Dr. Moyer and expressed appreciation for his leadership and engagement on modernization and strategic planning. Dr. Moyer introduced and welcomed Kiana Morris as the new Director of the NCHS Office of Planning, Budget and Legislation, and he welcomed Mr. Coussoule to his new position. He said his presentation would highlight several areas in which he hopes to engage NCVHS

in NCHS work. He noted that we are in the midst of a data revolution with many forces, including data modernization efforts, the Evidence Act, and the Federal Data Strategy, converging and fundamentally changing the operating paradigm. The implications for NCHS include the need to provide more timely, relevant, and detailed data; for more aggressive efforts to harness new data sources; and for stepped-up statistical analysis and better connections in NCHS data across the Center as well as across HHS and the rest of government. In addition, NCHS needs to build greater workforce capacity. It has embarked on a strategic planning process to move this ambitious agenda – and has identified case studies with which to build momentum for modernization. A major focus is breaking down silos. It is focused on both programmatic and operational goals, including how to work better and more efficiently as a team. Noting the importance of stakeholder feedback in this effort, Dr. Moyer asked NCVHS for suggestions about advancing all these objectives.

He noted that the work pursuant to the Evidence Act has “really heated up,” and OMB has started issuing implementation guidance. One of the biggest challenges is figuring out how to implement the notion of “presumption of accessibility” in a manner that takes account of privacy and confidentiality concerns. OMB is using case studies extensively. Believing that it is vital for NCHS to be at the table and contribute to these case studies, Dr. Moyer plans to engage NCHS as much as possible in this work. The NCHS Board of Scientific Counselors also wants to participate, and he extended the same invitation to NCVHS. He also invited the Committee’s feedback on the effort to create a single application process, or portal, to improve access for researchers to data across the statistical system. Further, he asked for NCVHS feedback on how best to communicate very technical concepts about NCHS data to diverse audiences.

He then outlined the Household Pulse Survey, calling it “one of the most significant accomplishments in the U.S. statistical system in recent decades.” It covers economic, social, and health indicators and is an example of where the statistical system should be headed. Recognizing its success, OMB has extended the Household Pulse Survey at least through 2020. Finally, Dr. Moyer commented on the Public Health Data Modernization Initiative and its funding streams, with a focus first on improving mortality data and then on consistent state-by-state reporting. He envisions a one-stop shop with interoperability and consistent use of metadata, extended to a broader enterprise solution that can serve as a model for all of what CDC offers.

- **Discussion**

In response to a question from Ms. Love, Dr. Moyer said he anticipated improvements in the latency issues related to public health data, using strategies such as better interoperability and data linking. A release of preliminary estimates (as is done by the Commerce Department) is possible, but would require some rethinking at NCHS. On another point, Ms. Love encouraged him to look at All Payer Claims Databases as a potential new data source.

Dr. Mays asked whether NCHS might take a leadership role in developing statistical approaches for small areas. She also encouraged attention to making federal data more research-amenable, and asked for a restoration of cross-representation between NCVHS and the NCHS Board of Scientific Counselors. Dr. Moyers agreed with all three points, adding on the second that data should be accessible to multiple users.

Dr. Xu asked about coordinating with the states in the data modernization effort, and he affirmed that CDC leadership wants to coordinate across all the centers—an effort that is “at the very beginning.”

NCVHS 14th Report to Congress—Mr. Coussoule/Chair and Subcommittee chairs [\(slides\)](#)

Nick Coussoule, NCVHS chair, reviewed the Committee's statutory requirement to submit a regular report to Congress on the implementation status of the administrative simplification and privacy protection provisions of HIPAA. A central focus is reporting on how well HIPAA implementation is working to achieve the goals of reducing cost and administrative burden, protecting information privacy and security, and supplying federal and state governments with information of sufficient quality to meet their obligations.

He also reviewed recent guidance from ASPE to adhere to the charge to address the mandate to report on the status of administrative simplification. Over the years, the Committee has developed the report from differing approaches, in some cases taking a broader view of the health care data eco-system. It comes down to – how well are the adopted standards being implemented? How well is that actually working? And is industry meeting the security standards adopted under this, including what penalties may be assessed for noncompliance with those standards? Are we meeting the standard obligations, and doing it in a way that's safe and protective of the information? The timeframe addressed by the report will be 2019 and 2020.

