DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year

2022

Office of the National Coordinator for Health Information Technology

*Justification of Estimates
to the Appropriations Committees*

OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY

ABOUT ONC

Departmental Mission

The mission of the U.S. Department of Health and Human Services (HHS) is to enhance the health and well-being of all Americans by providing for effective health and human services and by fostering sound, sustained advances in the sciences underlying medicine, public health, and social services.

Agency Description

The Office of the National Coordinator for Health Information Technology (ONC), a staff division of the HHS Office of the Secretary, is charged with formulating the Federal Government's health information technology strategy and promoting coordination of federal health IT policies, technology standards, and programmatic investments.

Federal Health IT Strategic Plan Mission

ONC's mission, adopted from the Federal Health IT Strategic Plan 2020 – 2025, is to improve the health and well-being of individuals and communities through the use of technology and health information that is accessible when and where it matters most.

ONC's FY 2022 Priorities

- Advancing the, accessibility, **interoperability**, and **usability** of electronic health information and electronic health records (EHRs) by developing the necessary regulatory frameworks and implementing the programs and responsibilities necessary to implement ONC's statutory authorities and delegations from the Secretary;

- Supporting secure, standards-based application programming interfaces (APIs) and user-focused technologies to promote an open platform-based ecosystem that can expand interoperability patterns, enrich data exchange, increase usability, and enable advanced interoperability capabilities to improve quality, cost, safety, and equity in healthcare;

- Contributing to HHS efforts to respond to public health emergencies such as **COVID-19 and the opioid epidemic** through collaborations with public health stakeholders to improve the Nation's critical health IT infrastructure and health information sharing.

ONC's Authorizing and Enabling Legislation

Health Information Technology for Economic and Clinical Health Act ("HITECH" Pub. L. No: 111-5), Medicare Access and CHIP Reauthorization Act ("MACRA" P.L. 114-10), 21st Century Cures Act ("Cures Act" P.L. 114-255)

U.S. Department of Health and Human Services

Message from the National Coordinator for Health IT

FY 2022 President's Budget Request

Dear Reader,

I am pleased to present the fiscal year (FY) 2022 President's Budget Request, Justification of Estimates to Appropriations Committees for the Office of the National Coordinator for Health Information Technology (ONC). This budget request outlines a proposed funding level and some expected outcomes for ONC at the President's Budget request level in FY 2022, and also includes annual performance information covering highlights from ONC activities that took place in the most recently concluded fiscal year, FY 2020.

The FY 2022 President's Budget request level for ONC is $86.6 million. With this budget, ONC will continue its focus on critical national priorities to improve the health system by (1) promoting the interoperable exchange of electronic health information, (2) supporting a data-driven response to the COVID-19 pandemic, (3) focusing on health equity when developing new policies and programs, and (4) coordinating health IT activities across the federal government to help government agencies execute on their mission.

In furtherance of these goals, and supported by the FY 2022 President's Budget Request, ONC plans to continue necessary efforts to implement the 21st Century Cures Act (Cures Act), which will enter its sixth year of government-wide implementation in 2022. In particular, ONC will prioritize activities that address Congressional requirements related to: (1) facilitating the development and promotion of technology standards that improve infrastructure and interoperability, (2) administering the ONC Health IT Certification Program, (3) enabling trusted and secure health information exchange, and (4) ensuring patients have access to and control of electronic health information stored in their medical records.

Since establishment, ONC has a history of noteworthy successes in implementing Congressional requirements and achieving national goals related to the adoption, exchange and use of health information technology (IT). ONC's team has a track record for leading and coordinating health IT activities that are essential for improving the U.S. health system and patient care. ONC's annual budget is fundamental to supporting ONC's infrastructure and advancing national priorities.

/Micky Tripathi/
Micky Tripathi, Ph.D. M.P.P
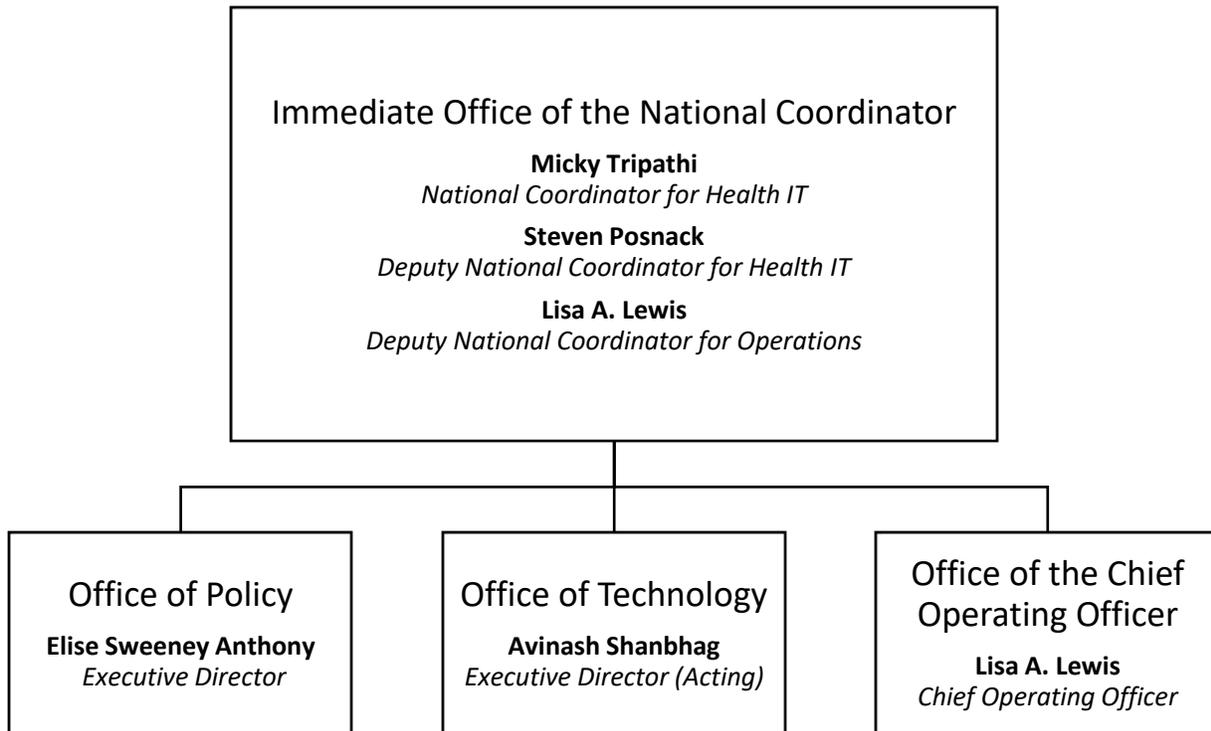National Coordinator for Health IT

FY 2022 President's Budget

Justification of Estimates to the Appropriations Committees
Office of the National Coordinator for Health Information Technology

Contents

Organizational Chart

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│    Immediate Office of the National Coordinator │
│                                                │
│              Micky Tripathi                    │
│        National Coordinator for Health IT      │
│                                                │
│              Steven Posnack                    │
│    Deputy National Coordinator for Health IT   │
│                                                │
│               Lisa A. Lewis                    │
│    Deputy National Coordinator for Operations  │
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Office of Policy	Office of Technology	Office of the Chief Operating Officer
Elise Sweeney Anthony *Executive Director*	**Avinash Shanbhag** *Executive Director (Acting)*	**Lisa A. Lewis** *Chief Operating Officer*

Organizational Chart – Text Version

- Immediate Office of the National Coordinator
  - Micky Tripathi, Ph.D. M.P.P. *National Coordinator for Health IT*
  - Steven Posnack, M.S., M.H.S. *Deputy National Coordinator for Health IT*
  - Lisa A. Lewis, *Deputy National Coordinator for Operations*
- Office of Policy
  - Elise Sweeney Anthony, J.D., *Executive Director*
- Office of Technology
  - Avinash Shanbhag, *Executive Director (Acting)*
- Office of the Chief Operating Officer
  - Lisa Lewis, *Chief Operating Officer*

Executive Summary

Mission and Introduction

ONC Mission

Improve the health and well-being of individuals and communities through the use of technology and health information that is accessible when and where it matters most.

ONC Overview

The Office of the National Coordinator for Health Information Technology (ONC) is charged with formulating the Federal Government's health information technology (IT) strategy and leading and promoting effective policies, programs, and administrative efforts to advance progress on national goals for better, safer, and more equitable healthcare through a nationwide interoperable health IT infrastructure. ONC is a staff division within the U.S. Department of Health and Human Services (HHS) that reports directly to the Immediate Office of the Secretary for HHS. While ONC is a small part of Federal spending on healthcare, ONC's activities are central to creating an equitable healthcare system, that works to identify and alleviate health disparities and address social determinants of health.

ONC's mission, goals, and objectives originate from three laws, including the Health Information Technology for Clinical and Economic Health Act (2009); Medicare Access and CHIP Reauthorization Act of 2015; and the 21st Century Cures Act (2016).

ONC's program level funding supports a diverse staff and a network of contracted experts spanning a wide range of healthcare, technology, policy, public health, and public administration specialties. ONC staff specialists collaborate with leaders in healthcare, health, and technology in government and industry. This includes contributing to health IT initiatives led by partners and strategic coordination with partner agencies, states, and an extensive network of current and former grantees, leading healthcare sector companies, public interest groups, clinicians, and the congressionally mandated Health IT Advisory Committee (HITAC). ONC promotes the lessons learned from these stakeholder encounters to over 1.5 million visitors who access the policy and technical assistance materials published at https://HealthIT.gov each year. HHS' holistic approach to its technology-related initiatives centers on putting patients in control of their health information through interoperable health IT.

Interoperability is necessary to combat pandemics and public health emergencies such as COVID-19 and the opioid crisis by providing early detection and readily available health information to clinicians and public health entities. The secure flow of electronic health information can offer insight into health disparities and facilitate longitudinal tracking of health outcomes so that a care provider can have a comprehensive view of a patient's medical history when caring for patients.

For the past decade, national leaders have pursued an agenda that promotes innovation in healthcare built on widespread, interoperable health information. ONC has and will continue to play a transformative role in helping to make healthcare more equitable through its health IT coordination. ONC's work builds on regulation that incentivized the digitization of medical data which required the first-generation consumer transparency with patient web portals. The standards and interoperability work led by ONC advances the technical infrastructure necessary to support the appropriate and secure flow of clinical data to individuals, caregivers, and their clinicians. ONC is also uniquely situated to coordinate the technical activities among different health standards development organizations as we look to a more equitable future of healthcare.

