

# Health Information Technology Advisory Committee

## HTI-2 Proposed Rule Task Force 2024 Virtual Meeting

Transcript | September 3, 2024, 11 AM – 12:30 PM ET

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### Attendance

#### Members

Bryant Thomas Karras, Washington State Department of Health, Co-Chair  
Rochelle Prosser, Orchid Healthcare Solutions, Co-Chair  
Mark Sendak, Duke Institute for Health Innovation, Co-Chair  
Suresh Balu, Duke Institute for Health Innovation (DIHI)  
Hans Buitendijk, Oracle Health  
Derek De Young, Epic  
Steven (Ike) Eichner, Texas Department of State Health Services  
Gillian Haney, Council of State and Territorial Epidemiologists (CSTE)  
Joel Hartsell, Association of Public Health Laboratories (APHL)  
Erin Holt Coyne, Tennessee Department of Health, Office of Informatics and Analytics  
Jim Jirjis, Centers for Disease Control and Prevention  
Mary Beth Kurilo, American Immunization Registry Association (AIRA)  
Hung S. Luu, Children's Health  
Katrina Miller Parrish, Patient.com  
Kris Mork, Leidos  
Alex Mugge, Centers for Medicare and Medicaid Services  
Eliel Oliveira, Harvard Medical School & Harvard Pilgrim Health Care Institute  
Kikelomo Oshunkentan, Pegasystems  
Randa Perkins, H. Lee Moffitt Cancer Center & Research Institute  
Dan Riskin, Verantos  
Zeynep Sumer-King, NewYork-Presbyterian  
Naresh Sundar Rajan, CyncHealth

#### Members Not in Attendance

Shila Blend, North Dakota Health Information Network  
Sooner Davenport, Southern Plains Tribal Health Board  
Lee Fleisher, University of Pennsylvania Perelman School of Medicine  
Hannah Galvin, Cambridge Health Alliance  
Rajesh Godavarthi, MCG Health, part of the Hearst Health network  
Steven Hester, Norton Healthcare  
Dominic Mack, Morehouse School of Medicine  
Meg Marshall, Department of Veterans Affairs  
Anna McCollister, Individual  
Shantanu Nundy, Accolade  
Fillipe Southerland, Yardi Systems, Inc.  
Sheryl Turney, Elevance Health  
Rachel (Rae) Walker, Elaine Marieb College of Nursing, University of Massachusetts Amherst  
Thomas Wilkinson, U.S. Department of Homeland Security

## ASTP Staff

Seth Pazinski, Designated Federal Officer  
Maggie Zeng, Staff Lead  
Molly Prieto, Group 1 Co-Lead  
Rachel Abbey, Group 1 Co-Lead  
Sara McGhee, Overall Task Force Program Lead & Group 2 Lead  
Ben Dixon, Group 3 Lead

## Call to Order/Roll Call (00:00:00)

### **Seth Pazinski**

All right, good morning, everyone. Welcome to the Health Data, Technology, and Interoperability: Patient Engagement, Information Sharing, and Public Health Interoperability (HTI-2) Proposed Rule Task Force Meeting. I am Seth Pazinski, and I will be serving as your Designated Federal Officer from the United States Department of Health and Human Services (HHS) Assistant Secretary for Technology Policy and Office of the National Coordinator for Health Information Technology (ASTP) today. As a reminder, this meeting is open to the public. Public feedback is welcome throughout using the Zoom chat feature, and we will also have time scheduled at the end of our agenda for verbal public comments. I am going to begin with a roll call. When I call your name, could you please indicate that you are present? I am going to start with our co-chairs. Bryant Thomas Karras?

### **Bryant Thomas Karras**

Present.

### **Seth Pazinski**

Rochelle Prosser?

### **Rochelle Prosser**

Present.

### **Seth Pazinski**

Mark Sendak?

### **Mark Sendak**

Present.

### **Seth Pazinski**

Suresh Balu?

### **Suresh Balu**

Good morning. Present.

### **Seth Pazinski**

Good morning. Shila Blend? Hans Buitendijk?

### **Hans Buitendijk**

Good morning.

### **Seth Pazinski**

Good morning. Sooner Davenport? Derek De Young?

**Derek De Young**

Good morning.

**Seth Pazinski**

Good morning. Steve Eichner?

**Steven Eichner**

Good morning. Present.

**Seth Pazinski**

Good morning. Lee Fleisher? Hannah Galvin? Raj Godavarthi? Gillian Haney?

**Gillian Haney**

Present.

**Seth Pazinski**

Joel Hartsell?

**Joel Hartsell**

Present.

**Seth Pazinski**

Steven Hester? Erin Holt Coyne? Jim Jirjis? Mary Beth Kurilo?