Mr. Coussoule invited members to describe areas of significant NCVHS work over the last two years that will inform the Report: Jacki Monson on Privacy, Confidentiality and Security; Margaret Skurka on ICD-11; Rich Landen on the Predictability Roadmap and the Convergence Project; Debra Strickland on the updated NCPDP standard; Rich Landen on the request from CAQH CORE on operating rules; and Frank Pasquale on data-access privacy and security during COVID. Mr. Coussoule addressed health terminology and vocabularies himself.

After describing the process for the report, Mr. Coussoule led the group in a discussion of major themes and takeaways that could be highlighted in the Report to Congress. He outlined 18 points that already had been identified (*see slides*), and invited further suggestions. Mr. Pasquale suggested that the report section on the future acknowledge proposals now in Congress for improving privacy, confidentiality, and security laws on health data.

Update on HITAC Intersection of Clinical and Administrative Data (ICAD) Task Force Recommendations and Report—Alix Goss and Sheryl Turney, Task Force Co-Chairs [\(slides\)](#)

Former NCVHS member Alix Goss and HITAC member Sheryl Turney co-chaired the HITAC Task Force on the Intersection of Clinical and Administrative Data (ICAD). As context for the project and report, **Ms. Goss** noted that the disconnects between clinical and administrative data stem in part from their differing rulemaking authorities: HIPAA gave NCVHS authority for advising on administrative data transaction standards and operating rules, while the Cures Act gave ONC/HITAC authority for EHRs and thus clinical data. Meanwhile, over the past two decades the landscape has changed drastically, EHR capabilities have advanced, and health care has increasingly needed to access and exchange both clinical and administrative data. The lack of integration between the two has negative impacts on patient safety, provider burden, and the quality of health care delivery.

ONC charged HITAC with addressing this set of problems and making recommendations about the integration of clinical and administrative data, with a focus on prior authorization as the use case and exemplar transaction. The ICAD Task Force, launched in March 2020, brought together ONC/HITAC members, NCVHS members, and other experts from government and the private sector in a joint effort to advance the vision of the CURES Act in this area. ONC provided a glide path, resources, and support for

the project. The resulting report is designed to both advise ONC and inform the focus of the anticipated NCVHS convergence project.

As part of its initial landscape analysis, the Task Force heard from a dozen industry stakeholders over the course of eight meetings between April and July, 2020. Ten entities submitted written comments. These inputs are summarized in an appendix to the ICAD report ([available here](#)). Further industry input was received during a public comment period after the draft report was presented. Ms. Goss gave an overview of the report. She said the Task Force hopes that ONC, NCVHS, CMS, and other partners will continue to work together to bring about the improvements envisioned in the report.

Ms. Turney said an early step for the Task Force was to envision an ideal state. The crux of the vision is that data in an end-to-end, integrated, and closed-loop process are available when needed, generated through the natural health care workflow rather than requiring any separate interactions with or effort by patients. The ICAD report expresses the ideal state through a set of nine guiding principles, which she outlined. (See slides for details.) The first and pivotal one is patient-centered design and focus. She then commented on each of the report's 15 recommendations (which are not listed in priority order). As directed, the Task Force focused on recommending "the what," leaving it to others to determine how to accomplish the desired changes.

In summary, Ms. Goss said the recommendations are about patient-centered design approaches that enable patients and their care teams to focus on their well-being instead of having to problem-solve administrative complexities. Patient consent, privacy, and security are integral parts of the process, with digital capabilities to optimize approaches. The recommendations address key barriers to effective information exchange, improve the transparency and timeliness of prior authorization and decision-making, and build on current standards.

- **Discussion**

NCVHS members had questions about the implications for the 278 transaction, the broader public health applicability of the ICAD initiative, and the Task Force's thinking about patient identification.

Mr. Landen, who was a Task Force member, encouraged his NCVHS colleagues to review the report's appendices, which summarize inputs from industry.

Ms. Goss said the report has been transmitted to the National Coordinator for Health IT. ONC has started work on its draft workplan for HITAC, and has indicated that there will be additional follow up related to ICAD next summer. Now, NCVHS can decide how to use the findings in its own convergence project and how to work further with HITAC leadership and others moving forward.

Continuing on that point, Mr. Landen said the first step for the Subcommittee on Standards would be to digest the ICAD report and determine what aspects of its recommendations to include in the NCVHS scope of work, consistent with the principles laid out in the Predictability Roadmap. One emphasis will be bringing together the ecosystem to align standards, terminologies, and vocabularies and call for a reform of the way HIPAA rules and other regulations are promulgated, to address stovepipe issues. Patient-centered design will be another emphasis.