Overview of Budget Request

The FY 2022 request for ONC is $86.6 million, an increase of $24.3 million in program level. These resources will be entirely available through the Public Health Services Act Evaluation set-aside. ONC's budget, although small compared to the overall Federal healthcare spending, has had transformative impacts on HHS programs and the healthcare system. ONC's FY 2022 request explains the Office's plan to implement a portfolio of activities driven by congressional requirements and ONC's bipartisan authorities. ONC's budget organization highlights multifaceted work that weaves together **policy** development on value-based, data-driven health system transformation and unique expertise for guiding and facilitating cutting edge **technology and standards** initiatives that target Federal coordination and investments to spur the development and promotion of an interoperable nationwide health IT infrastructure.

ONC's program level funding is reported as one line, but the President's Budget request narrative is organized into three chapters, summarized below, to provide greater transparency into ONC's strategy for affecting change.

- Policy: Development and Coordination
  Includes strategic and policy planning, developing regulatory frameworks and administrative procedures, maintaining a Federal Advisory Committee, and conducting coordination with public and private stakeholder groups. These policies and frameworks must be robust and resilient enough to withstand substantial opposition from industry stakeholders and make interoperability a reality.

- Technology: Standards, Certification, and Interoperability
  Includes managing the ONC Health IT Certification Program; facilitating the development and promotion of technology standards that improve infrastructure and interoperability; and sponsoring pilot projects and industry challenges to accelerate science and innovation and demonstrate advanced uses of health IT which will enable future ONC standards work to support the Administration's equity goals and enable patients to easily access their health information on their smartphones.

- Agency-Wide Support
  Includes providing executive, clinical, and coordinating outreach between ONC and key Federal stakeholders; maintaining https://HealthIT.gov to promote Federal policy related to health IT; and ensuring effective operations and management through an integrated operations function.

ONC's FY 2022 request includes a proposed increase of $23.0 million to improve the Nation's Interoperability Networks for Emergency Response, of which $13.0 million is to further implement Cures Act requirements related to the Trusted Exchange Framework and Common Agreement (TEFCA), and $10.0 million to support ONC's standard's responsibilities, which will build the future healthcare data infrastructure needed to better respond to and prepare for public health emergencies, including the COVID-19 pandemic. The budget request also includes increased funding to allow ONC to support their staff and operational activities needed to keep pace with the agency's growing responsibilities.

Overview of Performance

ONC's Mission, Goals, and Objectives

ONC's mission, adopted from the Federal Health IT Strategic Plan 2020 – 2025, is to improve the health and well-being of individuals and communities using technology and health information that is accessible when and where it matters most. ONC advances progress to its mission by formulating the Federal Government's health IT strategy and promoting coordination of federal health IT policies, technology standards, and programmatic investments. ONC's annual budget request reflects thoughtful and coordinated plans to advance National goals, particularly the objectives outlined in ONC's authorizing and enabling legislation: the Cures Act, MACRA, and the HITECH Act, and the Executive Order on Ensuring a Data-Driven Response to COVID-19 and Future High-Consequence Public Health Threats.

This budget request enables ONC to continue fulfilling its ongoing responsibility as the principal federal entity charged with coordination of nationwide efforts to effectively use health IT and electronic health information exchange to improve healthcare quality, cost, and equity. To this end, ONC leads two priority strategies as part of the HHS Strategic Plan for 2018-22.

<table>
<tr><td colspan="2">Health IT in the HHS Strategic Plan, 2018-2022</td></tr>
<tr><td>Goal 1</td><td>Reform, Strengthen, and Modernize the Nation's Healthcare System</td></tr>
<tr><td>Objective 2</td><td>Expand safe, high-quality healthcare options, and encourage innovation and competition</td></tr>
<tr><td colspan="2">HHS Priority Strategies:

Advance interoperable clinical information flows so patients, providers, payers, and others can efficiently send, receive, and analyze data across primary care, acute care, specialty care including behavioral healthcare, and post-acute care settings
Promote implementation of understandable, functional health information technology tools to support provider and patient decision-making, and to support workflows for healthcare providers

</td></tr>
</table>

Summary of Performance Information in the Budget Request

This budget includes performance reporting for the most recently completed year, FY 2020, and budget planning information for the Budget Request level for FY 2022. The performance information in this request includes a combination of contextual measures that describe the extent of nationwide interoperable health information exchange; and milestones and accomplishments that highlight key information about ONC activities that were or need to be taken to implement statutory requirements.

The contextual measures in the budget are the research that ONC conducts with other partners in government to better understand the Nation's Health IT landscape. These projects seek to understand the types of heath IT capabilities that exist and how those capabilities are being used. The measures included in the budget were selected to provide context for ONC's request *and* demonstrate the long-term impact of ONC's past work. This year's budget request maintains support for several necessary survey and data analysis projects that enable ONC to collaborate with public and private sector partners and meet

congressional requirements to evaluate progress toward national goals for interoperable health information exchange.

ONC's Performance Management Process

ONC's performance management process prioritizes a continuous focus on improving program results, finding more cost-effective ways to deliver value to health IT stakeholders nationwide, and increasing the efficiency and effectiveness of Agency operations.

The performance management strategy at ONC consists of four phases: (1) Priority Setting, (2) Strategic Planning, (3) Financial and Performance Management, and (4) Evaluation, Review, and Reporting. Activities aligned to these four phases are coordinated by a workgroup of ONC's leaders who represent the agency in strategy, planning, performance, financial and human capital resources, operations, risk management, data analysis, and program/policy evaluation.

ONC's performance and management processes incorporate requirements from law, procedures from Office of Management and Budget (OMB) circulars, and a range of best practices endorsed by oversight and advisory groups. Example resources that provide a foundation for ONC's management process include:

- Government Performance and Results Act of 1993 and the GPRA Modernization Act of 2010 (Public Law 111-352)
- Federal Mangers' Financial Integrity Act (FMFIA) of 1982 (Public Law 97-255),
- OMB Circular A-11: Preparation, Submission, and Execution of the Budget ("A-11")
- OMB Circular A-123: Management's Responsibility for Enterprise Risk Management and Internal Control ("A-123")
- Government Accountability Office (GAO) Standards for Internal Control in the Federal Government ("The Green Book")
- Performance Improvement Council's Performance Principles and Practices Guide ("P3 Playbook")

Impact of the FY 2022 Budget Request on Performance

ONC's FY 2022 request includes a proposed increase of $23.0 million to improve the Nation's Interoperability Networks for Emergency Response, of which $13.0 million is to further implement Cures Act requirements related to TEFCA (a part of ONC's Policy Development and Coordination activities), and $10.0 million to support ONC's standard's responsibilities (a part of ONC's Standards, Interoperability, and Certification activities).

All-Purpose Table

(Dollars in Thousands)

Activity	FY 2020 Final	FY 2020 Supplemental Funding /1	FY 2021 Enacted	FY 2021 Supplemental Funding /2	FY 2022 President's Budget	FY 2022 President's Budget +/- FY 2021 Enacted
TOTAL, ONC Program Level	$60,253	$10,000	$62,367	$19,500	$86,614	$24,247
TOTAL, ONC Budget Authority	$60,253	$10,000	$62,367	$19,500	$0	($62,367)

1/ Shows supplemental funds post-transfer and post re-allocation from PHSSEF under the CARES Act of 2020, P.L. 116-136.

2/ Shows supplemental funds post-transfer and post re-allocation from PHSSEF under the CARES Act of 2020, P.L. 116-136.

Budget Exhibits

Appropriations Language

From amounts made available pursuant to section 241 of the PHS Act, $86,614,000 shall be for expenses necessary for the Office of the National Coordinator for Health Information Technology, including *for* grants, contracts, and cooperative agreements for the development and advancement of interoperable health information technology, [$62,367,000].

Language Analysis

Language Provision	Explanation
From amounts made available pursuant to section 241 of the PHS Act, $86,614,000 shall be for expenses necessary for the Office of the National Coordinator for Health Information Technology, including *for* grants, contracts, and cooperative agreements for the development and advancement of interoperable health information technology, [$62,367,000].	Provides ONC's budget from PHS Evaluation funding.

Amounts Available for Obligation

	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
General Fund Discretionary Appropriation:			
Appropriation (L/HHS)..	$60,367,000	$62,367,000	$0
Subtotal, Appropriation (L/HHS, Ag, or Interior)............	$60,367,000	$62,367,000	$0
Subtotal, adjusted appropriation...................................	$60,367,000	$62,367,000	$0
Real transfer to: (COVID Response)......................................	($114,000)		
Real transfer to: (ACF)..		($187,000)	$0
Subtotal, adjusted general fund discr. appropriation......	$60,253,000	$62,180,000	$0
Total, Discretionary Appropriation.........................	$60,367,000	$62,367,000	$0
Total Obligations...	$60,253,000	$62,180,000	$0

Summary of Changes

2021 Enacted
    Total estimated budget authority.. $62,367,000
    Total estimated program level.. $62,367,000

2022 President's Budget
    Total estimated budget authority.. $0
    Total estimated program level.. $86,614,000
     Net Change in budget authority..   -$62,367,000
     Net Change in program level...   +$24,247,000

	FY 2021 Enacted		FY 2022 President's Budget		FY 2022 +/- FY 2021	FY 2022 +/- FY 2021
	FTE	BA	FTE	PL	FTE	BA
Increases:						
A. Program:						
1. Health IT, PHS Eval....	177	$0	177	$86,614,000	-	$86,614,000
Subtotal, Program Increases	**177**	**$0**	**177**	**$86,614,000**	**-**	**$86,614,000**
Total Increases	**177**	**$0**	**177**	**$86,614,000**	**-**	**$86,614,000**
Decreases:						
A. Program						
1. Health IT, BA..............	177	$62,367,000	177	$0	-	($62,367,000)
Subtotal, Program Decreases	**177**	**$62,367,000**	**177**	**$0**	**-**	**($62,367,000)**
Total decreases	**177**	**$62,367,000**	**177**	**$0**	**-**	**($62,367,000)**
Net Change	**-**	**-**	**-**	**-**	**-**	**+$24,247,000**

Budget Authority by Activity

(Dollars in Thousands)

