



**DEPARTMENT
of HEALTH
and HUMAN
SERVICES**

Fiscal Year

2024

**Office of the National Coordinator for Health
Information Technology**

*Justification of Estimates
to the Appropriations Committee*

FY 2024 President’s Budget

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

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U.S. Department of Health and Human Services

Message from the National Coordinator for Health IT

FY 2024 President's Budget Request

Dear Reader,

The United States health system is in the midst of a digital transformation that affects the care every American receives. Thanks to significant advances this past year across ONC's programs, policies, and investments, we are moving from vision to reality when it comes to patients having the ability to find and consolidate information from past medical encounters in one place. Providers will be able to more easily retrieve their patients' past test results, medications, and other vital health information to provide better, more efficient care and to partner with patients to make the most informed diagnostic and treatment decisions. The aperture of electronic health information shared by health information networks will continue to expand beyond treatment to support critical use cases including public health, payment, operations, benefits determination, and clinical and biomedical research.

In 2022, ONC implemented several interoperability provisions from the 21st Century Cures Act (Cures Act) to allow for complete access, exchange, and use of all electronically accessible health information for authorized use under applicable State or Federal law. As of October 2022, healthcare providers, certified health IT developers, and health information networks are required to share all electronic health information, which will lead to richer information to inform patient care. This landmark paradigm shift is augmented by another recent milestone on the path to improve health IT interoperability. More than 95 percent of certified health IT developers met the compliance deadline to update and provide their customers with new technology including requirements to enable access to information through application programming interfaces (APIs) "without special effort." The functionality enabled by these new criteria make it easier for providers, patients, and other parties involved in patient care to access relevant electronic health information from disparate electronic health records (EHRs), allow health information to flow more freely between health IT systems, and provide enhanced privacy and security for health IT. Electronic exchange of health information is the cornerstone of modern healthcare and APIs are a significant advance in health interoperability, bringing it more in-line with modern methods of exchange used by the broader internet economy.

The policy and technical infrastructure for network connectivity also took a big leap forward this past year. In January 2022, ONC announced the completion of a critical Cures Act requirement by publishing the Trusted Exchange Framework and Common Agreement (TEFCA). This milestone established a clear infrastructure model and governing approach for nationwide health information exchange and, for the first time, published timelines and milestones to inform the industry about the government's intentions and plans. In February 2023, the first set of applicant organizations were approved for onboarding as Qualified Health Information Networks (QHINs) under TEFCA. Collectively, the QHIN applicants have networks that cover most U.S. hospitals, tens of thousands of providers, and process billions of annual transactions across all fifty states for a variety of use cases. This is a significant step for the U.S. health system and one that will advance interoperability at scale for patients, healthcare providers, hospitals, public health agencies, health insurers, and other authorized healthcare stakeholders. Strong privacy and

security protections are required of QHINs, and their expanded connectivity will help improve the quality, safety, affordability, efficiency, and equitability of healthcare across the country.

As we look toward the future, we are focused on driving change that actively uses the digital foundation built over the past decade. ONC's FY 2024 Budget Request reflects the actions and investments necessary to take these earlier investments to the next level and drive transformation to a healthcare system optimized for a digital world. ONC will work with partners in the public and private sectors to advance a health IT ecosystem that benefits patients, providers, payers, public health, federal agencies, and developers. This approach will leverage open-industry, platform-based business and technical models that have delivered tremendous efficiency and quality in other parts of the economy and will enable a rich and thriving healthcare app ecosystem to complement the EHR systems in place today to benefit patients as well as providers. Health information networks should operate as secure information and transaction backbones with high reliability and efficiency to make basic clinical data available where and when it's needed across the continuum in a low-cost, consistent way. Most importantly, this system should be built to identify health inequities and facilitate interventions that prevent such inequities from further turning into healthcare disparities.

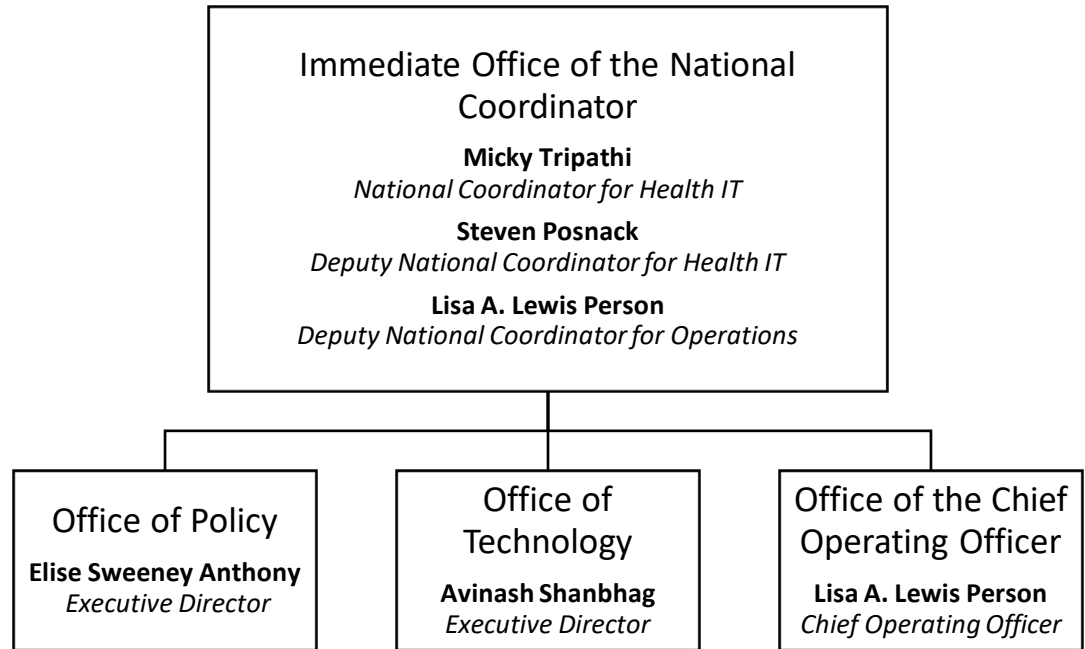
ONC's FY 2024 Budget Request continues our focus on advancing interoperability, strengthening the public health infrastructure, empowering patients and clinicians with the most advanced information technology, enabling federal agency partners to make the most cost-effective use of health IT, and accelerating the implementation of the Cures Act. Through continued investments in policy development and coordination, along with standards, certification, and interoperability, we will carry out HHS' commitment to ensuring every American can obtain their full health potential.

/Micky Tripathi/

Micky Tripathi, Ph.D. M.P.P

National Coordinator for Health IT

Organizational Chart



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 Person, *Deputy National Coordinator for Operations*
- Office of Policy
 - Elise Sweeney Anthony, J.D., *Executive Director*
- Office of Technology
 - Avinash Shanbhag, *Executive Director*
- Office of the Chief Operating Officer
 - Lisa Lewis Person, *Chief Operating Officer*



Executive Summary

Vision

Better health enabled by data.

Mission

To create systemic improvements in health and care through the access, exchange, and use of data.

Overview

The Office of the National Coordinator for Health Information Technology (ONC), a staff division of the U.S. Department of Health and Human Services (HHS) Office of the Secretary, is charged with formulating the Federal Government’s health information technology (IT) strategy and leading the development of effective policies, programs, and administrative efforts to advance better, safer, and more equitable healthcare through a nationwide interoperable health IT infrastructure.

While ONC is a small part of Federal spending on healthcare, ONC’s activities are central to creating a patient-centric, equitable health system that works to improve the overall quality, safety, efficiency, and affordability of healthcare.

Authorizing Legislation

Health IT 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)



Overview of Budget Request

The FY 2024 request is \$103.6 million in Public Health Service Act Evaluation set-aside funding, which is \$37.4 above the FY 2023 enacted level and flat with FY 2023 President’s Budget request. ONC’s budget supports an expert staff of 180 FTE who coordinate health IT programs and policies across 60+ federal agencies to deliver health IT impacts. ONC’s budget also includes a strategic management framework that creates tangible impacts by giving focus to agency activities and advancing agency objectives and promoting improvement in patient empowerment, healthcare delivery, public health, and research.