CMS Update—Mary Greene, MD, MPH, MBA, CMS Office of Burden Reduction and Health Informatics ([slides](#))

Dr. Greene directs the new CMS Office of Burden Reduction and Health Informatics. CMS has worked for years to reduce administrative burden and keep beneficiaries at the center, over the last three years through the Patients Over Paperwork initiative. CMS created the new Office to institutionalize and expand that work and improve coordination. Its lens is the health system. It aims to advance interoperability and the use of national standards, with a consumer-focused mindset that is aware of the pain points for beneficiaries, clinicians, and health plans. The reorganization brings together the body of work of the Patients Over Paperwork team, the National Standards Team, and the Interoperability Team, and aligns them around burden reduction.

To advance interoperability, the MyHealthEData strategic initiative aims to give patients access to their health information and allow the data to follow them throughout the health system. The interoperability policy also takes into account enabling health data exchange across the care continuum, having appropriate technology and standards in place, and building all data exchange on a foundation of privacy and security.

Dr. Greene then described the Interoperability and Patient Access Rule that CMS released last May. Its vision is a future in which open APIs allow seamless data-sharing in all aspects of health care and researchers and innovators have access to CMS data to develop supportive tools. The rule includes two public reporting provisions, to identify providers who block information and to require participating payers to electronically share health claims data with patients. Another provision creates a longitudinal record for the patient.

Regarding COVID, CMS put in place several waivers and rule changes to help the health system address the surge. It also has new statutory authority that enabled the medical community to use more telehealth. Dr. Greene called the pandemic “the quintessential call to action to achieve true interoperability and make clinical and administrative data readily accessible for care coordination and decision-making.” She also stressed the need to improve communication between clinical and public health systems.

She then briefly described several CMS projects. The CMS project on prior authorization responds to recognition that prior authorization, including its documentation requirements, is the top source of clinician burnout. The Post-Acute Care Interoperability (PACIO) Project is a collaborative partnership to leverage FHIR and standards-based APIs to advance interoperable data exchange between post-acute care providers, patients, and others. In another initiative, CMS is working to advance digital quality measures. Dr. Greene also commented on the status of HIPAA standards that have been updated or are in development. (See slides for details.) She encouraged NCVHS to track the unified agenda for progress on standards.

In conclusion, she stressed that CMS values its engagement with NCVHS and wants to know what the Committee learns from others in the field.

- **Discussion**

Mr. Landen relayed to Dr. Greene that NCVHS has heard from industry that the HIPAA regulatory process isn't working for them. The key takeaways in the Predictability Roadmap are the need for “smaller bites” and more dependable timetables. NCVHS wants to see concurrent support of multiple versioning of standards, more visible enforcement, and feedback to standards developers, and it looks forward to good

alignment with CMS in these efforts. Dr. Greene asked for more detail about where the regulatory process falls down and what solutions are recommended. She suggested the use of pilots to help minimize the disruption that can be caused by change. Dr. Xu stressed that the field needs integrated quality measure reporting. Dr. Mays reiterated the importance of better information exchange between public health and health care providers, including on patients' mental health and specialty care. Ms. Love recommended working with SAMHSA. In conclusion, Mr. Coussoule stressed that NCVHS is very interested in working with Dr. Greene and her team.

Subcommittee on Standards Update and Operating Rule Recommendations —Rich Landen, Chair, Subcommittee on Standards ([slides](#))

Mr. Landen summarized recent work of the Subcommittee and plans for the upcoming period. It is completing work on reviewing operating rules proposed by CAQH CORE. Its upcoming work includes inputs to the 14th Report to Congress; getting started on the project on convergence of clinical and administrative data now that the ICAD report has been released; working on the transition to ICD-11; and addressing any needed HIPAA changes that arise.

He turned to the Subcommittee's recommendations on proposed operating rule changes. (*See slides and final draft letter to the Secretary for details.*) The Affordable Care Act amended HIPAA to require HHS to adopt operating rules and designated a set of roles for NCVHS in this process. In 2020, the Subcommittee solicited industry input and held a hearing in August to look at three operating rules proposed by CAQH CORE, the designated operating rules authoring entity under HIPAA. They are the prior authorization data content rule, the prior authorization infrastructure rule, and the connectivity rule.