	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
1. Health IT			
Annual Budget Authority...............................	$60,253	$62,367	$0
Annual Program Level...............................	$60,253	$62,367	$86,614
Subtotal, Health IT	$60,253	$62,367	$0
Total, Budget Authority	$60,253	$62,367	$00
Total, Program Level	$60,253	$62,367	$86,814
FTE	157	177	177

Authorizing Legislation

	FY 2021 Amount Authorized	FY 2021 Amount Appropriated	FY 2022 Amount Authorized	FY 2022 President's Budget
Health IT				
1. Title XXX of PHS Act as added by the HITECH Act (PL 111-5) and the Cures Act (PL 114-255)	Indefinite	$ -	Indefinite	$ -
Budget Authority	Indefinite	$62,367,000	Indefinite	$ -
Program Level		$ -		$86,614,000
Total Request Level		$62,367,000		$86,614,000

Appropriations History

Each Year is General Fund Appropriation	Request to Congress	House Allowance	Senate Allowance	Appropriation
FY 2013				
Annual..	$26,246,000	$16,415,000	$16,415,000	$16,415,000
PHS Evaluation Funds....................................	$40,011,000	$44,811,000	$49,842,000	$44,811,000
Rescissions (P.L. 113-6).................................				($33,000)
Sequestration..				($826,000)
Subtotal...	$66,257,000	$61,226,000	$66,257,000	$60,367,000
FY 2014				
Annual..	$20,576,000		$20,290,000	$15,556,000
PHS Evaluation Funds....................................	$56,307,000		$51,307,000	$44,811,000
User Fee...	$ 1,000,000		$1,000,000	
Subtotal...	$77,883,000		$72,597,000	$60,367,000
FY 2015				
Annual..		$61,474,000	$61,474,000	$60,367,000
PHS Evaluation Funds....................................	$74,688,000			
Subtotal...	$74,688,000	$61,474,000	$61,474,000	$60,367,000
FY 2016				
Annual..		$60,367,000	$60,367,000	$60,367,000
PHS Evaluation Funds....................................	$91,800,000			
Subtotal...	$91,800,000	$60,367,000	$60,367,000	$60,367,000
FY 2017				
Annual..		$65,367,000	$60,367,000	$60,367,000
PHS Evaluation Funds....................................	$82,000,000			
Transfers (Secretary's)...................................				$(140,000)
Subtotal...	$82,000,000	$65,367,000	$60,367,000	$60,227,000
FY 2018				
Annual..	$38,381,000	$38,381,000	$60,367,000	$60,367,000
PHS Evaluation Funds....................................				
Transfers (Secretary's)...................................				($150,000)
Subtotal...	$38,381,000	$38,381,000	$60,367,000	$60,217,000
FY 2019				
Annual..	$38,381,000	$42,705,000	$60,367,000	$60,367,000
Transfers (Secretary's)...................................				($204,397)
Subtotal...	$38,381,000	$42,705,000	$60,367,000	$60,162,603
FY 2020				
Annual..	$43,000,000		$60,367,000	$60,367,000
PHS Evaluation Funds....................................		$60,367,000		
Transfers (Secretary's)...................................				($114,000)
Subtotal...	$43,000,000	$60,367,000	$60,367,000	$60,253,000
FY 2021				
Annual..	$50,717,000	$60,367,000	$60,367,000	$62,367,000
Transfers (Secretary's)...................................				($187,000)
Subtotal...	$50,717,000	$60,367,000	$60,367,000	$62,180,000
FY 2022				
Annual..				
PHS Evaluation Funds....................................	$86,614,000			
Subtotal...	$86,614,000			

Narrative by Activity

Health IT

	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
BA	$60,253,000	$62,367,000	$0	-$62,367,000
PHS Eval Funds	$0	$0	$86,614,000	$86,614,000
PL	$60,253,000	$62,367,000	$86,614,000	+$24,247,000
FTE	157	177	177	0

Enabling Legislation Citation .... Title XXX of PHS Act as added by the HITECH Act (PL 111-5) and amended by the Cures Act (PL 114-255)
Enabling Legislation Status .... Permanent
Authorization of Appropriations Citation .... No Separate Authorization of Appropriations
Allocation Method .... Direct Federal, Contract, Cooperative Agreement, Grant

Program Description

ONC was established in 2004 through Executive Order 13335 and statutorily authorized in 2009 by the HITECH Act. ONC's responsibilities for leading national health IT efforts were increased by MACRA in 2015 and again by the Cures Act in 2016. The range of authorities and requirements assigned to ONC through its authorizing and enabling legislation establish a framework of actions for the agency related to (1) Policy Development and Coordination and (2) Technology Standards, Certification, and Interoperability, and (3) Agency-Wide Support.

In FY 2022, ONC will implement its authorities and requirements to accelerate progress to an interoperable nationwide health IT infrastructure by pursuing the following objectives:

- Advancing the, accessibility, **interoperability**, and **usability** of electronic health information and electronic health records (EHRs) by developing the necessary regulatory frameworks and implementing the programs and responsibilities necessary to implement ONC's statutory authorities and delegations from the Secretary;

- Supporting secure, standards-based APIs and user-focused technologies to promote an open platform-based ecosystem that can expand interoperability patterns, enrich data exchange, increase usability, and enable advanced interoperability capabilities to improve quality, cost, safety, and equity in healthcare;

- Contributing to HHS efforts to respond to public health emergencies such as **COVID-19 and the opioid epidemic** through collaborations with public health stakeholders to improve the Nation's critical health IT infrastructure and health information sharing.

Sub Activities at ONC [1]

ONC's authorities and requirements are implemented through a budget and organizational structure emphasizing the following key components:

Policy: Development and Coordination

Within the Office of Policy, ONC undertakes a range of policy development and coordination activities including: (1) policy and rulemaking activities, such as writing the rule text to implement the Cures Act, MACRA, the HITECH Act, and Executive Order 13335; (2) supporting ONC's domestic policy initiatives; (3) coordinating with executive branch agencies, Federal commissions, advisory committees, and external partners; (4) conducting analysis and evaluation of health IT policies for ONC and HHS, including in the areas of interoperability, information blocking, care transformation, privacy and security, and quality improvement; and (5) operating the HITAC, established in the Cures Act.

Technology: Standards, Interoperability, and Certification

Within the Office of Technology, ONC undertakes a range of coordination, technical, and program activities including: (1) executing provisions of law including those in the HITECH Act, MACRA, and the Cures Act; (2) providing technical leadership and coordination within the health IT community to identify, evaluate, and influence the development of standards, implementation guidance, and best practices for standardizing and exchanging electronic health information; (3) coordinating with Federal agencies and other public and private partners to implement and advance interoperability nationwide; (4) leading the development of electronic testing tools, resources, and data to achieve interoperability, enhanced usability, and aid in the optimization of health IT; (5) administering the ONC Health IT Certification Program, including the Certified Health IT Product List; and (6) leveraging a team of medical professionals and information scientists that provide leadership to ONC's technical interoperability interests and investments.

Agency-Wide Support

Led by the Immediate Office of the National Coordinator and the Office of the Chief Operating Officer, ONC undertakes a range of agency-wide support activities, including providing overall leadership, executive, strategic, and day-to-day management direction for the ONC organization. Agency-wide support also includes a team of expert clinician advisors who support the National Coordinator and ONC policy and technology leadership; scientific advisors who support leveraging standardized clinical data to advance discovery and innovation; a stakeholder outreach and media relations function, including management of HealthIT.gov; and the agency's operations and administration functions.

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[1] For a more complete explanation of the alignment of ONC's organizational chart to its responsibilities, see the May 2018 Statement of Organization, Functions, and Delegations of Authority; Office of the National Coordinator for Health Information Technology: https://www.federalregister.gov/documents/2018/05/02/2018-09361/statement-of-organization-functions-and-delegations-of-authority-office-of-the-national-coordinator.

Agency Background

Since its establishment by Executive Order 13335 in **2004**, ONC has been tasked with providing leadership to stakeholders across the Federal Government and the healthcare and health IT industries in the shared effort to advance nationwide implementation of an interoperable health IT infrastructure.[2] At its inception, ONC's primary efforts focused on strategic planning, establishing the Federal Health Architecture, building the National Health Information Network, and stimulating collaboration among a growing network of federal agencies interested in health IT.

After 5 years of progress implementing its founding mission, Congress statutorily authorized ONC when it enacted the HITECH Act of **2009**. The Act codified the responsibilities outlined in the Executive Order and provided ONC and Centers for Medicare & Medicaid Services (CMS) with financial resources to incentivize and guide the development and adoption of a more comprehensive nationwide health IT infrastructure via the Medicare EHR Incentive Program, commonly referred to as "meaningful use." During the time that CMS and ONC implemented HITECH programs, the availability and use of certified EHR technology significantly increased, and EHR adoption among hospitals and office-based professionals increased to more than three quarters.[3]

Throughout **2014-15**, ONC built upon the Nation's momentum toward widespread health information interoperability and its position of leadership by working closely with stakeholders to develop and publish a *Shared Nationwide Interoperability Roadmap*. The *Roadmap* was developed through extensive coordination across the government and industry. It was supported widely for its more than 150 detailed commitments and calls to action.[4]

While nationwide stakeholders worked to implement commitments in the *Roadmap,*[5] in **2015** Congress placed further emphasis on achieving widespread interoperability in MACRA. With MACRA introduced, the Medicare EHR Incentive Program (meaningful use) was transitioned to become one of the four components of the new Merit-Based Incentive Payment System (MIPS), which itself is part of MACRA. CMS's implementation of MACRA, and ONC's continued progress to fulfill requirements outlined in HITECH and MACRA, contributed substantially to the progress of nearly all hospitals and three quarters of physicians using certified EHRs.[6]

In **2016**, the Nation's health IT agenda received continued congressional direction through the landmark 21st Century Cures Act, which addressed key barriers to interoperability. Among the Cures Act requirements, Congress charged ONC with enhancing its Health IT Certification Program to require modern standards-based APIs and in parallel preventing anti-competitive business practices related to health information exchange (e.g., information blocking). The bipartisan goal was to promote patient access to and control of their personal electronic health information. We expect patients' electronic control of their medical record will help patients to shop for care and simultaneously allow new business models of lower cost and better healthcare.