Overview of Performance

ONC’s activities play an instrumental role in enabling government programs and private industry to develop and leverage health IT to accomplish the nation’s health and human services objectives. The breadth of ONC’s stakeholder relationships demonstrates how integral its work is to national progress. ONC stakeholder relationships include active engagements with 12 HHS Operating Divisions (+38 subcomponents), 10 HHS Staff Division (+9 subcomponents), and 25 non-HHS federal agencies (+16 subcomponents). ONC coordinates through numerous official mechanisms—such as the Federal Health IT Strategic Plan, Federal Health IT Coordinating Council, the Health IT Federal Advisory Council, and the Health IT Certification Program—and informal mechanisms such as ongoing support to *other* federal agencies’ health IT related efforts¹ to help align discrete health IT programs and activities in a common direction. In so doing, ONC plays a critical role in the healthcare system at large, providing direction and focus on health IT technologies, standards, and interoperability that would be otherwise difficult to accomplish in our highly fragmented healthcare system.

In comparison to the estimated \$4 trillion in overall Federal healthcare spending, ONC’s annual budget of roughly \$60 million has had transformative impacts on HHS programs, the health system, private sector investments in health technology, and patient access to their electronic health record information. These impacts are mainly driven by the ONC’s annual discretionary funding—which has remained nearly flat since 2009—as well as HHS and ONC leadership’s strategic direction of resources using ONC’s specialist staff.

Continuing into FY 2024, ONC’s annual budget request reflects plans to advance the President’s and Secretary’s priorities for the following objectives outlined in the [HHS Strategic Plan](#):

- [Goal 1, Objective 1.2](#): Reduce costs, improve quality of healthcare services, and ensure access to safe medical devices and drugs.
- [Goal 2, Objective 2.1](#): Improve capabilities to predict, prevent, prepare for, respond to, and recover from disasters, public health and medical emergencies, and threats across the nation and globe.
- [Goal 4, Objective 4.4](#): Improve data collection, use, and evaluation, to increase evidence-based knowledge that leads to better health outcomes, reduced health disparities, and improved social well-being, equity, and economic resilience.

¹ While ONC is routinely referenced as a valued partner “working in consultation with” federal partners at CMS, FDA, NIH etc., the authorizing/appropriation legislation motivating other agencies work and funding, is seldom, if ever provided for ONC.

- [Goal 5, Objective 5.2](#): Sustain strong financial stewardship of HHS resources to foster prudent use of resources, accountability, and public trust.

ONC is also integral in advancing progress to Secretarial and Administration priorities including the Executive Order on Ensuring a Data-Driven Response to COVID-19 and Future High-Consequence Public Health Threats.²

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.

ONC’s performance management strategy 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 Congress, oversight, and advisory groups. Example resources that provide a foundation for ONC’s management process include:

- Foundations for Evidence-Based Policymaking Act (Public Law 115-435)
- Program Management Improvement Accountability Act (Public Law No: 114-328)
- Government Performance and Results Act of 1993 and the GPRA Modernization Act of 2010 (Public Law 111-352)
- Federal Managers’ 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”)

² <https://www.whitehouse.gov/briefing-room/presidential-actions/2021/01/21/executive-order-ensuring-a-data-driven-response-to-covid-19-and-future-high-consequence-public-health-threats/>

Summary of Performance Information in the Budget Request

This budget includes performance reporting for the current fiscal year and budget planning information for the budget request. 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 reflect 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 health 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.

Impact of Budget Request on Performance

ONC's FY 2024 request is for \$103.6 million, a \$37.4 million increase from the enacted FY 2023 Budget level and flat with the FY 2023 President's Budget request. The budget increase compared to the FY 2023 enacted level would substantially increase funds available for ONC mission activities including grants, cooperative agreements, and contracts. Consistent with ONC's authorizing legislation, the agency's investments prioritize activities with health IT impacts in the following areas:

- Improve Patient Customer Experience through Better Access to their Health Information
- Improve the Delivery, Experience, and Affordability of Healthcare
- Promote Competition and Choice in Healthcare
- Address Health Equity
- Improve Public Health
- Facilitate Health Research
- Facilitate Coordination across Government and Industry

All-Purpose Table

(Dollars in Millions)

Activity	FY 2022 Final		FY 2023 Enacted		FY 2024 President’s Budget		FY 2024 +/- FY 2023	
	\$	FTE	\$	FTE	\$	FTE	\$	FTE
Total, ONC Program Level	\$64.238	179	\$66.238	180	\$103.614	180	\$37.376	0
Total, ONC Budget Authority	-	-	-	-	-	-	-	-
FY 2023 NEF			6.8000	-				
Certified Health IT Product List			2.000	-				
Health IT.gov			1.800	-				
Inferno Framework Sandbox			3.00	-				

Budget Exhibits

Appropriations Language

For expenses necessary for the Office of the National Coordinator for Health Information Technology, including grants, contracts, and cooperative agreements for the development and advancement of interoperable health information technology, [\$66,238,000]\$103,614,000 shall be from amounts made available under section 241 of the PHS Act.

Language Analysis

Language Provision	Explanation
For expenses necessary for the Office of the National Coordinator for Health Information Technology, including grants, contracts, and cooperative agreements for the development and advancement of interoperable health information technology, [\$66,238,000]\$103,614,000 shall be from amounts made available under section 241 of the PHS Act.	Provides ONC’s budget from PHS Evaluation funding.

Amounts Available for Obligation

	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
<u>General Fund Discretionary Appropriation:</u>			
Appropriation (L/HHS)	\$64,238,000	\$66,238,000	\$103,614,000
Subtotal, Appropriation (L/HHS, Ag, or Interior)	\$64,238,000	\$66,238,000	\$103,614,000
Subtotal, Adjusted appropriation	\$64,238,000	\$66,238,000	\$103,614,000
Total, Discretionary Appropriation	\$64,238,000	\$66,238,000	\$103,614,000
Total Obligations	\$64,238,000	\$66,238,000	\$103,614,000

Summary of Changes

FY 2023 Enacted

Total estimated program level..... \$66,238,000

FY 2024 President's Budget

Total estimated program level..... \$103,614,000

Net Change in program level +\$37,376,000

	FY 2023 Enacted		FY 2024 President’s Budget		FY 2024 +/- FY 2023	
	PL	FTE	PL	FTE	PL	FTE
Increases:						
A. Built-in:						
Annualization of 2023 civilian pay increase	-	-	\$1,739,000	-	+\$1,739,000	-
Subtotal, Built-in Increases	-	-	\$1,739,000	-	+\$1,739,000	-
B. Program:						
1. Health IT, PHS Eval	-	-	\$35,637,000	-	+\$35,637,000	-
Subtotal, Program Increases	-	-	\$35,637,000	-	+\$35,637,000	-
Total Increases	-	-	\$37,376,000	-	+\$37,376,000	-
Decreases:						
A. Built-in:						
1. Pay Costs	-	-	-	-	-	-
Subtotal, Built-in Decreases	-	-	-	-	-	-
B. Program						
1. Health IT, PHS Eval	-	-	-	-	-	-
Subtotal, Program Decreases	-	-	-	-	-	-
Total decreases	-	-	-	-	-	-
Net Change	-	-	-	-	+\$37,376,000	-

Budget Authority by Activity

(Dollars in Thousands)

Activity	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
1. Health IT			
Annual Budget Authority	\$0	\$0	\$0
Annual Program Level	\$64,238	\$66,238	\$103,614
Subtotal, Health IT	\$64,238	\$66,238	\$103,614
Total, Budget Authority	\$0	\$0	\$0
Total, Program Level	\$64,238	\$66,238	\$103,614
FTE	179	180	180

Authorizing Legislation

Activity	FY 2023 Amount Authorized	FY 2023 Amount Appropriated	FY 2024 Amount Authorized	FY 2024 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	\$66,238,000	Indefinite	\$ -
Program Level.....		\$ -		\$103,614,000
Total Request Level.....		\$66,238,000		\$103,614,000