Before reviewing the Subcommittee's recommendations, Mr. Landen explained its strategy for evaluating the rules and its decision criteria. Among other things, the ACA directs NCVHS to determine whether the operating rules represent a consensus view of health care stakeholders and are consistent with HIT electronic standards. The August 2020 Subcommittee hearing involved a diverse group of payers, providers, vendors, and patients. The Subcommittee then assessed each of the proposed rules with reference to the ecosystem in which they would live, and reached consensus on these four recommendations to HHS:

- 1) Adopt an attachment standard.
- 2) Support and encourage voluntary use of the two proposed operating rules for prior authorization.
- 3) Do not adopt the proposed operating rule for connectivity; CAQH CORE is encouraged to complete the new version it is working on.
- 4) Increase the visibility of enforcement information on operating rules.

The letter will be brought to a vote by NCVHS members on day two of this meeting.

Public Comment

David Wilderman asked if the recommendation to adopt an attachment standard aligned with the one recommended in 2016 or a different one. Mr. Landen replied that NCVHS decided to leave it to CMS to determine which attachment standard should be adopted.

For the AMA, Heather McComas expressed appreciation for the effort that went into these recommendations but disappointment about the recommendation to leave prior authorization operating rules to voluntary adoption. AMA members fear that this will leave the industry "stuck" in the status quo with respect to prior authorization.

—DAY TWO—**Welcome**

After words of welcome and roll call, the Chair, Nick Coussoule reviewed the agenda.

Subcommittee on Privacy, Confidentiality and Security— Mr. Pasquale ([slides](#))

Mr. Pasquale began by summarizing the Subcommittee's September 2020 hearing on Data Use in Public Health Emergencies. The Subcommittee had been asked to look at these questions:

- What are fair information principles for a pandemic?
- What data should we be collecting?
- What rules are alright to override to advance public health, and what should remain in force and perhaps be considered inalienable?
- What level of identification of data is appropriate for which purposes?
 - ♦ When is there a need for identifiable data?
 - ♦ When is aggregate data more appropriate?
 - ♦ Is case-level data without identifiers an adequate compromise?
- How do our standards differ at local/state/federal levels?

The hearing featured panels on data collection and use, technology and ethics, and bias and discrimination. *(See slides for information on the 11 presenters and the hearing summary for further detail.)*

The points made in the hearing presentations and robust discussions included these:

- The need to look for proof of efficacy in order to avoid “techno-solutionism”;
- The importance of public health monitoring and the emergence of new modes of analysis;
- The importance of context with respect to data;
- The need to be aware of the downside risk of novel technology, especially with respect to bias and discrimination;
- The need for clarity about the goals and objectives for apps and data; and
- What a successful large strategy looks like (from the Taiwan example).

Mr. Pasquale summarized a set of hearing takeaways in these four areas: data and data stewardship, coverage gaps, public trust, and laws and policies. *(See slides for details.)* Overall, standout issues are that public distrust has been a longstanding and gradually worsening issue, and that transparency and speedy access to relevant data are both critical. Another major issue concerns the challenges created by the patchwork of state and local laws. Past NCVHS work on the Next Generation of Vital Statistics was identified as a model for identifying priority areas for improvement.

Mr. Pasquale then outlined these potential future work topics for the Subcommittee and asked for Committee discussion about them:

- A. Deep dive on beyond HIPAA expanding to include apps/data use and service agreements for wearables, M-health
- B. Health information security – especially in light of recent HHS/FBI memo on ransomware/malware in healthcare
- C. Data linkage stewardship
- D. Further HIPAA guidance related to accounting for disclosures
- E. Approaches for dealing with civil monetary penalties resulting from HIPAA enforcement

- F. NPRM on the HIPAA privacy rule: changes to support, and remove barriers to, coordinated care and individual engagement.

- **Discussion**

First, NCVHS members had the following comments on the hearing:

- It's important to provide the broader context for whatever issues are addressed (i.e., beyond the frame of possible Subcommittee activities).
- Privacy and security policy are different in public health emergency situations than in routine public health practice.
- HITAC has "Beyond HIPAA" on its work plan, and there is a need and opportunity for NCVHS to collaborate with HITAC in this area.
- A reminder of Dr. Moyer's comments on the timeliness and quality of public health data and the opportunities for NCVHS guidance on improving access to data while protecting the data.