Most recently in **March 2020,** ONC published the Cures Act Final Rule which seeks to improve the healthcare delivery system by addressing the technical barriers and business practices that impede the secure and appropriate sharing of data. A central underpinning to the Rule is to facilitate patients' access to their electronic health information and empower their healthcare decisions.

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[2] Executive Order 13335: https://www.gpo.gov/fdsys/pkg/WCPD-2004-05-03/pdf/WCPD-2004-05-03-Pg702.pdf.

[3] Hospitals: https://dashboard.healthit.gov/evaluations/data-briefs/non-federal-acute-care-hospital-ehr-adoption-2008-2015.php.
Physicians: https://dashboard.healthit.gov/quickstats/pages/physician-ehr-adoption-trends.php.

[4] https://www.healthit.gov/topic/interoperability/interoperability-road-map-statements-support.

[5] https://www.healthit.gov/sites/default/files/12-19-YearInReviewPrezi-508-LowRes.pdf.

[6] https://www.healthit.gov/buzz-blog/health-data/numbers-progress-digitizing-health-care/.

Major Accomplishments

The following performance highlights explain how ONC's investments in previous years have resulted in impactful deliverables, noteworthy accomplishments, and continued progress towards national goals for a healthcare system that has higher quality, lower costs, and is more equitable by design.

Policy: Development and Coordination

- **Cures Act Final Rule:** In March 2020, ONC released the Cures Act Final Rule, which included new rules to implement the Cures Act's information blocking provision as well as changes to the ONC Health IT Certification Program. The Rule supports the right of the patient to get their health information electronically[7] and addresses both technical barriers and business practices that impede the secure and appropriate sharing of data. The Rule advances progress on many of ONC's implementation responsibilities in the Cures Act, including information blocking and conditions of certification for health IT developers under the ONC Health IT Certification Program. It also promotes transparency, using modern computers, smartphones, and software to provide opportunities for the American public to regain visibility in the services, quality, and costs of healthcare. The Rule requires that certified health IT developers make available in their products secure, standards-based APIs that could be used to facilitate patients' use of smartphones (or other mobile devices) for accessing electronic health information at no cost.

- **Federal Partner Coordination:** ONC coordinated with numerous Federal agencies throughout FY 2020, including working closely with key stakeholders in the HHS Office of the Secretary, Assistant Secretary for Planning and Evaluation (ASPE), Assistant Secretary for Preparedness and Response (ASPR), Administration for Community Living (ACL), Office for Civil Rights (OCR), CMS, Health Resources and Services Agency (HRSA), Agency for Healthcare Research and Quality (AHRQ), National Institutes for Health (NIH), Centers for Disease Control and Prevention (CDC), Indian Health Service (IHS), HHS Office of Inspector General (OIG), as well as Department of Justice (DOJ), Veterans Health Administration (VHA), Department of Defense (DOD), Social Security Administration (SSA), US Postal Service (USPS), Department of Transportation (DOT) and others. Throughout FY 2020, ONC responded to numerous Administration requests to provide targeted senior-executive expertise to key stakeholders, including to the CMS Office of the Administrator, the VHA, NIH, and the Department of Commerce. ONC has a long history of lending the expertise of its leaders to key stakeholders during times of critical importance.

- **Federal Health IT Coordinating Council:** ONC improved Federal coordination through the Federal Health IT Coordinating Council, a voluntary group of over 20 Federal departments, agencies, and offices that are actively involved in implementing the national health IT agenda. In FY 2020, the Federal Health IT Coordinating Council convened three times including an average of 66 Federal representatives across 20 organizations. In FY 2020, the Coordinating Council addressed the final rules from ONC and CMS to support seamless and secure access, exchange, and use of electronic health information; assisted in drafting the Federal Health IT Strategic Plan FY 2020 – 2025; and Federal health IT coordination activities related to COVID-19. The Coordinating Council helped to form work groups to inform the Patient Identity and Matching Report to Congress and the Trusted Exchange Framework and Common Agreement. In addition, the Coordinating Council established two additional work groups focused on Federal health IT standards coordination, specifically related to Fast Healthcare Interoperability Resources (FHIR®) and the United States Core Data for Interoperability (USCDI).

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[7] https://www.healthit.gov/curesrule/

- **Patient Access to Electronic Health Information:** ONC worked closely with partners in the Department to promote patient access to electronic health information through online resources and awareness campaigns related to the Health Insurance Portability and Accountability Act (HIPAA) Privacy Rule (subpart E of 42 CFR 164), as required by the Cures Act in section 4006. ONC continued to disseminate the Guide to Getting and Using Your Health Records (updated in May 2020) and to promote the Get IT, Check IT, and Use IT campaign. ONC also revamped the Patient Access to Health Records landing page on HealthIT.gov[8] to facilitate easy navigation to all access-related resources. To support the Cures Act Final Rule, ONC developed a draft API infographic targeted at both patients and providers to highlight the benefits of standards-based APIs for these target populations.

- **EHR Reporting Program:** ONC continued to implement this program pursuant to Cures Act section 4002 requirements. The EHR Reporting Program will provide publicly available, comparative information about certified health IT products. The Draft Electronic Health Record (EHR) Program User-Reported Criteria were available for public comment form June 2020 to August 2020. The final criteria were posted early in October 2020.

- **Federal Advisory Committee:** ONC continued to administer the Health IT Advisory Committee (HITAC), ONC's Federal Advisory Committee mandated by the Cures Act. Now in its third year, the HITAC serves as a priority method for obtaining routine input from a group of 32 health IT experts, representing a broad and balanced spectrum of the healthcare system. Between October 1, 2019, and September 30, 2020, the full HITAC met eight times and its task forces and work groups met 40 times to develop recommendations addressing the priority areas identified in the Cures Act. In March 2020, the HITAC has published the FY 2019 Annual Report and developed a new task force on Intersection of Clinical and Administrative Data. At the end of FY 2020, there have been eight HITAC Task Forces and Work Groups with differing levels of activity.
    - Active
        - Annual Report Workgroup
        - Intersection of Clinical and Administrative Data Task Force
    - Completed
        - Interoperability Standards Priorities Task Force
        - Trusted Exchange Framework and Common Agreement Task Force
        - U.S. Core Data for Interoperability Task Force
        - Information Blocking Task Force
        - Conditions of Certification Task Force
        - Health IT for the Care Continuum Task Force

- **Trusted Exchange Framework and Common Agreement (TEFCA**): In late FY 2019, ONC awarded a four-year cooperative agreement for the TEFCA Recognized Coordinating Entity (RCE) to The Sequoia Project. This partnership leverages the RCE's extensive private sector experience to develop, implement, update, and maintain the Common Agreement component of TEFCA. The Common Agreement will create the baseline technical and legal requirements for networks to share electronic health information across the nation. During FY 2020, the RCE has conducted numerous activities to gain valuable public input needed to create a successful Common Agreement. As of mid-2020, this has included hosting 27 public stakeholder engagements. In May 2020, ONC committed approximately $1.1 million to the cooperative agreement with The Sequoia Project. This funding will support RCE activities from August 2020 to August 2021.

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[8] https://www.healthit.gov/topic/patient-access-health-records/

- **U. S. Core Data for Interoperability (USCDI):** ONC took steps to promote modern technology standards and address the interoperability goals of the Cures Act by setting the USCDI (launched in 2019) as a standard in the Final Rule. New versions of the USCDI will feed into the Standards Version Advancement Process (SVAP) and allow health IT developers in the ONC Health IT Certification Program to voluntarily update their products to include National Coordinator-approved newer versions of select standards.[9] The USCDI ONC New Data Element and Class (ONDEC) submission system opened in July 2020 to develop new versions of the USCDI through a predictable, transparent, and collaborative process allowing health IT stakeholders to submit new data elements and classes on a continuous basis. Proposals submitted before October 9, 2020 will be considered for the USCDI Draft v2.

- **Strategic Plan:** In January 2020, ONC released the draft Federal Health IT Strategic Plan 2020- 2025 for public comment. Specifically, this plan explains how the Federal Government intends to use health IT to: 1) Promote Health and Wellness; 2) Enhance the Delivery and Experience of Care; 3) Build a Secure, Data-Driven Ecosystem to Accelerate Research and Innovation; and 4) Connect Healthcare and Health Data through an Interoperable Health IT Infrastructure. The comment period closed in April and ONC received over 90 comments which ONC reviewed and analyzed for consideration in the final publication released in October 2020.

- **Strengthening Public Health via Health Information Exchanges**: In FY 2020, ONC launched the Strengthening the Technical Advancement and Readiness of Public Health via Health Information Exchange (STAR HIE) Program. The program is designed to strengthen and accelerate innovative uses of health information via health information exchanges (HIEs) within states, communities, and regions to support public health agencies' abilities to advance data-driven prevention of, response to, and recovery from public health events, including disasters and pandemics such as COVID-19.

- **ONC COVID-19 Disaster Response Team:** At the end of January 2020, ONC activated its internal disaster response team to assist with coordination of health IT activities and objectives pertaining to the COVID-19 response. The ONC team participates in and provides subject matter expertise to support Federal coordination. Two resources on HealthIT.gov, specific to the health IT community, were created to assist with the COVID-19 response:

    o COVID-19 Response: Tools and Resources for the Health IT and Clinical Community

    o Interoperability for COVID-19 Novel Coronavirus Pandemic

- **Health Data Access for Emergency Responders:** ONC seeks to bolster national resilience through improved access to health information during disasters and public health emergencies such as the COVID-19 pandemic. The Patient Unified Lookup System for Emergencies (PULSE) is a health IT disaster response platform that, when deployed as part of a PULSE program at the state or local level, can allow disaster workers to query and view patient records from connected health care organizations. In FY 2020, ONC developed enhancements to the PULSE platform to better enable first responders and health care volunteers access to vital health information during disasters. The PULSE code is scalable, flexible, non-proprietary and available at no cost to state, territorial, local and tribal governments. The PULSE code enhancements can give state and local governments more flexibility to build upon existing health information exchange infrastructure, create a more customized PULSE program and system, and utilize existing vendor resources. Additionally, it may create a more innovative and competitive market for other PULSE technical solutions.