Appropriations History

Each Year is General Fund Appropriation	Request to Congress	House Allowance	Senate Allowance	Appropriation
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)				(\$187,241)
Subtotal	\$50,717,000	\$60,367,000	\$60,367,000	\$62,179,759
FY 2022				
PHS Evaluation Funds	\$86,614,000	\$86,614,000	\$86,614,000	\$64,238,000
Subtotal	\$86,614,000	\$86,614,000	\$86,614,000	\$64,238,000
FY 2023				
PHS Evaluation Funds	\$103,614,000	\$86,614,000	\$66,238,000	\$66,238,000
Subtotal	\$103,614,000	\$86,614,000	\$66,238,000	\$66,238,000
FY 2024				
PHS Evaluation Funds	\$103,614,000			
Subtotal	\$103,614,000			

Narrative by Activity

Health IT

	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
PHS Eval Funds	\$64,238,000	\$66,238,000	\$103,614,000	+\$37,376,000
PL	\$64,238,000	\$66,238,000	\$103,614,000	+\$37,376,000
FTE	179	180	180	0

Authorizing Legislation

Legislation.....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 StatusPermanent

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 to 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 2024, ONC will implement its authorities and requirements to accelerate progress to an interoperable nationwide health IT infrastructure by:

1. Promoting *seamless, secure information-sharing* among providers, patients, and other healthcare stakeholders using modern, open-industry, internet-based technologies that can accommodate patient choices and privacy preferences
2. Building on federal investments in electronic health records *to improve the access, exchange, and use of electronic health information* in ways that support patient’s privacy preferences and advance quality, equitability, safety, efficiency, accessibility, and affordability of US healthcare
3. Enabling an *open health IT ecosystem* to ensure a level playing field for innovation and competition to support health IT users, including patients
4. Furthering *universal access to secure, usable information exchange technologies* through nationwide networks and application programming interfaces (APIs)
5. Fostering the use of health IT and health information to identify and address *health equity* issues in healthcare delivery, public health, and population health
6. Facilitating the *success of federal programs* through the effective use of health IT and health information

Sub Activities at ONC ³

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 under relevant statutes and executive orders, including: (1) policy and rulemaking activities, such as writing the rule text to implement the Cures Act; (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 Health IT Advisory Committee (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](https://www.healthit.gov); and the agency's operations and administration functions.

³ 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.⁴ At its inception, ONC’s primary efforts focused on strategic planning, building a Nationwide Health Information Network, supporting health IT certification, and stimulating collaboration on health IT standards 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 incent and guide the development and adoption of a more comprehensive nationwide health IT infrastructure via the Medicare and Medicaid 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.⁵

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.⁶

While nationwide stakeholders worked to implement commitments in the *Roadmap*,⁷ in **2015** Congress placed further emphasis on achieving widespread interoperability in MACRA. With MACRA introduced, the Medicare EHR Incentive Program for eligible professionals 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.⁸

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 prevent anti-competitive business practices related to the access, exchange, and use of electronic health information, which are now referred to as “information blocking.” The bipartisan goal was to promote friction-free information-sharing among providers and other healthcare delivery actors, and with patients. We expect increased information-sharing will benefit

⁴ Executive Order 13335: <https://www.gpo.gov/fdsys/pkg/WCPD-2004-05-03/pdf/WCPD-2004-05-03-Pg702.pdf>.

⁵ 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>.

⁶ <https://www.healthit.gov/topic/interoperability/interoperability-road-map-statements-support>.

⁷ <https://www.healthit.gov/sites/default/files/12-19-YearInReviewPrezi-508-LowRes.pdf>.

⁸ <https://www.healthit.gov/buzz-blog/health-data/numbers-progress-digitizing-health-care/>

the entire healthcare system by opening new technology approaches and business models that also directly engage patients themselves.

In **March 2020**, ONC released 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 of the Rule is to facilitate providers' and patients' access to their electronic health information and empower their healthcare decisions.

In 2021, ONC's critical role and leadership in modernizing the Nation's public health infrastructure and pandemic response was recognized and leveraged when Administration leadership prioritized limited resources from the American Rescue Plan ([Public Law No: 117-2](#))⁹ and CARES Act ([P.L. 116-136](#)) to fund ONC-led programs to spur innovation and equity in health IT professions, to advance health information interoperability through public health standards development and information exchange pilots.

In January 2022, ONC launched the **Trusted Exchange Framework and Common Agreement (TEFCA)** program, a public-private nationwide network for secure exchange of electronic health information¹⁰. TEFCA establishes a common legal agreement and technical standards for health information networks to connect with each other more easily, similar to the way the cell phone networks connect. In February 2023, a first set of health information networks were approved to implement TEFCA as prospective Qualified Health Information Networks (QHINs). Collectively, the QHIN applicants have networks that cover most U.S. hospitals, tens of thousands of providers, and process billions of annual transactions across all fifty states. This is a significant step for the U.S. health system and one that will advance interoperability at scale for patients, health care providers, hospitals, public health agencies, health insurers, and other authorized health care stakeholders.

⁹ [HHS Announces \\$80 million in American Rescue Plan Funding to Strengthen U.S. Public Health IT, Improve COVID-19 Data Collection, and Bolster Representation of Underrepresented Communities in Public Health IT Workforce | HHS.gov](#)

¹⁰ [ONC Completes Critical 21st Century Cures Act Requirement, Publishes the Trusted Exchange Framework and the Common Agreement for Health Information Networks | HHS.gov](#)

Budget Request

ONC's FY 2024 request is \$103.6 million. This request is flat with the FY 2023 President's Budget request and a +\$37.4 million (56.4 percent) increase above the FY 2023 Enacted Level. Of the +\$37.4 million increase above the Enacted level, \$18.0 million will be allocated to Policy Development and Coordination efforts for interoperability policy work that will accelerate the exchange of information between health information networks by establishing common principles, terms, and conditions through TEFCA; and \$18.1 million will be allocated to Standards Coordination and Collaboration efforts to target Federal coordination activities to further an equity-by-design approach to increase interoperability and improve health equity. The request also includes an additional \$1.3 million to allow ONC to support their staff and operational activities needed to keep pace with the agency's growing responsibilities.

The FY 2024 budget request outlines activities required by the Cures Act, MACRA, and HITECH Act, and advances ONC's longstanding commitment to engage and respond to the needs of patients, providers, federal agencies, state/territorial/local/tribal public health agencies, and researchers who rely on health IT. ONC's FY 2024 request supports continuously expanding work to advance the technical infrastructure necessary to support safe, equitable, and affordable healthcare; implement Cures Act requirements; and improve the interoperability of electronic health information.

Policy Development and Coordination

ONC's FY 2024 Budget Request reflects ONC's continued commitment to achieving the Nation's goals by effectively implementing available policy and coordination levers mandated by and necessary to fulfill requirements outlined in the Cures Act, MACRA, and HITECH Act; and work to promote health equity and reduce health disparities. This budget includes an increase of \$18.0 million above the Enacted Level to fund interoperability policy work which will accelerate the exchange of information between health information networks by establishing common principles, terms, and conditions through TEFCA, and build the future healthcare data infrastructure needed to better respond to and prepare for public health emergencies.

ONC's progress in promoting and advancing nationwide interoperability depends on the coordinated action of its stakeholders, and the Budget request conveys 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 2024 policy development and coordination portfolio include:

Policy Development and Support

- **Interoperability Policy** – ONC will continue to lead implementation of TEFCA within the constraints of our existing budget. No additional funding was provided as part of the Cures Act nor subsequent appropriations to address the necessary scale and annual stewardship costs necessary to administer this nationwide initiative. ONC's work on TEFCA seeks to create baseline legal and technical requirements to enable secure information sharing across different healthcare networks nationwide.

In FY 2024, following the publication of the [Common Agreement](#) version 1 in January 2022, ONC will promote and accelerate the adoption of TEFCA by a wide range of healthcare entities, including major delivery networks and health information exchanges.

Increased funding will position ONC to make TEFCA-related investments to build the future healthcare data infrastructure needed to better respond to and prepare for public health emergencies, including the COVID-19 pandemic.