Members then discussed the options Mr. Pasquale outlined for future NCVHS work. It was noted that in addition to the opportunities for NCVHS input identified by Dr. Moyer, Dr. Greene's earlier comments flagged opportunities related to data linkage stewardship. Among the six project options listed above, various members expressed support for various items or combinations thereof—especially for the first three options. It was suggested that the topic of patients opting out of data sharing be added to "the mix." On data linkage stewardship, Mr. Ferguson proposed a broad focus that includes the increasing data flows and integration of social services and community services, along with public health and health care. Ms. Love proposed "lumping" A, B, and C in a project to develop a vision and guidance on what a national data commons would look like in both a public health emergency and a post-COVID world. Several members supported the idea of combining A, B, and C in a single project; and Dr. Xu proposed also adding D.

Ms. Bernstein briefed the Committee on the forthcoming NPRM on the HIPAA Privacy Rule. The 60-day comment period will start when the rule is published.

Subcommittee on Standards Recommendations Follow-up—Mr. Landen

Mr. Landen presented the draft letter to the Secretary on operating rules for discussion and action. He stressed that the Subcommittee took many factors into consideration in trying to determine the value to the industry of the proposed operating rules as a national mandate. He then walked the Committee through the letter, describing the reasoning behind each of the four recommendations and noting recent revisions to the letter. (See [the transcript](#) and slides for details.)

In discussing the letter, members stressed their desire to reassure CAQH CORE that the Subcommittee found its work on the operating rules favorable – but did not find compelling evidence to support a national mandate at this time. The voluntary use period will provide data on early adoption and make it possible to discern the best course going forward; furthermore, voluntary use can be immediate.

The Committee then **passed a motion** to approve the letter, subject to minor editing as indicated in the foregoing discussion.

Public Comment

- April Todd, on behalf of CAQH CORE, wrote to request “specific guidance [from NCVHS] on the level of real-world evidence and industry support that is needed for a recommendation for federal adoption.” The comment points out that the proposed rules “achieved an industry approval rate of at least 80 percent, with every stakeholder group approving by at least 69 percent.”
- Heather McComas of the AMA wrote to follow up on her public comment on the previous day. She said, “[T]he AMA is extremely disappointed that NCVHS is recommending voluntary adoption of the rules. We believe this decision forfeits a clear opportunity to drive the industry to meaningful, near-term improvement in the prior authorization process.” Ms. McComas referenced an October 2020 letter from the American Hospital Association, Arthritis Foundation, and Medical Group Management Association (posted on the NCVHS website) that urges the Full Committee to reconsider mandatory adoption of the prior auth operating rules.
- Finally, regarding CAQH CORE operating rule development, Mike Dennison of Change Healthcare wrote to “strongly encourage the operating rule authoring entity to more effectively partner and align efforts with their standards development organization (SDO) peers.” Mr. Landen suggested that the letter is calling for closer collaboration between CAQH CORE and X12, the SDO, notably to align implementation guides and operating rules.

The meeting transcript for day 2 of the meeting, [posted on the NCVHS website](#), reflects the public comments together with other November 2020 meeting materials.

NCVHS 2021 Workplan Review and Discussion

As an introduction to this session, Mr. Coussoule gave an overview of the NCVHS vision, mission, scope, and strategic goals. Dr. Mays raised a question about the Committee’s bandwidth and possible access to more staffing. Ms. Hines suggested that once the Committee had identified its priority projects, it will be possible to explore with ASPE whether any other HHS operating divisions are interested in supporting specific projects, as has happened with some past NCVHS projects. Dr. Mays noted that some other groups also might be interested in collaborating.

The Committee then discussed its workplan and possible foci and projects. Among the many possibilities discussed, several members expressed support for working on improvements to mortality data, including better data on race and ethnicity and cause-of-death coding. Another highlighted topic was following up (in the second quarter of 2021) on the Committee’s 2019 recommendations to the Secretary on preparing for the transition to ICD-11. Finally, there was support for work on the potential contributions of AI to vital health data and the need for a broad national framework of national standards, measures, and rules for these technologies.

It was noted that the Subcommittee on Standards has not functioned as the HIPAA Review Committee for four years, as directed by the ACA, and NCVHS does not have the resources to produce an annual report in this area without additional support.

Final Comments and Adjournment—Mr. Coussoule

Mr. Coussoule thanked NCVHS members, staff, and technical partners for their contributions to this successful meeting. Ms. Hines added thanks to Ms. Doo for shepherding the follow-up to the August standards hearing, and Ms. Seeger for following up on the September PCS hearing.

Mr. Coussoule then adjourned the meeting.

I hereby certify that, to the best of my knowledge, the foregoing summary of minutes is accurate and complete.

/s/

February 22, 2021

Nicholas Coussoule, Chair, NCVHS

Date