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9 https://www.healthit.gov/buzz-blog/interoperability/uscdi-onc-new-data-element-and-class-submission-system-now-available

- **Opioid Epidemic Response, including Support for States:** ONC led collaborations with CMS, CDC, states, and representatives from stakeholder groups to identify the most critical needs for combatting the opioid epidemic through health IT and improved health information interoperability. ONC has been involved in implementation of Section 5042 of the SUPPORT Act, providing support for CMS's enhanced funding to state Medicaid agencies for qualified prescription drug monitoring programs which has resulted in $155 million in standards-based PDMP architecture. In FY 2020, CMS and ONC established an interagency agreement to execute various SUPPORT ACT provisions. This includes creating health IT resources related to neonatal abstinence syndrome, consent management efforts related to Jessie's Law provisions, supporting patient matching for interstate PDMP queries, and direct technical assistance to states with SUPPORT Act implementation. In summer 2020, ONC worked with states to discuss Prescription Drug Monitoring Programs (PDMP) strategies and to create a toolkit that included considerations for enhancing the functionality of PDMPs.[10] The Health IT Playbook continues to be updated and promoted. This resource gives providers information about connecting to state PDMPs, integrating data, and electronic prescribing of controlled substances.[11]

- **Advancing Interoperability of Social Determinants of Health Data (SDOH):** ONC works closely with our Federal and private sector partners on SDOH-related activities. Examples of such activities include but are not limited to: participating in the Gravity Project, a new community-led effort to develop an Health Level Seven (HL7®) FHIR implementation guide for SDOH data and more comprehensive SDOH terminology; supporting public workshops to identify barriers and opportunities on topics as standards-based electronic referrals with community-based organizations; and supporting electronic long-term support services standards development with CMS and HL7® as a component of ONC's collaborative work with CMS, ONC continues to promote usage of the CMS-ONC Health IT Toolkit for Medicaid Funded Home and Community Based Services Programs.[12]

- **Patient Identity and Patient Record Matching:** ONC is currently investigating strategies to improve patient identity and matching to include in a report to Congress on the topic, as required by the 2019 Congressional Appropriations Agreement. This has included seeking stakeholder input and insight into existing challenges, promising innovations, and technical and operational methods that can improve patient identity and matching.[13] In June 2020, a virtual working session was held with 29 presenters and 693 attendees. In July 2020, ONC facilitated a series of working sessions with 21 Federal agencies to better understand their experiences, challenges and needs around patient identity and matching. ONC has also consolidated several patient identity and matching resources into one landing page on HealthIT.gov.

- **Emergency Medical Services Data Interoperability:** On January 29, 2020, the Federal Interagency Committee on Emergency Medical Services (FICEMS), in cooperation with ONC, the Department of Transportation, and the National Highway Traffic Safety Administration (NHTSA), hosted a National Pre-Hospital and Hospital Data Integration and Listening Session Summit. The Summit focused on the routine integration of pre-hospital emergency medical services data into the hospital electronic medical record. Presentations and discussion topics included pre-hospital data collection, hospital data collection, national emergency use cases, and health information exchanges.

- **Burden Reduction:** In February 2020 ONC, in collaboration with CMS, issued the Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs. Reflective of public comment, the report targets burdens tied to regulatory and administrative

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[10] https://www.nga.org/center/publications/health/strategies-prescription-drug-monitoring/
[11] https://www.healthit.gov/playbook/opioid-epidemic-and-health-it/
[12] https://www.healthit.gov/topic/advancing-interoperability-medicaid
[13] https://www.healthit.gov/topic/patient-identity-and-patient-record-matching

requirements that HHS can directly impact through the rulemaking process. The report's strategies, recommendations, and policy shifts aim to give clinicians more time to focus on caring for their patients.

Technology: Standards, Interoperability, and Certification

- **ONC Health IT Certification Program:** ONC continued to implement congressional requirements to operate the ONC Health IT Certification Program by maintaining a suite of certification criteria – including automated test procedures and certification companion guides – used to standardize information across 21 Federal efforts.[14] By the end of FY 2020, the ONC Health IT Certification Program's website, the Certified Health IT Product List (CHPL), listed products from more than 450 health IT developers,[15] and was used to register the EHRs of over 550,000 care providers and hospitals participating in Medicare and Medicaid.[16] At the end of 2020, there were 658 products from 466 developers on the CHPL certified to the 2015 Edition. This means that 98 percent of the hospitals and over 95 percent of the clinicians participating in CMS programs have access to a health IT product or upgrade from their current developer that has the latest capabilities outlined by Congress and codified into the ONC Health IT Certification Program's 2015 Edition Certified Health IT. The Certification Program maintains test procedures and certification companion guides for 58 certification criteria and six conditions and maintenance of certification requirements,[17] used to standardize information across 21 distinct programs and initiatives taking place at CMS, DOD, VHA, HRSA, and the Substance Abuse and Mental Health Services Administration (SAMHSA).[18] ONC's Rule impacts this program which will carry out part of the implementation of the Rule.

  In June of 2020, ONC released ONC Pediatric Health Information Technology Developer Informational Resource (IR) for health IT developers working to support pediatric care and practice settings. The resource outlines ONC's health IT certification criteria related to key clinical priorities and additional technical information that can assist developers working with pediatric healthcare providers. It also includes relevant tools to consider for implementation with a focus on specific recommendations that are aligned to the clinical priorities identified by pediatric healthcare providers.

- **Standards Advisory:** ONC coordinated standards awareness and use through the publication and maintenance of the Interoperability Standards Advisory (ISA), a resource listing health information standards, models, and profiles fitting into more than 60 sub-sections divided by topic/use (e.g., public health, patient information, coordination, clinical care, administration). The 2020 ISA, published in January 2020, added 13 new interoperability needs for a total of 180, providing detailed recommendations for standards, models and profiles to support interoperability including interoperability standards that could support COVID-19 diagnosis and treatment. During the public comment period for the 2020 ISA, ONC received 108 comments with more than 500 individual recommendations for revisions and improvements. In FY 2020, the ISA website was accessed over 95,000 times, slightly more than the 90,000 views in FY 2019. Public adoption of the FHIR standards work has been rapid. For example, Apple's "Health App" allows iPhone using patients to access their own health information from dozens of healthcare organizations based on FHIR implementation guides supported by ONC funding.

- **Expanding Vocabulary Standards for Public Health Needs**: In FY 2020, ONC launched a five-year program to fund the rapid development and dissemination of LOINC® codes in

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[14] https://www.healthit.gov/topic/certification-ehrs/programs-referencing-onc-certified-health-it.
[15] https://dashboard.healthit.gov/quickstats/pages/FIG-Vendors-of-EHRs-to-Participating-Professionals.php.
[16] https://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/DataAndReports.html.
[17] https://www.healthit.gov/topic/certification-ehrs/2015-edition-test-method.
[18] https://www.healthit.gov/topic/certification-ehrs/programs-referhealencing-onc-certified-health-it.

response to the pandemic that are used to identify laboratory tests. The LOINC codes are critical for clinicians and public health organizations to quickly and accurately order laboratory tests for COVID-19 and receive this and other clinical or laboratory results.

- **Advancement of Standards to Accelerate the Electronic Use of Health Data in Care Delivery:** In FY 2020, ONC launched a five-year program to fund HL7® SDO to develop and maintain standards and implementation guides that can respond to public health pandemics, such as COVID-19. Areas of development and maintenance include public health, social determinants of health, privacy, security, and expanding on other clinical domains within HL7® standards. This work also includes encouraging the adoption of the bulk data implementation guide.

- **Standards for United States Health Care:** In FY 2020, ONC launched a five-year contract with HL7®, to provide governance, program management, administrative support and timely development of standards targeted for US healthcare system including FHIR API standards. HL7® is the exclusive Standards Development Organization (SDO) with the authority and intellectual property to develop and maintain many of the technical standards used for exchanging health information in an interoperable manner. Many HL7® standards are targeted for international use and need to be updated before they can be used in the USA.

- **ONC Tech Forum:** Continuing the summertime tradition of the "Interoperability Forum," ONC hosted an all-virtual, two-day event from August 10-11, 2020. The event brought together nearly 2,000 participants from across the Federal Government as well as stakeholders from the healthcare and technology sectors to discuss technical innovations that are happening in health IT and have the potential to revolutionize the delivery of healthcare in support of improved health outcomes.[19]

- **Precision Medicine:** ONC continued to lead segments of the Precision Medicine Initiative (PMI), including the Sync for Science and Sync for Genes projects. In collaboration with partners at NIH, ONC established pilot sites and improved coordination for the PMI effort. Additional ONC-led activities were targeted to increase health information exchange, develop Implementation Guides for data standards, and finalize a FHIR Release 4 Clinical Genomic Standard. The project team also conducted needs assessments and provided advanced technical guidance to policy leaders to determine gaps that could affect the future of widespread electronic sharing of genomic information for research and healthcare. In addition, ONC is advancing standards development to ease sharing and use of mobile health, sensor, and wearable data. This project aims to standardize the collection and sharing of remotely collected vital sign data by collaborating with organization accelerating work in this area. This project is also leveraging digital tools and questionnaires to advance standardized collection of SDOH data.[20]

- **Research Agenda:** ONC led the development of National Health IT Priorities for Research: A Policy and Development Agenda, which articulates a vision of a health IT infrastructure that supports alignment between the clinical and research ecosystems. The Agenda, developed in collaboration with Federal partners and with input from stakeholders, outlines nine priorities, including concrete steps that stakeholders can take to achieve that vision and enable research to happen more quickly and effectively. In July 2020, NIH published a notice encouraging NIH-supported clinical programs and researchers to adopt and use the standardized set of healthcare data classes, data elements, and associated vocabulary standards in the USCDI v1 to enable greater interoperable exchange of health information for clinical care and research. USCDI adoption will allow care delivery and research organizations to use the same coding systems for

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[19] https://www.healthit.gov/news/events/2020-onc-tech-forum
[20] https://www.healthit.gov/buzz-blog/precision-medicine/standards-for-everyday-life-integrating-emerging-health-data-to-advance-precision-medicine

key data elements that are part of the USCDI data classes. USCDI will benefit NIH researchers through increased availability of consistently standardized clinical data for research and will make it easier to aggregate research data sets and enable greater discovery.