The effort will accelerate adoption of and wider-scale participation in TEFCA, meaning that patients and providers will have access to more data within electronic health records, resulting in better care and broad reaching impacts to public health. It will also mean that data service companies will be able to offer more accurate and more useful data analytics for providers and payers, resulting in better quality and reduced healthcare costs.

ONC will dedicate funding for the TEFCA Recognized Coordinating Entity (RCE)—ONC's non-profit partner that leverages its extensive private sector experience to develop, implement, update, and maintain the Common Agreement component of TEFCA—to accelerate work expanding network privacy and security enforcement and oversight. This is especially critical because healthcare networks, similar to other parts of the nation's critical infrastructure (e.g., transportation and energy sectors), are under increasing cyber threat. This funding will also help support and advance technical implementations of more advanced features and interoperability standards like HL7[®] FHIR[®].

ONC will seek to provide targeted resources for TEFCA to support state, territorial, local, and tribal public health agencies that are seeking improved public health outcomes to leverage the entirety of the TEFCA network.

- **Rulemaking** – A central underpinning of all ONC rulemakings is to facilitate providers' and patients' access to electronic health information and empower them to make better healthcare decisions. ONC will continue to administer rules that advance interoperability and support the access, exchange, and use of electronic health information.
- **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 the HHS Office for Civil Rights (OCR) in response to Cures Act requirements and to address emerging challenges related to the intersection of HIPAA Privacy and Security Rules with health IT. 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. ONC also continues to partner with industry stakeholders to advance privacy and security education.
- **EHR Reporting Program** – ONC intends to implement the EHR Reporting Program's condition of certification for certified health IT developers via notice and comment rulemaking. ONC will establish the necessary program infrastructure to support data collection and reporting of the EHR Reporting Program measures by certified health IT developers. Data collected and reported under the program will address information gaps in the health IT marketplace and provide insights on how certified health IT is being used. ONC anticipates the initial set of EHR Reporting Program measures will be interoperability focused.

Stakeholder Coordination

- **Federal Coordination** – ONC will continue leading and engaging agencies which contribute to the Federal Health IT Strategic Plan¹¹ 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 payment policy and programs, and to engage stakeholders to support provider participation; with HHS OCR to ensure and promote secure patient access to electronic health information and the privacy and security of health IT; and with the HHS Office of the Inspector General, Federal Trade Commission, and Department of Justice to define and enforce standards for data sharing and prohibiting information blocking.

Federal coordination efforts will also focus on expanding the USCDI standard and the new ONC initiative called USCDI+ to support the identification and establishment of domain or program-specific datasets that will operate as extensions to the existing USCDI. The USCDI+ initiative includes USCDI+ Public Health which standardizes public health datasets to improve the U.S. public health data infrastructure; and USCDI+ Quality which improves quality data sets to enhance the consistency and applicability of measures for providers.

ONC is currently coordinating with 16 federal entities on USCDI and USCDI+. USCDI+ is a service that ONC will provide to federal partners who have a need to establish, harmonize, and advance the use of interoperable datasets that extend beyond the core data in the USCDI in order to meet agency-specific programmatic requirements. This approach will allow ONC to better serve its federal partners, assure that extensions build from the same core USCDI foundation, and create the opportunity to align similar data needs across agency programs. USCDI+ efforts for quality measurement and public health are starting with the Centers for Medicare & Medicaid Services and Centers for Disease Control and Prevention, and more may be added. In addition to USCDI-specific coordination, ONC will continue to coordinate with over 20 federal entities to accelerate the development and use of the FHIR® standard to address electronic health information exchange needs of federal agencies. Other time limited and topic focused workgroups administered under the Federal Health IT Coordinating Council include TEFCA, digital health innovations, and federal health IT systems.

- **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. HITAC consists of over 25 members and six federal representatives. In FY 2022, ONC convened the HITAC 10 times and held 60 subcommittee meetings. HITAC provided over 130 recommendations.¹² In addition to requirements that the HITAC annually addresses updates to the USCDI standard and priority ONC Interoperability Standards Advisory (ISA) interoperability needs, the HITAC workgroups and recommendations also addressed a range of priority issues, including public health data systems, health equity by design, information blocking, TEFCA, EHR Reporting Program.

¹¹ <https://www.healthit.gov/topic/2020-2025-federal-health-it-strategic-plan>

¹² <https://www.healthit.gov/topic/federal-advisory-committees/recommendations-national-coordinator-health-it>

- **Health IT Safety** – ONC will continue to help address emerging health IT safety challenges and foster the development of tools — such as standards, and evidence-based practice guidance — to help healthcare providers more effectively use health IT to deliver safe care to all their patients.

Strategic Planning and Reporting

- **Federal Health IT Strategic Planning** – In FY 2024, ONC will continue work on the next update of the Federal Health IT Strategic Plan in consultation with the Federal Health IT Coordinating Council. ONC will continue to implement the 2020 – 2025 Federal Health IT Strategic Plan during FY 2024, regularly collaborating with key stakeholder groups (including Congress and the public) to monitor and report progress of priority activities. Key activities include, but are not limited to:
 - Convening federal and industry stakeholders to understand health IT and interoperability needs.
 - Monitoring and reporting progress on the Plan.
 - Coordinating with federal and industry stakeholders on critical health IT infrastructure efforts related to APIs, USCDI, FHIR, information blocking, and electronic health information exchange.
- **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. The HITECH Annual Report provides an update on progress against the Federal Health IT Strategic Plan.

Standards, Interoperability, and Certification

In FY 2024, ONC will continue 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 an additional \$18.1 million in funding above the FY 2023 Enacted level for standards coordination and adoption activities, such as enhancements to ONC's Health IT Certification Program, which will implement changes enacted by the Cures Act and ONC's subsequent rulemaking activities. It also includes an increase in funding for improving interoperability among health information networks to enable them to participate more comprehensively in TEFCA and adapt to the new standards and implementation guides developed to support FHIR-based exchange. 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 promotes 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; improving patient matching; and promoting interoperability of data for nationally relevant issues

included opioid use. These efforts help to respond to the 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. The Certification Program implements the Cures Act Final Rule requirements and exists to ensure the technical specifications identified in the Rule are met by health IT developers. 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 2024, 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.

Increased funding will go towards certification work to implement the Cures Act Final Rule which supports the right of the patient to access their own health information electronically. The funds will be used to expand ONC's investment in a robust testing infrastructure that is used by the ONC-Authorized Testing Labs to ensure health IT industry meets the requirements of the Cures Act. Several new capabilities have been identified in the Cures Act Final Rule, including expanding availability of equity enhancing health information for patients and providers, which will require continued advancement of the API by the health IT industry. ONC's investment in robust testing infrastructure enables the health IT industry to focus their investments on improving health IT rather than duplicating testing infrastructure across all of the industry. ONC testing is also now a critical part of the feedback standards developers receive to improve standards. Testing generates direct, hands-on implementation experiences and ONC uses those insights to work with stakeholders to enhance future standards versions. Funding at these request levels enables ONC to develop new testing tools for future certification program requirements including but not limited to prior authorization, real time prescription drug benefits, and public health certification.

- **Performance Measurement** – ONC will conduct research and analyses to assess the degree to which ONC is advancing an interoperable nationwide health IT infrastructure by meeting its objectives. This includes continuing support for evidence-building activities such as national surveys related to the development, adoption, and use of health IT to advance the 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 and curate the standards, implementation specifications, and common approaches to enable 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 industry led 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 in the FY 2024 budget include:

- Promoting the use of health IT and health information to address health equity, healthcare delivery, and public health issues by accelerating the readiness of interoperability standards for adoption, and enhancing the USCDI by adding data elements to support those efforts.
- Coordinating standards awareness and use through the publication and maintenance of the [Interoperability Standards Advisory \(ISA\)](#), a resource in its 10th edition that organizes health information standards, models, and profiles into more than 60 sub-sections divided by topic/use (e.g., public health, patient information, coordination, clinical care, administration).
- Ensuring that the next generation of privacy and security standards are primed for widespread adoption by coordinating the development, testing, piloting, and refining of them as the nation progresses to widespread adoption of secure APIs in healthcare, which is a key component of making healthcare more equitable.
- Addressing health IT interoperability challenges related to social and behavioral health information to support healthcare.