- **Leading Edge Acceleration Projects (LEAP):** In FY 2020, ONC announced a [Notice of Funding Opportunity](#) and awarded funding to address well-documented and fast emerging challenges that inhibit the development, use, and/or advancement of well-designed, interoperable health IT. It is expected to further a new generation of health IT development and inform the innovative implementation and refinement of standards, methods, and techniques for overcoming major barriers and challenges as they are identified. This funding opportunity is specifically targeted at creating innovative solutions and advances in the following areas:

  Area 1: Advancing Registry infrastructure for Modern API-base Health IT Ecosystem

  Area 2: Cutting Edge Health IT Tools for Scaling Health Research

  Area 3: Integrating Health Care and Human Services Data to Support Improved Outcomes

- **FHIR at Scale Taskforce (FAST)**: Coordinated by ONC, this taskforce brings together motivated healthcare industry stakeholders and health information technology experts to identify HL7® FHIR scalability gaps and possible solutions that will accelerate FHIR adoption at scale nationwide. During 2020, the taskforce's members engaged a wide range of stakeholder and subject matter experts at public meetings and other events to receive feedback on the proposed, scalable solutions. Based on feedback, new versions of the solutions were developed. Taskforce members aim to initiate pilots by the end of this calendar year.

Agency-Wide Support

- ONC continued to implement workplace improvement initiatives to maintain recent increases in employee engagement. ONC's commitment to employee engagement is aligned with the goals in the HHS Annual Performance Plan Goal 5, Objective 2 related to managing human capital.

- ONC's websites garnered 1.5 million visitors during FY 2020, an average of over 180,000 sessions per month and 5.4 million page views throughout the year. Almost ninety percent of visitors were from outside the National Capitol area (DC, Maryland, and Virginia). Additionally, ONC's main website, [HealthIT.gov](#), attracted users referred from 7,196 external websites.

Five Year Funding History

Funding History	
FY 2018 Enacted	60,367,000
FY 2019 Enacted	60,367,000
FY 2020 Enacted	60,367,000
FY 2021 Enacted	62,367,000
FY 2022 President's Budget	86,614,000

Budget Request

The FY 2022 President's Budget Request is for $86.6 million, an increase of $24.2 million (38.9 percent) from the FY 2021 Enacted Level of $62.4 million and an increase of $26.2 million (43.5 percent) from the FY 2020 Enacted Level of $60.4 million. The request includes a total of $23.0 million to bolster Interoperability Networks for Emergency Response; of which $13.0 million will be to enhance TEFCA and $10.0 million to support increased standard responsibilities, which will build the future healthcare data infrastructure needed to better respond to and prepare for public health emergencies, including the COVID-19 pandemic. The request also includes an additional $1.0 million to allow ONC to support their staff and operational activities needed to keep pace with the agency's growing responsibilities.

The Budget Request outlines activities required by the Cures Act, MACRA, and HITECH Act, and continues ONC's longstanding commitment to engage and respond to the needs of patients, providers, public health agencies, and researchers who rely on health IT. ONC's FY 2022 Request supports work to advance the technical infrastructure necessary to support safe, equitable, and affordable healthcare; implement the Cures Act, and improve the interoperability of electronic health information.

Policy Development and Coordination

ONC's FY 2022 Budget Request reflects ONC's continued commitment to achieving the Nation's goals by effectively implementing available policy and coordination levers mandated and necessary to fulfill requirements outlined in the Cures Act, MACRA, and HITECH Act; and work to promote health equity and reduce health disparities.

ONC's progress in promoting and advancing nationwide interoperability depends on the coordinated action of its stakeholders, and the budget request shows how ONC will work closely with partners to advance toward these goals through health IT policy development and coordination.

Planned activities within ONC's FY 2022 policy development and coordination portfolio include:

Policy Development and Support

- **Interoperability Policy** – ONC will continue to lead implementation of the TEFCA, which seeks to accelerate health information exchange by establishing common principles, terms, and conditions to facilitate trust between health information networks. In 2022, ONC will continue to promote and facilitate adoption of the TEFCA by major delivery networks and health information exchanges. With the $13.0 million in additional funding ONC will make TEFCA Infrastructure Investments to build the future healthcare data infrastructure needed to better respond to and prepare for public health emergencies, including the COVID-19 pandemic. To do this, ONC will create a cooperative agreement and/or grant program that would provide funding to public health entities, health information networks, health information exchanges, and certain providers to speed readiness, onboarding, and infrastructure activities related to participation in the network-

to-network exchange ecosystem, thereby better enabling health data to be available when and where it is needed. Funding would also be provided to the RCE to accelerate their work, including expanding their network privacy and security enforcement and oversight. This work is part of ONC's cross-cutting Bolstering Interoperability of Health Information Networks for Emergency Response project.

- **Rulemaking** – ONC will continue to publish and implement rules pertaining to sections 4002, 4003, and 4004 of the Cures Act as well as in accordance with Sec. 3004 of the Public health Services Act (PHSA). The Final Rule includes provisions on conditions and maintenance of certification requirements for health IT developers under the ONC Health IT Certification Program, the voluntary certification of health IT for use by pediatric healthcare providers, health information network voluntary attestation to the adoption of the TEFCA in support of network-to-network exchange, and defining reasonable and necessary activities that do not constitute information blocking. ONC is implementing these provisions through activities in the Standards, Interoperability and Certification portfolio. The implementation of these provisions will advance interoperability; support the access, exchange, and use of electronic health information through secure, standards-based APIs; and enable transparent, uninhibited data sharing. Both interoperability and standards-based APIs are crucial to achieving patient access to their health information, responding to public health emergencies like COVID-19. In addition, ONC is reviewing recent Congressional action to identify where potential rulemaking may be necessary to support health information exchange, standards, and interoperability provisions within recent legislation and consistent with Sec. 3004 of the PHSA.

- **Usability and Burden Reduction** – ONC will seek to advance implementation of recommendations included in the Strategy on Reducing Regulatory and Administrative Burden Relating to the Use of Health IT and EHRs.

- **Privacy and Security** – ONC will continue to work closely with OCR in response to Cures Act requirements and to address emerging challenges related to HIPAA and the privacy and security of electronic health information. ONC remains unwavering in its long-standing goal to promote and ensure secure patient access to, and exchange of, electronic health information. A fundamental part of ONC's interoperability efforts is ensuring the privacy and security of patient data. For patient data to be shared it must be requested and directed by patients. ONC is encouraging and permitting entities to educate patients on the risks of sharing their medical data, as well as things they should consider before sharing their data with anyone.

- **EHR Reporting Program** – ONC will continue efforts on developing reporting criteria for developers of certified health IT, as required by the condition of certification established under the Cures Act.

Stakeholder Coordination

- **Federal Coordination** – As stated previously, ONC will continue leading and engaging agencies which contribute to the Federal Health IT Strategic Plan[21] and participate in the Federal Health IT Coordinating Council. Within these collaborative forums, ONC will prioritize projects required by the Cures Act, MACRA, and HITECH Act, including work with CMS to reform existing programs and fee schedules, and to engage stakeholders to support provider participation; with HHS OCR to ensure and promote secure patient access to electronic health information and the

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[21] https://www.healthit.gov/sites/default/files/9-5-Federalhealthitstratplanfinal_0.pdf.

privacy and security of health IT; and with the HHS OIG, FTC, and DOJ to define and enforce standards for data sharing and prohibiting information blocking.

- **Federal Advisory Committee** – ONC will continue to lead and engage the HITAC to inform the development of Federal health IT policies and the implementation of its programs impacted by the policies and HHS and administration priorities.

Strategic Planning and Reporting

- **Federal Health IT Strategic Planning** – ONC will continue to implement the Federal Health IT Strategic Plan during FY 2022 regularly collaborating with key stakeholder groups (including Congress and the public) to monitor and report progress of priority activities.

- **Congressional Reports** – ONC will continue to meet requirements for preparing and submitting annual reports to Congress, including the HITECH Annual Report describing actions taken to address barriers to accomplishing national health IT goals, and to support the HITAC in producing its Annual Report describing progress toward priority target areas identified in the Cures Act related to interoperability, privacy and security, and patient access.

Standards, Interoperability, and Certification

The FY 2022 Budget Request reflects ONC's plans to meet statutory requirements and advance progress toward national goals for equitable, widespread interoperability, which includes implementing the Cures Act related activities and impacts of ONC's rulemaking. The request includes funding for standards coordination and adoption activities, such as enhancements to ONC's Certification Program, that implement changes enacted by the Cures Act and ONC's subsequent rulemaking activities. As well as increase funding for improving interoperability among health information networks to enable them to rapidly support future emergency response. The standards advancement work led by ONC will enhance the technical infrastructure necessary to support the Administration's goals related to an equitable and data-driven response to the pandemic.

The Request also supports the Conditions of Certification program requirements contained in section 4002 of the Cures Act; standards development and coordination work that promote equity by design; development, promotion, and adoption of common standards, with a focus on next generation privacy, security, and interoperability standards; integration of social and behavioral data into electronic health records; and improving patient matching and promote interoperability of data for nationally relevant issues included opioid use. These efforts help to respond to the current COVID-19 pandemic and are integral to responding to future public health emergencies.

Health IT Certification, Testing, and Reporting

- **ONC Health IT Certification Program** – ONC will continue to operate the Certification Program according to statutory requirements. ONC will make updates to the Certified Health IT product list and testing tools and continue to implement the Conditions of Certification program requirements from section 4002 of the Cures Act, which necessitates substantial program oversight change.

    In FY 2022, ONC will continue to oversee the ONC-Authorized Testing Labs and ONC-Authorized Certification Bodies, and maintain a library of required certification companion guides, test procedures, and electronic test tools to support developers with creating certified health IT.

- **Performance Measurement** – ONC will continue support for evidence-building activities including the national surveys related to the development, adoption, and use of health IT in order

to advance implementation of ONC authorities and responsibilities for strategic planning and evidence-based policy making.

Standards Development and Technology Coordination

- **Standards Development Coordination –** ONC will continue to play a key role as a leader and convener of the health IT community to identify best practices and common approaches to implementing secure, equitable, and interoperable health IT systems. The standards and interoperability work led by ONC advances the technical infrastructure necessary to support the Administration's goals to move healthcare to a more equitable future. To do this, ONC will continue to coordinate with private sector standards development organizations and promote innovative industry-led equity by design, projects that improve adoption of mature standards, implement secure APIs, and promote standardized approaches for population level access to health data. Specific projects included in the 2022 Budget include:

    o Ensuring that the next generation of privacy and security standards are ready for widespread adoption as the nation progresses to widespread adoption of APIs in healthcare, which is a key component of making healthcare more equitable,

    o Promoting adoption of common health information interoperability standards by accelerating the readiness of interoperability standards for adoption and enhancement of the United States Core Data for Interoperability (USCDI), and

    o Addressing health IT needs for interoperability of social and behavioral health information to support healthcare.

    With the additional $10.0 million, ONC would support increasing interoperability between health information networks/exchanges, public health agencies, healthcare systems, and health plans. Improved connectivity is needed to build the future healthcare data infrastructure needed to better respond to and prepare for public health emergencies, including the COVID-19 pandemic. This work is part of ONC's cross-cutting Bolstering Interoperability of Health Information Networks for Emergency Response project.

    o Health Information Network (HIN) connectivity grants to support state and local HINs increased connections to healthcare system and to public health agencies for a multitude of public health use cases,

    o Expanding the interoperable care continuum by developing new connectivity between health information networks and social services agencies,

- **Demonstrations and Pilots –** As resources permit, ONC will continue to sponsor and encourage demonstration projects and pilots that address fast emerging and future challenges to advance the development and use of interoperable health IT. It is critical that the field of healthcare innovate and leverage the latest technological advancements and breakthroughs far quicker than it currently does to optimize real-time solutions.

Scientific Innovation

- **Scientific Initiatives –** ONC will continue to provide leadership to partners and foster healthcare advancement by anticipating, identifying, and participating in innovation projects spanning health IT development and use. ONC will work closely with stakeholders responsible for implementing

the Precision Medicine Initiative (PMI), patient-centered outcomes research (PCOR), artificial intelligence, and interoperability related activities led by international organizations include the European Union and the World Health Organization.

- **Innovation –** The Cures Act identifies ONC as a leading agency for advancing interoperability to reduce barriers to scientific innovation. ONC regularly partners with CMS, NIH, FDA, and others, to implement solutions to public health and scientific innovation through projects of national importance. In FY 2022, ONC will continue to coordinate with stakeholders to develop health IT standards that advance interoperability in biomedical and patient-focused, personalized medical research.

Agency-Wide Support

The FY 2022 President's Budget Request reflects the ONC's commitment to continue advancing progress toward national goals for widespread interoperability. The budget request includes an increase of $1.0 million to support HHS's shared costs for shared services, physical and IT security, and legal support. The request also includes communications and engagement, and ONC management activities.

- **Communications and Engagement** – In FY 2022, ONC will continue to maintain its statutorily required website, https://HealthIT.gov/, as a key method of coordinating and disseminating best practices to common challenges facing health IT policymakers, providers, and consumers. ONC will also continue to maintain a required repository of Federal Advisory Committee meeting documents at https://HealthIT.gov/HITAC.

- **Management and Governance –** In FY 2022, ONC will continue to implement and improve its existing strategic and operational management processes. ONC's FY 2022 Budget Request includes funding for the HHS's shared costs, including fees for financial and grants management systems, contract management, and ONC's office space located in HHS's Southwest Complex. ONC will continue to identify opportunities for savings and efficiencies by improving the management of central costs through negotiations with service providers. At this level, department controlled shared services make up about 16 percent of the Budget.

Output and Outcomes Table

Measure Group / Measure Text	Year and Most Recent Result / Target for Recent Result / (Summary of Result)	FY 2021 Target	FY 2022 Target	FY 2022 Target +/- FY 2021 Target
Policy Development and Coordination				
Number of federal agencies actively participating in ONC-led health IT coordination efforts	FY 2020: 25 Target: Maintain (Target Met)	Maintain	Maintain	--
Standards, Interoperability, and Certification				
Number of interoperable data elements included in certification criteria adopted into the ONC Health IT Certification Program to meet congressional requirements	FY 2020: 60 criterion in 2015 edition Target: Maintain (Target Met)	Increase related to Cures Act Implementation	Maintain	--
Number of interoperability needs areas supported by standards and implementation specifications included in the annual Interoperability Standards Advisory (ISA) Reference Edition	FY 2020: 2020 reference edition ISA contained 180 (+13) standards and implementation specification[22] (Baseline)	Maintain ISA with necessary updates & Publish annual update by March 2021	Maintain ISA with necessary updates & Publish annual update by March 2022	--
Agency Wide Support				
Number of visitors to ONC's websites to use health IT policy and technology assistance material	FY 2020: 1.5 million Target: Maintain prior year baseline (Target Not Met)	Maintain	Maintain	--

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[22] Includes 6 implementation specifications which are considered "profiles and models" and not traditional standards.

Contextual Measures

Measure Area: Provider capability in key domains of interoperable health information exchange.

These measures were selected to meet MACRA § 106(b) requirements to evaluate progress to widespread interoperability. Physician data are as of 2015; hospital data are as of 2017.

	Office- based physicians	Non-federal acute care hospitals
• are electronically <u>sending or receiving</u> patient information with any providers outside their organization	47%	91%
• can electronically <u>find</u> patient health information from sources outside their health system	53%	65%
• can easily <u>integrate</u> (e.g. without manual entry) health information received electronically into their EHR	28%	62%
• had necessary patient information electronically <u>available</u> from providers or sources outside their systems at the point of care	32%	56%

Measure Area: Citizen's perspective on consumer access to their electronic health information

• 51 percent of Americans have been given electronic access to any part of their healthcare record by their healthcare provider or insurer.

Nonrecurring Expenses Fund

Budget Summary

(Dollars in Thousands)

	FY 2020[23]	FY 2021[24] [25]	FY 2022[26]
Notification[27]	--	--	TBD

Authorization .... Section 223 of Division G of the Consolidated Appropriations Act, 2008
Allocation Method ....Direct Federal, Competitive Contract

Program Description and Accomplishments

The Nonrecurring Expenses Fund (NEF) permits HHS to transfer unobligated balances of expired discretionary funds from FY 2008 and subsequent years into the NEF account. Congress authorized use of the funds for capital acquisitions necessary for the operation of the department, specifically information technology (IT) and facilities infrastructure acquisitions.

In FY 2019, ONC received $7.0 million in NEF resources to support the development of electronic (software-based) testing tools for the Health IT Certification Program and software development associated to build a data-reporting platform. These two interdependent IT infrastructure capacity-building activities directly tie to implementing Section 4002 of the Cures Act. To support these activities, ONC awarded non-severable contracts to software development firms. An additional contract for this work will be issued in early FY 2020. The new testing tools and the reporting platform will allow ONC to conduct oversight and continuous monitoring of targeted electronic health record technologies and "real world testing" of certified products, and to build a data-reporting platform to capture and publish new data elements as required by the Act.

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[23] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on July 20, 2020.

[24] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on October 22, 2020.

[25] The projects described below are the current list of approved projects through FY 2021. Additional projects may be funded from the FY 2021 notification letter upon approval from OMB.

[26] HHS has not yet notified for FY 2022.

[27] Pursuant to Section 223 of Division G of the Consolidated Appropriation Act, 2008, notification is required of planned use

Supplementary Tables

Budget Authority by Object Class

(Dollars in Thousands)

	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Personnel compensation:				
Full-time permanent (11.1)..	18,972	19,512	20,039	528
Other than full-time permanent (11.3).........................	508	513	527	14
Other personnel compensation (11.5)..........................	782	790	811	22
Military personnel (11.7)...	348	-	-	-
Special personnel services payments (11.8)	-	-	-	-
Subtotal personnel compensation	**20,610**	**20,815**	**21,377**	**574**
Civilian benefits (12.1)	6,957	7,186	7,380	194
Military benefits (12.2)...	19	-	-	-
Benefits to former personnel (13.0)...............................	-	-	-	-
Total Pay Costs	**27,589**	**28,001**	**29,209**	**768**
Travel and transportation of persons (21.0)....................	144	144	144	-
Transportation of things (22.0)	59	59	59	-
Rental payments to GSA (23.1).......................................	2,008	2,008	2,008	-
Rental payments to Others (23.2)	-	-		-
Communication, utilities, and misc. charges (23.3).........	228	228	228	-
Printing and reproduction (24.0).....................................	-	-	-	-
Other Contractual Services:				
Advisory and assistance services (25.1)	-	-	-	-
Other services (25.2)	12,075	12,075	12,075	-
Purchase of goods and services from government accounts (25.3)	10,246	10,246	10,246	-
Operation and maintenance of facilities (25.4).............	325	325	325	-
Research and Development Contracts (25.5)	-	-	-	-
Medical care (25.6)...	-	-	-	-
Operation and maintenance of equipment (25.7)	13	13	13	-
Subsistence and support of persons (25.8)	-	-	-	-
Subtotal Other Contractual Services	**25,098**	**25,098**	**25,098**	**-**
Supplies and materials (26.0)	158	158	158	-
Equipment (31.0)..	-	-	-	-
Land and Structures (32.0)	-	-	-	-
Investments and Loans (33.0)...	-	-	-	-
Grants, subsidies, and contributions (41.0)......................	7,451	9,110	32,601	23,491
Interest and dividends (43.0)	-	-	-	-
Refunds (44.0)	-	-	-	-
Total Non-Pay Costs..	**7,609**	**9,268**	**32,759**	**23,491**
Total Budget Authority by Object Class	**60,293**	**62,367**	**86,614**	**24,247**

Salaries and Expenses

(Dollars in Thousands)

	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget	FY 2022 +/- FY 2021
Personnel compensation:				
Full-time permanent (11.1)	18,972	19,512	20,039	527
Other than full-time permanent (11.3)	508	513	527	14
Other personnel compensation (11.5)	782	790	811	21
Military personnel (11.7)	348	-	-	-
Special personnel services payments (11.8)	-	-	-	-
Subtotal personnel compensation	**20,610**	**20,815**	**21,377**	**562**
Civilian benefits (12.1)	6,957	7,186	7,380	194
Military benefits (12.2)	19	-	-	-
Benefits to former personnel (13.0)	-	-	-	-
Total Pay Costs	**27,589**	**28,001**	**28,757**	**756**
Travel and transportation of persons (21.0)	144	144	144	-
Transportation of things (22.0)	59	59	59	-
Rental payments to GSA (23.1)	2,008	2,008	2,008	-
Rental payments to Others (23.2)	-	-		-
Communication, utilities, and misc. charges (23.3)	228	228	228	-
Printing and reproduction (24.0)	-	-	-	-
Other Contractual Services:				
Advisory and assistance services (25.1)	-	-	-	-
Other services (25.2)	12,075	12,075	12,075	-
Purchase of goods and services from government accounts (25.3)	10,246	10,246	10,246	-
Operation and maintenance of facilities (25.4)	325	325	325	-
Research and Development Contracts (25.5)	-	-	-	-
Medical care (25.6)	-	-	-	-
Operation and maintenance of equipment (25.7)	13	13	13	-
Subsistence and support of persons (25.8)	-	-	-	-
Subtotal Other Contractual Services	**25,098**	**25,098**	**25,098**	**-**
Supplies and materials (26.0)	158	158	158	-
Total Non-Pay Costs	**158**	**158**	**158**	**-**
Total Salary and Expense	**52,842**	**53,257**	**54,013**	**756**
Direct FTE	**157**	**177**	**177**	**-**