With the increased funding requested in the FY 2024 Budget, ONC will further invest in identifying additional equity focused data elements and engaging with and investing in the appropriate standards development organizations to create, refine, and release updated standards. In parallel, ONC will work with appropriate stakeholders to rapidly pilot such standards and evaluate their potential for broader adoption. This includes:

- Addressing gaps and challenges related to social determinants of health (SDOH) standards – including social service data among managed by stakeholders and across federal programs. ONC will take an equity-by-design approach to advance the use of interoperable, standardized data to represent social needs and the conditions in which people live, learn, work, and play. Health data, including data on race/ethnicity and SDOH, can help to identify health disparities and to inform efforts to improve health outcomes at an individual and population level.
- Continuing work on integrating SDOH and human and social services data to help improve the health outcomes and the patient experience.
- **Demonstrations and Pilots** – ONC will expand and continue to sponsor 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. This includes expanding and advancing demonstration sites and pilots under the Leading Edge Acceleration Projects (LEAP) program. The goal of the LEAP program is to advance health IT development as well as to inform the innovative implementation and

refinement of standards, methods, and techniques for overcoming major barriers and challenges. LEAP in Health IT projects tackle the creation of new standards, methods, and tools to improve care delivery and advance research capabilities. Through this work, ONC will support real world demonstrations and pilots around health equity, public health, APIs, research, and social determinants of health data exchange through this work.

Science and Innovation

- **Scientific Initiatives** – ONC will continue to foster advancement of health IT by identifying and participating in using innovative technologies such as artificial intelligence (AI) and machine learning. ONC will work closely with stakeholders in the scientific research community to connect their goals and interests to the advancement that ONC has fostered, including standards work in precision medicine. More specifically, ONC will continue to lead and drive the efforts around standardizing and broad adoption of genomic information among laboratories, providers, patients, and researchers.
- **Innovation** – The HITECH Act and reinforced by the Cures Act identifies ONC as a leading agency for advancing interoperability, competition, and innovation in the health IT ecosystem. In FY 2024, ONC will continue to coordinate with stakeholders to develop health IT standards that advance interoperability in less mature areas. This includes leading and working with industry and partners around patient generated health data used by clinicians and researchers and innovative approaches/tools to capturing and integrating data from remote monitoring devices and wearables in EHR systems. It also includes, where applicable, the administration of prize competitions and other industry spotlight engagements to advance novel approaches, standards, and technologies.

Agency-Wide Support

The FY 2024 budget request reflects ONC's commitment to advancing progress toward national goals for widespread interoperability. The budget request includes an increase of \$1.3 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 2024, 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 2024, ONC will continue to implement and improve its existing strategic and operational management processes. ONC's FY 2024 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.

Five Year Funding History

<u>Fiscal Year</u>	<u>Amount</u>
FY 2020 Enacted.....	60,367,000
FY 2021 Enacted.....	62,367,000
FY 2022 Enacted.....	64,238,000
FY 2023 Enacted.....	66,238,000
FY 2024 President’s Budget.....	103,614,000

Major Accomplishments

ONC’s longstanding policy and technology work to enable and advance interoperability, standardization, health information exchange, and the use of ONC-certified health IT has created a digital health foundation now used by the entire health system.

In the context of ONC’s short but storied 20-year history, recent activities that culminated during FY 2022 and have substantially advanced industry progress include:

- TEFCA was launched and made fully operational with respect to version 1 of the Common Agreement.
- The full scope of the information blocking regulations compliance requirements became applicable.
- ONC was formally charged to implement processes to coordinate HHS agency investments and policies that intersect with standards and interoperability.
- ONC helped coordinate health equity related initiatives within HHS and across industry.

The following impact featurettes demonstrate the effects of continued support for ONC activities in standards, certification, health information exchange, and coordination, and demonstrate the imperative to increase funding to ONC to carry out its statutory responsibilities that have grown as the budget remained flat.

IMPACT Improving Healthcare Delivery, Experience, and Affordability

ONC and the industry have worked for more than a decade to create the foundational policy and technical infrastructure needed for a 21st century health system where electronic health information can securely, appropriately, and easily flow wherever and whenever needed to improve healthcare quality, safety, efficiency, affordability, and equity. The passage of the HITECH Act and the 2011 launch of the Medicare and Medicaid EHR Incentive Programs were pivotal events in health IT. Then began the historic, nationwide effort to rapidly convert our healthcare delivery system from paper to electronic health records (EHRs). Through large public and private financial investments, as well as enormous effort from healthcare provider organizations and technology developers, most hospitals and physician practices now use EHR systems.

EHR adoption was just a first step toward delivering on the promise of a modern, digital healthcare system. The passage of the Cures Act allows us to now build on that foundation to establish a “digitally native” healthcare system of the future. In April 2021, the information blocking provisions of ONC’s Cures Act Final Rule went into effect requiring that all “covered actors”¹³ engage in information sharing or be subject to applicable consequences.¹⁴ Effective October 2022, covered actors are expected to share electronic health information (as defined under the Cures Act Final Rule), which will provide richer insight to inform patient care and open new horizons for modernization across the entire healthcare continuum. The rule also requires API standardization, which will make information sharing easier among clinicians with certified EHR systems and open new opportunities for innovation through technology-enabled products and services. The business and technical advancement that the Cures Act Final Rule brings to reality firmly establishes APIs and apps as core drivers of enhanced access, functionality, and user experience in healthcare interoperability.

On January 18, 2022, ONC launched the TEFCA program, a public-private nationwide network for secure exchange of electronic health information¹⁵. TEFCA establishes a common legal agreement and technical standards for health information networks to connect with each other more easily, like the way the cell phone networks connect with each other. By establishing foundational policies and invoking non-proprietary technical standards for interoperability of a common minimum dataset of information, TEFCA established a universal floor of interoperability across the country, ensuring that patients and healthcare stakeholders have baseline health information exchange capabilities regardless of where they are, and access to innovative value-added services that may be built on top of the TEFCA platform. TEFCA also offers the opportunity to bring together under a single umbrella interoperability for patients, providers, payers, and public health, all of which are siloed today. The initial permitted purposes for TEFCA exchange include treatment, payment, healthcare operations, individual access services, public health, and government benefits determination.



¹³ [Cures Act Final Rule: Information Blocking Actors Fact Sheet](#)

¹⁴ Pub. L. No. 114-255, Sect. 4004, 130 Stat. 1176 (2016)

¹⁵ [ONC Completes Critical 21st Century Cures Act Requirement, Publishes the Trusted Exchange Framework and the Common Agreement for Health Information Networks | HHS.gov](#)

IMPACT Promote Competition and Choice in Healthcare

Information sharing is fuel for innovation. As necessary, ONC continues to develop and implement new and updated regulations to guide industry practices to promote information sharing and address anti-competitive actions that undermine public and private sector investments in the nation’s health IT infrastructure.

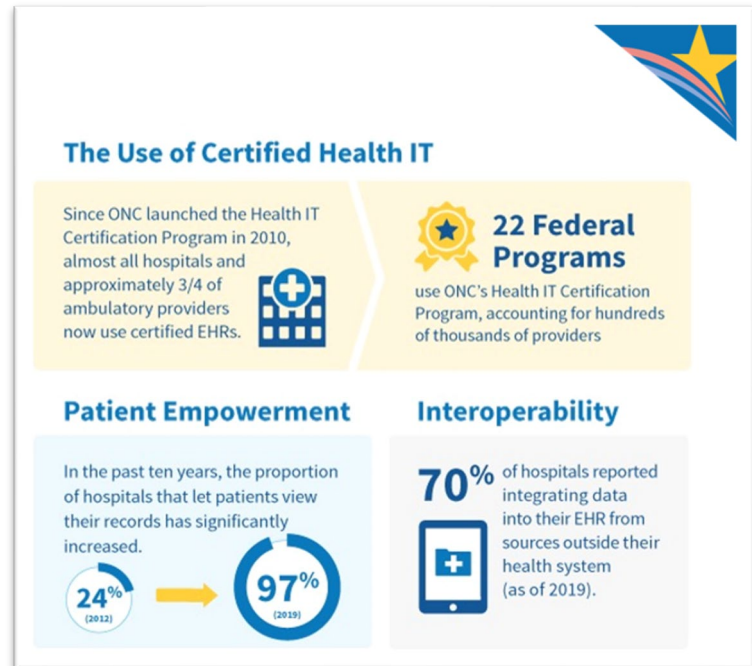
ONC’s programs and health information exchange policies, including those incorporated into the ONC Health IT Certification Program, encourage the access, exchange, and use of electronic health information by patients and providers for care delivery. ONC’s work to implement the Cures Act has further cemented this progress and established the expectation that standards-based API functionalities are built into health IT to

support patient access, innovative healthcare provider uses, and analyses by authorized third party business partners. The Certification Program’s regulatory framework also supports healthcare providers’ ability to integrate apps of their choosing into their EHR systems, much in the same way that one downloads apps onto a smartphone, which will be important to improving the usability of EHR systems and reducing provider burden. Opening more doors to EHR data via modern APIs will lead the U.S. healthcare system on the same path as other modern data-centric industries (e.g., banking, e-commerce, travel).

A critical counterpart to the API-enabled foundation enabled by ONC’s Certification Program is the establishment of policies that promote nationwide health information exchange (e.g., information blocking regulations and TEFCA) and establish clear expectations for data exchange.

Underlying TEFCA and information blocking regulations is the US Core Data for Interoperability (USCDI) standard, a “minimum dataset” of standardized health data elements for nationwide, interoperable health information exchange. Over 90 percent of ambulatory physicians and hospitals in the U.S. use health IT products certified by ONC’s Health IT Certification Program, which are required to support capture, export, and import of the USCDI data elements according to non-proprietary, ONC-identified standards.

Rollout and support for the maturation of TEFCA and USCDI activities, and continued support for the Health IT Certification Program have made significant positive impacts on competition in healthcare by establishing common technology, principles, terms, and conditions to facilitate trust and exchange between health information networks. This trust will drive down the cost of exchange partnerships, and if properly resourced over time to support adoption, will enable near universal connectivity among providers, payers, public health entities, individuals, and researchers to share data across health information networks.



IMPACT | Improve Patient Access to their Health Information

ONC’s patient empowerment policies and administration of the ONC Health IT Certification Program over the years has helped lead HHS and the nation’s healthcare providers and health systems through rapid and widespread electronic health record (EHR) adoption.¹⁶ In so doing, this work has also opened the door to EHRs so patients can access their information electronically through computers and mobile devices, and created a modern, platform-based foundation in healthcare that enables patients, providers, payers, and public health agencies to use modern internet apps to securely use health information in actionable ways.¹⁷ In the last few years, major technology companies, including Amazon, Apple, Google, Microsoft, and many start-ups have rolled out products that built upon ONC standards and certification requirements, including the Health Level Seven (HL7®) FHIR® standard,¹⁸ ushering in unprecedented patient access to health records leveraging modern computing technology.

Alongside this progress, ONC’s work with HHS partners at CMS and OCR continues to guide the development of responsive patient access policies and educational materials, including the Patient Engagement Playbook. As the health IT marketplace continues to evolve to be more app-centric, ONC’s programs, policy development, and technology coordination activities have worked to keep market forces focused on serving the patient-first. Guided by implementation of the Cures Act, ONC’s work has led to the establishment of the U.S. Core Data for Interoperability (USDCI) standard that includes standardized data elements for information relevant to patients (e.g., medication lists, test results, immunizations) as well as a regulatory and oversight framework to identify and adjudicate anti-competitive “Information Blocking” practices among healthcare providers, developers of certified health IT, and health information networks/health information exchanges. Continued implementation and enforcement of the information blocking regulations will make information sharing practices (that is, practices that do not interfere with access, exchange, and use of electronic health information) a priority across the industry and enable patients to obtain their electronic health information without special effort.



¹⁶ Virtually all non-federal acute care hospitals and over 75 percent of healthcare providers have ONC certified health IT in their care setting.

¹⁷ The ONC Health IT Certification Program requires patient access via API to key health information (e.g., allergies, test results, notes)

¹⁸ Over the years, ONC has invested about \$15 million in budget authority in collaborations with and connected to HL7 to develop, demonstrate, and expand FHIR.

IMPACT Facilitate Coordination across Government and Industry

ONC has a long history of collaboration with a vast network of health IT stakeholders. As the *National Coordinator* for health IT, ONC policies and programs are intentionally designed to incorporate feedback from public and private stakeholders while looking for ways to achieve a maximum benefit for all. The value that partners place on ONC’s role is demonstrated by the broad involvement of stakeholders in ONC’s collaborative mechanisms, including ONC’s leadership of 40+ federal agencies that committed to implementing the Federal Health IT Strategic Plan, 35+ agencies that actively participate in ONC’s Federal Health IT Coordinating Council, as well as 21 programs and multiple agencies that depend on the ONC Health IT Certification Program and USCDI standard for their program work.



In October 2021, ONC launched a new initiative for federal partners, the USCDI+ to support the identification and establishment of domain or program-specific datasets that will operate as extensions to the existing USCDI. USCDI+ is a service that ONC provides to federal partners who have a need to establish, harmonize, and advance the use of interoperable datasets that extend beyond the core data in the USCDI to meet agency-specific programmatic requirements. This approach allows ONC to better serve its federal partners, assure that extensions build from the same core USCDI foundation that the healthcare delivery system already supports, and create the opportunity for aligning similar data needs across agency programs. USCDI+ efforts for quality measurement and public health have started with Centers for Medicare & Medicaid Services, Centers for Disease Control and Prevention, and Health Resources and Services Administration with more to be added once the program is more firmly established.¹⁹

ONC’s collaborative leadership is driven by partners’ active engagement and the trusted feedback given by a Federal Advisory Committee – the Health IT Advisory Committee (HITAC) – that continued coordinating routine input on health IT policies and programs in 2022. The HITAC brings the talents of a group of 27 health IT experts and 6 federal representatives, reflecting a broad and balanced spectrum of the healthcare system to ONC policies and programs.²⁰ Since inception, the HITAC has made over 150 insightful recommendations influencing ONC’s actions. The HITAC’s expert recommendations were the product the diverse HITAC membership, and an efficient FACA administration infrastructure maintained by ONC, convening more than 375 public meetings, 45 full Committee meetings, and 324 Subcommittee meetings spanning 18 critical Congressional and ONC health IT priority activities.²¹

ONC’s leadership and influence in health IT continued to expand globally in 2022 as the agency took a new leadership role as Executive Secretariat and Chair of the Global Digital Health Partnership (GDHP) for a 2-year term. As part of the GDHP, ONC helps lead member nations to advance the International Patient Summary standard, an EHR minimum dataset containing essential healthcare information intended for use in unscheduled, cross-border care scenarios.

¹⁹ [USCDI+](#)

²⁰ [HITAC Membership](#)

²¹ [HITAC Highlights Infographic 2023 \(healthit.gov\)](#)

IMPACT Addressing Health Equity by Design

ONC efforts to standardize interoperable health data is central to the Administration’s and HHS’s plans to promote health equity and prioritize “equity by design” as part of public health and healthcare programs administration. In particular, the Secretary has charged ONC with evaluating algorithmic bias and its implications for health equity when it comes to the implementation and use of health IT.²² ONC’s future impact and leadership in the areas of artificial intelligence, machine learning, and algorithmic bias is poised to be substantial because EHR data is now a common source feeding this innovative work.

HHS’s work in health equity is substantially advanced by ONC’s continued data standardization efforts, including a recent work to incorporate sexual orientation and gender identity (SOGI) data into the USCDI and the Interoperability Standards Advisory. The meaning, context, and expected use of sex and gender identity can have substantive quality and safety impacts on a person’s care. This ranges from missing preventative screening notifications to inaccurate reference ranges on lab tests all the way to denied claims because the patient’s “administrative sex” on the clinical side does not match their “gender” on the health insurance side.