Detail of Full-Time Equivalent Employment (FTE)

	2020 Actual Civilian	2020 Actual Military	2020 Actual Total	2021 Est. Civilian	2021 Est. Military	2021 Est. Total	2022 Est. Civilian	2022 Est. Military	2022 Est. Total
Direct:	155	2	157	177	-	177	177	-	177
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	155	2	157	177	-	177	177	-	177
ONC FTE Total	**155**	**2**	**157**	**177**	**-**	**177**	**177**	**-**	**177**

Average GS Grade

	Grade:	Step:
FY 2018..................................	13	8
FY 2019..................................	13	7
FY 2020..................................	13	9
FY 2021..................................	12	9
FY 2022..................................	12	10

Detail of Positions

	FY 2020 Final	FY 2021 Enacted	FY 2022 President's Budget
Executive level	-	-	-
Total - Exec. Level Salaries	-	-	-
ES..	5	6	6
Total - ES Salary	1,163,980	1,410,744	1,448,834
GS-15...	49	52	52
GS-14...	46	54	54
GS-13...	41	43	43
GS-12...	6	10	10
GS-11...	8	8	8
GS-10...	-	-	-
GS-9...	8	19	19
GS-8...	-	-	-
GS-7...	-	-	-
GS-6...	-	-	-
GS-5...	-	-	-
GS-4...	-	-	-
GS-3...	-	-	-
GS-2...	-	-	-
GS-1...	-	-	-
Subtotal	158	186	186
Total - GS Salary	20,145,263	20,937,317	21,502,624
Average ES salary............................	232,796	235,124	241,472
Average GS grade............................	13-8	12-9	12-10
Average GS salary............................	127,502	112,566	115,606

Programs Proposed for Elimination

No programs are proposed for elimination.

Physicians' Comparability Allowance Worksheet

	PY 2020 (Actual)	CY 2021[28] (Estimate)	BY 2022 (Estimate)
Number of Physicians Receiving PCAs....................................	0	1	3
Number of Physicians with One-Year PCA Agreements	0	0	0
Number of Physicians with Multi-Year PCA Agreements.......	0	0	3
Average Annual PCA Physician Pay (without PCA payment).	$0	$192,190	$159,028
Average Annual PCA Payment	$0	$30,000	$16,000

Explain the recruitment and retention problem(s) justifying the need for the PCA pay authority.

ONC needs physicians with a strong medical background to engage clinical stakeholders and to provide an in-depth clinically based perspective on ONC policies and activities such as EHR safety, usability, clinical decision support, and quality measures.

Without the PCA, it is unlikely that ONC could have recruited and maintained its current physicians, nor is it likely that ONC would be able to recruit and maintain physicians without PCAs in future years.

Explain the degree to which recruitment and retention problems were alleviated in your agency through the use of PCAs in the prior fiscal year.

ONC was able to retain physicians with strong medical background so the agency was better able to engage clinical stakeholders and provide a clinically based perspective on ONC policies and activities such as EHR safety, reducing administrative burden on providers, usability, clinical decision support, and quality measures.

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[28] FY 2021 data will be approved during the FY 2022 Budget cycle

Modernization of the Public-Facing Digital Services - 21st Century Integrated Digital Experience Act

The 21st Century Integrated Digital Experience Act (IDEA) was signed into law on Dec. 20, 2018. It requires data-driven, user-centric website and digital services modernization, website consolidation, and website design consistency in all Executive Agencies. Departments across the federal landscape are working to implement innovative digital communications approaches to increase efficiency and create more effective relationships with their intended audiences. The American public expects instant and impactful communications – desired, trusted content available when they want it, where they want it, and in the format they want it. If the consumer is not satisfied, they move on and our opportunity for impact is lost.

Modernization Efforts

In FY 2019 HHS engaged Department leadership and developed a Digital Communications Strategy that aligns with the requirements of IDEA. In FY 2020, HHS Digital Communications Leaders began implementation of the Strategy in alignment with IDEA, beginning to align budgets to modernization requirements.

As the result of a comprehensive review of costs associated with website development, maintenance, and their measures of effectiveness, HHS will prioritize:

- modernization needs of websites, including providing unique digital communications services, and
- continue developing estimated costs and impact measures for achieving IDEA.

Over the next four years HHS will continue to implement IDEA by focusing extensively on a user-centric, Digital First approach to both external and internal communications and developing performance standards. HHS will focus on training, hiring, and tools that drive the communication culture change necessary to successfully implement IDEA.

Over the next year, HHS Agencies and Offices will work together to continue to implement IDEA and the HHS Digital Communications Strategy across all communications products and platforms.

Significant Items in Appropriation Committee Reports

FY 2021 House Appropriations Committee, Labor/HHS/Education Subcommittee, H.Rept. 116-450

Assessment of the State of Health Information Technology at Hospitals: The Committee is concerned about the state of health information technology at hospitals in the United States. The Committee directs the ONC, in consultation with State departments of health and other public health entities, to submit a report to the Committee within one year of the date of enactment of this Act. The report should assess the state of electronic medical records at U.S. hospitals and the dependence of hospitals and health systems on technology that is outdated or debunked, as well as barriers associated with updating health information technology, including with respect to hardware, software, administrative burden, staff training, and associated costs. **(Page 218-219, H. Rept. 116-450)**

Action to Be Taken
ONC is coordinating with state and federal partners, as well as, public health entities to develop a strategy assessing the current state of electronic health records technology.

Health Information Technology Surveillance: The Committee understands that ONC is actively coordinating with the Centers for Disease Control and Prevention (CDC) on data collection and surveillance activities during the ongoing COVID–19 outbreak, but that much of the data being shared today are being transmitted via paper or PDF files. To better understand agency surveillance capacity and future needs, the Committee requests a report within 120 days of enactment of this Act on coordination activities to date, the extent to which computable information is being shared with local, State, and Federal authorities, identified barriers to interoperable exchange of electronic surveillance data, and strategies that can be put in place to improve the surveillance technology infrastructure. **(Page 219, H. Rept. 116-450)**

Action to Be Taken
Interagency Task Force on Health and Human Services Information Technology (IT): The Committee recognizes a growing need for the integration and modernization of Federal IT systems and notes that increased investment in IT would greatly improve employee and recipient interactions with Federal health and human service programs while enhancing program efficiency, integrity, analytic capability, and network security. The Committee urges the Chief Information Office and Chief Technology Officer (CTO) of HHS, in collaboration with the White House CTO and U.S. Department of Agriculture (USDA), as well as the Office of the National Coordinator for Health Information Technology (ONC) within HHS, 18F within the General Services Administration (GSA), and the Cybersecurity and Infrastructure security Agency (CISA) within the U.S. Department of Homeland Security, to establish an interagency task force that will examine existing IT infrastructure in federal health human service programs nationwide and identify the barriers to successfully integrating and modernizing health and human services IT, and the network security necessary for health and human services IT interoperability. The task force shall submit to the Committee within 180 days of enactment on this Act a report on its progress and on recommendations for further Congressional action, which should include estimated costs for agencies to make progress on interoperability initiatives. **(Page 219, H. Rept. 116-450)**

Action to Be Taken
The taskforce is the lead author on this report. An ONC cybersecurity representative will continue to provide subject matter expertise and input to the task force examining existing IT infrastructure in federal

health human service programs nationwide and identify the barriers to successfully integrating and modernizing health and human services IT, and the network security necessary for health and human services IT interoperability.

Interoperability: The Committee notes that finalization of the rule to implement the interoperability provisions of the 21st Century Cures Act takes significant steps forward to give patients greater access to their health data and to improve the electronic flow of health information across care settings. The Committee expects ONC to keep the Committee informed of any delays in implementation. **(Page 219, H. Rept. 116-450)**

Action to Be Taken
ONC will provide congressional members and staff regular updates on ongoing efforts to implement the 21st Century Cures Act.

Patient Data Matching: The Committee is concerned that there is no consistent and accurate way to link patients to their health information across the care continuum and notes the serious patient safety concerns that arise when data is mismatched or when important data is missing. Although the Committee continues to prohibit the use of funds to promulgate or adopt any final standard providing for the assignment of a unique health identifier for an individual until such activity is authorized, the Committee notes that this limitation does not prohibit HHS from examining the issues around patient matching. The Committee continues to encourage the Secretary to provide technical assistance to private-sector-led initiatives to develop a coordinated national strategy that will promote patient safety by accurately identifying patients to their health information. *(Page 219-220, H. Rept. 116-450)*

Action to Be Taken
ONC will continue to provide technical assistance to private-sector-led initiatives to develop a coordinated national strategy that will promote patient safety by accurately identifying patients to their health information. ONC anticipates releasing this report in Fall 2021.

FY 2021 Conference Report, Labor/HHS/Education Subcommittee, Division H

The agreement includes a $2,000,000 increase to support interoperability and information sharing efforts related to the implementation of Fast Healthcare Interoperability Resources standards or associated implementation standards.

The agreement notes the general provision limiting funds for actions related to promulgation or adoption of a standard providing for the assignment of a unique health identifier does not prohibit the Department from examining the issues around patient matching, and continues to encourage the Department to provide technical assistance to private-sector-led initiatives to develop a coordinated approach that will promote patient safety by accurately identifying patients to their health information. Additionally, the agreement expects to receive the report requested in the explanatory statement accompanying the Further Consolidated Appropriations Act, 2020 (Public Law 116-94) on current methods and recommended actions to increase the likelihood of an accurate match of patients to their health care data.

Action to Be Taken
The additional appropriated funds were allocated for FHIR Standard work (e.g. Version 5), and also on the HL7® US FHIR Core Implementation Guide. Additionally, ONC will fund testing and piloting of the standards, and implementation specifications.