ONC also incorporated data elements representing social determinants of health (SDOH) into the USCDI and has explored opportunities to make tangible improvements to the U.S.’s vast healthcare delivery network through public-private partnership. ONC’s recent cooperative agreements in standards development, demonstration and piloting have continued to lead to substantial impacts on the healthcare delivery experience. As one example of recent impacts with potential to scale, an ONC “Leading Edge Acceleration Projects” (LEAP) cooperative agreement program awardee addressed specific challenges limiting the delivery, experience, and affordability of healthcare affecting coordination among healthcare and home and community-based services (HCBS). The LEAP team demonstrated new exchange capabilities by implementing the FHIR standard to exchange electronic long-term services and support (eLTSS) data from the state’s case management system to a health information network, a supported employment provider IT system, and a primary care provider electronic health record. This pilot illustrates that a high degree of interoperability among health and human service providers is possible and can support a vision for whole person and whole community care. This work is integral to making system-wide improvements, will inform expanded work in this area, and is of growing importance as the U.S. population ages and the demand for eLTSS grows.²³



²² [HHS IT coordinator researching algorithmic bias and implications for health equity \(fedscoop.com\)](https://www.fedscoop.com/hhs-it-coordinator-researching-algorithmic-bias-and-implications-for-health-equity/)

²³ [Improving Person-Centered Care in Home and Community-Based Services with FHIR - Health IT Buzz](#)

IMPACT | Improving Public Health

Standardizing health record data and improving electronic exchange among patients, clinical, and public health stakeholders is critical to ensuring the U.S. is prepared to respond to public health scenarios of all types. ONC has historically partnered closely with the CDC on public health data standardization, measurement, and reporting.²⁴ This work has taken on a new level of urgency and importance with the demands of the pandemic and ONC is tightly partnered with the CDC on several joint priorities to further public health's ability to



utilize modern health IT technologies as much as possible. ONC has launched work with CDC to establish a cloud-oriented environment (currently called the North Star Architecture) to support efficient integration of public health data systems using modern technologies, data governance, and infrastructure management approaches. The architecture project is part of the CDC's Public Health Data Modernization Initiative and includes a collaborative governance model co-chaired by ONC and CDC and including state, local, tribal, and territorial public health agencies. Other key facets of our work with the CDC include ONC-CDC joint launch of the Helios FHIR Accelerator, a public-private initiative to streamline data sharing using modern API technologies, the USCDI+ for Public Health initiative, to establish a nationwide public health data model based on USCDI, and TEFCA exchange for public health, to enable public health agencies to exchange information with healthcare provider organizations on-demand.

Another innovative example of ONC-led work is the Patient Unified Lookup System for Emergencies (PULSE) project. PULSE provides a tool for states and localities to grant response personnel secure access to vital health information during disasters, ensuring patients can continue to receive care when and where they need it.

Virtually all of ONC's work has implications for improving public health, and the nation's response to the COVID-19 pandemic has demonstrated that past investments in ONC will continue to pay valued dividends long into the future. For example, ONC work previously funded in 2010 under the SMART Program²⁵ was pivotal to enabling the nation's huge leaps in vaccine tracking through immunization registries, provider organizations, and retail pharmacies as the COVID-19 pandemic scaled and the public health and vaccination responses mobilized.

²⁴ [Social Determinants of Health | HealthIT.gov](https://www.healthit.gov/social-determinants-of-health)

²⁵ [SMART Health IT – Connecting health system data to innovators' apps](#)

Output and Outcomes Table

ONC Budget Section / Measure Text	(Summary of Result)	FY 2023 Target	FY 2024 Target	FY 2024 +/- FY2023 Target
Policy Development and Coordination				
Number of federal agencies actively participating in ONC-led health IT coordination efforts	FY 2022: 22 Target: Maintain Prior Year (Baseline)	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 2022: 64 criterion in 2015 Edition Cures Update ²⁶ Target: Maintain (Target Met)	Maintain	Maintain	--
Number of interoperability needs areas supported by standards and implementation specifications included in the annual Interoperability Standards Advisory (ISA) Reference Edition	FY 2022: 2022 reference edition ISA published in January 2022 includes 194 standards and implementation specifications ^{27 28} (Target Met)	Maintain ISA with necessary updates & publish annual update by March 2023	Maintain ISA with necessary updates & publish annual update by March 2024	--
Agency Wide Support				
Number of users to ONC’s https://healthit.gov websites to use health IT policy and technology assistance material	FY 2022: 5 million Target: Maintain prior year baseline (Target Exceeded)	Maintain	Maintain	--

²⁶ [2015 Edition Cures Update Test Method | HealthIT.gov](#)

²⁷ Includes 6 implementation specifications which are considered “profiles and models” and not traditional standards.

²⁸ [2022 ISA Reference Edition Now Available - Health IT Buzz](#)

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.

	Office- based physicians	Non-federal acute care hospitals
• are electronically <u>sending or receiving</u> patient information with any providers outside their organization	42%	93%
• can electronically <u>find</u> patient health information from sources outside their health system	49%	75%
• can easily <u>integrate</u> (e.g., without manual entry) health information received electronically into their EHR	29%	71%
• had necessary patient information electronically <u>available</u> from providers or sources outside their systems at the point of care	47%	53%

Measure Area: Citizens’ perspective on consumer access to their electronic health information

- 59 percent of Americans have been given electronic access to any part of their healthcare record by their healthcare provider or insurer.²⁹

²⁹ [ONC Objectives, Benchmarks, and Measurements Update Presentation Health Information Technology Advisory Committee November 10, 2021 Meeting \(healthit.gov\)](#)

Nonrecurring Expenses Fund

Budget Summary

(Dollars in Millions)

	FY 2022 ²	FY 2023 ³	FY 2024 ⁴
Notification ¹	2.750	6.800	6.300

Authorizing Legislation:

AuthorizationSection 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.

Budget Allocation FY 2024

In FY 2024, ONC is planning to utilize \$6.3 million in NEF funding for the following projects:

- a. Support the development of a Real-Time Benefits Tools (RTBT) Conformance Testing Tool in support of the ONC Health IT Certification Program. RTBT can help significantly lower patients’ out-of-pocket expenses by allowing patient-specific, real-time formulary and benefit information. RTBT functionality would support over 90 percent of all US hospitals and over 80 percent of all U.S. physicians. Therefore, a conformance testing tool would have critical impact for ONC’s Health IT Certification Program to ensure that the RTBT solutions developed by industry perform according to adopted specifications.
- b. Support a significant IT infrastructure capacity enhancement effort to the Certified Health IT Product List (CHPL). The CHPL database and corresponding public website is intended to provide a streamlined user interface (UI) experience and provide structured data in an open format for the reporting of granular data requirements. This would enable an overall one-time public UI redesign, including the development of a completely new CHPL reporting functionality to accomplish this work.

¹ Pursuant to Section 223 of Division G of the Consolidated Appropriation Act, 2008, notification is required of planned use.

² Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on October 22, 2021.

³ Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on June 17, 2022.

⁴ HHS has not yet notified for FY 2024.

- c. Support enhancements to the Fast Healthcare Interoperability Resources (FHIR) Application Programming Interface Monitoring Service Project that directly ties to implementing the Cures Act. The enhancements would focus on developing new functionality that would allow the Lantern tool to use a standardized approach to discover and access electronic endpoints (e.g., digital or web address) that provide patients access to their electronic health information.
- d. Reengineer and modernize the Standards Implementation and Testing Environment (SITE) and Edge Testing Tool (ETT) to support the ONC's Health IT Certification Program. The ONC Health IT Certification Program's SITE portal is a centralized collection of testing tools and resources designed to help health IT developers and health IT users evaluate technical standards and maximize the potential of their health IT implementations. The SITE portal also includes the ETT that validates the conformance requirements for multiple certification criteria in ONC's Health IT Certification Program and is used extensively by health IT developers.

Budget Allocation FY 2023

ONC planned for a total of \$6.8 million in NEF funding for the following projects:

- e. \$2.0 million for CHPL enhancements. This project includes the specific development, testing, and implementation of a CHPL reporting module for collecting, verifying, and reporting required information to establish the EHR Reporting Program. This project also focuses on upgrading the overall CHPL public UI based on previous recommendations as well as a planned public usage and usability analysis. Completing this project will help ONC successfully implement the Cures Act and will maintain public confidence in ONC programs by producing comprehensive reporting information for public consumption.
- f. \$3.0 million for HealthIT.gov. NEF funds are being used to conduct a complete overhaul and redesign of the website infrastructure and design for HealthIT.gov and its complementary blog, *Health IT Buzz*. Both web properties are mission essential for ONC to communicate our work and value to the American public and Congress. HealthIT.gov is the premier source of Health IT information and is the top educational resource for ONC stakeholders.
- g. \$1.8 million for the Inferno Framework Sandbox. NEF resources support the development of the Inferno Framework Sandbox to support the adoption of FHIR in the health IT ecosystem.

Budget Allocation FY 2022

- h. ONC received \$2.75 million in NEF funding to build the Health IT Data Dashboard and the Tool for ISA Comment Transparency and Improved Workflow.

Budget Allocation FY 2021 and prior

- i. 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.

Supplementary Tables

Budget Authority by Object Class

(Dollars in Thousands)

	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
<u>Personnel compensation:</u>				
Full-time permanent (11.1).....	23,182	24,248	25,509	1,261
Other than full-time permanent (11.3).....	253	265	278	14
Other personnel compensation (11.5).....	1,198	1,253	1,311	58
Military personnel (11.7).....	-	-	-	-
Special personnel services payments (11.8)	-	-	-	-
Subtotal personnel compensation.....	24,633	25,766	27,098	1,332
Civilian benefits (12.1).....	8,451	8,840	9,246	407
Military benefits (12.2).....	-	-	-	-
Benefits to former personnel (13.0).....	-	-	-	-
Total Pay Costs.....	33,084	34,606	36,345	1,739
Travel and transportation of persons (21.0).....	140	140	140	-
Transportation of things (22.0)	42	42	42	-
Rental payments to GSA (23.1)	850	850	850	-
Rental payments to Others (23.2).....	-	-	-	-
Communication, utilities, and misc. charges (23.3)	9	9	9	-
Printing and reproduction (24.0).....	2	2	2	-
<u>Other Contractual Services:</u>				
Advisory and assistance services (25.1)	-	-	-	-
Other services (25.2).....	9,016	9,016	9,016	-
Purchase of goods and services from government accounts (25.3).....	14,330	14,330	14,330	-
Operation and maintenance of facilities (25.4).....	133	133	133	-
Research and Development Contracts (25.5).....	-	-	-	-
Medical care (25.6)	-	-	-	-
Operation and maintenance of equipment (25.7)	-	-	-	-
Subsistence and support of persons (25.8).....	-	-	-	-
Subtotal Other Contractual Services.....	24,522	24,522	24,522	-
Supplies and materials (26.0).....	189	189	189	-
Equipment (31.0)	-	-	-	-
Land and Structures (32.0)	-	-	-	-
Investments and Loans (33.0).....	-	-	-	-
Grants, subsidies, and contributions (41.0).....	6,443	6,921	42,558	35,637
Interest and dividends (43.0).....	-	-	-	-
Refunds (44.0)	-	-	-	-
Total Non-Pay Costs.....	6,381	7,110	42,747	35,637
Total Budget Authority by Object Class.....	64,238	66,238	103,614	37,376

Salaries and Expenses

(Dollars in Thousands)

	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget	FY 2024 +/- FY 2023
<u>Personnel compensation:</u>				
Full-time permanent (11.1).....	23,182	24,248	25,509	1,2611
Other than full-time permanent (11.3)	253	265	278	14
Other personnel compensation (11.5)	1,198	1,253	1,311	58
Military personnel (11.7).....	-	-	-	-
Special personnel services payments (11.8)	-	-	-	-
Subtotal personnel compensation.....	24,633	25,766	27,098	1,332
Civilian benefits (12.1)	8,451	8,840	9,246	407
Military benefits (12.2)	-	-	-	-
Benefits to former personnel (13.0)	-	-	-	-
Total Pay Costs.....	33,084	34,606	36,345	1,739
Travel and transportation of persons (21.0).....	140	140	140	-
Transportation of things (22.0).....	42	42	42	-
Rental payments to GSA (23.1).....	850	850	850	-
Rental payments to Others (23.2)	-	-	-	-
Communication, utilities, and misc. charges (23.3).....	9	9	9	-
Printing and reproduction (24.0).....	2	2	2	-
<u>Other Contractual Services:</u>				
Advisory and assistance services (25.1).....	-	-	-	-
Other services (25.2).....	9,016	9,016	9,016	-
Purchase of goods and services from government accounts (25.3)	14,330	14,330	14,330	-
Operation and maintenance of facilities (25.4).....	133	133	133	-
Research and Development Contracts (25.5).....	-	-	-	-
Medical care (25.6).....	-	-	-	-
Operation and maintenance of equipment (25.7).....	-	-	-	-
Subsistence and support of persons (25.8)	-	-	-	-
Subtotal Other Contractual Services	24,522	24,522	24,522	-
Supplies and materials (26.0)	189	189	189	-
Total Non-Pay Costs	189	189	189	-
Total Salary and Expense	57,795	59,317	61,057	1,739
Direct FTE	179	180	180	-

Detail of Full-Time Equivalent Employment (FTE)

	2022 Actual Civilian	2022 Actual Military	2022 Actual Total	2023 Est. Civilian	2023 Est. Military	2023 Est. Total	2024 Est. Civilian	2024 Est. Military	2024 Est. Total
Direct:.....	179	-	179	180	-	180	180	-	180
Reimbursable:	-	-	-	-	-	-	-	-	-
Total:	179	-	179	180	-	180	180	-	180
ONC FTE Total	179	-	179	180	-	180	180	-	180

Average GS Grade

	Grade:	Step:
FY 2019.....	13	7
FY 2020.....	13	9
FY 2021.....	13	9
FY 2022.....	13	9
FY 2023.....	13	9

Detail of Positions

	FY 2022 Final	FY 2023 Enacted	FY 2024 President's Budget
Executive level	-	-	-
Total - Exec. Level Salaries	-	-	-
ES.....	7	6	6
Total - ES Salary	1,299,169	1,358,931	1,429,596
GS-15.....	46	48	48
GS-14.....	50	57	57
GS-13.....	49	53	53
GS-12.....	8	16	16
GS-11.....	12	9	9
GS-10.....	-	-	-
GS-9.....	2	11	11
GS-8.....	-	-	-
GS-7.....	2	1	1
GS-6.....	-	-	-
GS-5.....	-	2	2
GS-4.....	-	-	-
GS-3.....	-	-	-
GS-2.....	-	-	-
GS-1.....	-	-	-
Subtotal	169	197	197
Total - GS Salary	22,118,271	24,181,711	25,439,160
Average ES salary.....	185,596	226,489	238,266
Average GS grade.....	13-9	12-10	12-10
Average GS salary.....	136,795	122,720	129,133

Programs Proposed for Elimination

No programs are proposed for elimination.

Physicians’ Comparability Allowance Worksheet

	PY 2022 (Actual)	CY 2023 ³⁰ (Estimate)	BY 2024 (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	\$159,028	\$159,028
Average Annual PCA Payment.....	\$0	\$16,000	\$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.

³⁰ FY 2023 data will be approved during the FY 2024 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.

Proposed Law

1. Advisory Opinions for Information Blocking

Provide HHS the authority to create an advisory opinion process and issue advisory opinions for information blocking practices governed by section 3022 of the Public Health Service Act (PHSA), 42 USC 300jj-52. The opinion would advise the requester whether, in the Department's view, a specific practice would violate the information blocking statutory and regulatory provisions; it would be binding on the Department, such that the Department would be barred from taking enforcement action against the practice. In addition, provide ONC with the authority to collect and retain fees charged for issuance of such opinions, and to use such fees to offset the costs of the opinion process.