**Mary Beth Kurilo**

Good morning.

**Seth Pazinski**

Good morning. Hung Luu?

**Hung S. Luu**

Good morning.

**Seth Pazinski**

Good morning. Dominic Mack? Meg Marshall? Anna McCollister? Katrina Miller Parrish?

**Katrina Miller Parrish**

Good morning.

**Seth Pazinski**

Good morning. Kris Mork?

**Kris Mork**

I am here.

**Seth Pazinski**

Good morning. Alex Mugge? Shantanu Nundy? Eliel Oliveira? Kikelomo Oshunkentan?

**Kikelomo Oshunkentan**

Good morning. I am present.

**Seth Pazinski**

Good morning. Randa Perkins?

**Randa Perkins**

Good morning.

**Seth Pazinski**

Good morning. Dan Riskin?

**Dan Riskin**

Good morning.

**Seth Pazinski**

Good morning. Fil Southerland? Zeynep Sumer-King?

**Zeynep Sumer-King**

Present.

**Seth Pazinski**

Okay, thank you. Naresh Sundar Rajan?

**Naresh Sundar Rajan**

Good morning.

**Seth Pazinski**

Good morning. Sheryl Turney? I did get a message that Rae Walker will unfortunately not be able to join us today. Thomas Wilkinson? Okay, I see also that Alex Mugge has joined. Thank you. Are there any members that I missed or who just joined and would like to indicate that they are present? Okay, I am going to turn it over to our co-chairs to get us into our agenda. Bryant, Mark, Rochelle, over to you.

[Opening Remarks \(00:03:41\)](#)

**Bryant Thomas Karras**

My camera got turned off. There we go. Thank you so much. I am deeply honored to be working and leading Group 1, and I cannot believe how much we have gotten through in the time we have had and how much we are going to accomplish this week. I am really looking forward to recombining and working together to get the transmittal to a ready state. I will turn it over to my co-chairs.

**Mark Sendak**

Thank you for the time. I am looking forward to getting through everything as much as we can, and I appreciate everyone's contributions to this. Rochelle, is there anything you want to add?

**Bryant Thomas Karras**

Rochelle, you are on mute.

**Rochelle Prosser**

Okay, can you hear me better?

**Bryant Thomas Karras**

Yes.

**Rochelle Prosser**

Okay. Yes, I am Rochelle Prosser, co-chair for Section 3, and I really want to thank everyone for their hard work in going through the different areas, and I really look forward to the comments from the larger group, where we have come to an agreement, and I really have enjoyed this process, so, thank you, everyone, for your time. Next slide, please. Seth, back to you.

**Seth Pazinski**

For both today and the meetings for the rest of this week, we are going to be working through the draft recommendations from each of the groups and coming to consensus around what the task force will submit as their final recommendations. So, we have about four and a half hours over the next three days to work through all the draft recommendations. We are going to start with Group 2 and aim to get through as much of that today as we can, and then move into Group 3. The general approach is going to be to aim for items that we can reach consensus on, and if we do run into recommendations that are going to require some more significant discussion, we will flag those to come back to once we get through the initial pass through of the group recommendations. So, with that, I am going to move us into Group 2, and if we can transition to the Google doc, I will turn it over to Mark to get us started.

[Task Force Recommendation Worksheet \(Group 2\) \(00:06:39\)](#)

**Mark Sendak**

Thank you. Okay, perfect. Thank you, Sara, for sharing your screen. So, as Seth mentioned, I am part of Group 2. We are the subgroup that focused on certification, the second worksheet in the Google doc that I think at least everyone on the call has access to. Sara, did you subset the rows just to those with green text, or are we going to see all of them as we go through these?

**Sara McGhee**

Oh, we will see each topic, including the ones that do not have green text, so that the whole task force can see, if that works for you, but I will defer to you.

**Mark Sendak**

That sounds good. To help us go through these, something that we could do is show the column with the section text right next to Column J.

**Sara McGhee**

Sure.

**Mark Sendak**

Let me pull up the Google doc. We will just have to hide a bunch of the columns.

**Sara McGhee**

I will do that right now.

**Mark Sendak**

Perfect.

**Sara McGhee**

Almost there. Okay, how does that look?

**Mark Sendak**

Perfect.

**Sara McGhee**

Great. For this, we will have three minutes to start with the first topic.

**Mark Sendak**

Okay. I know this is a big group. Our subgroup has agreed to a bunch of feedback, which we highlighted in green. I will give folks maybe 30 seconds to read this, and you can also pull up the Google doc yourself so you see it. So, we are supportive of United States Core Data for Interoperability (USCDI) v4. We just wanted to also emphasize that there are still gaps in USCDI, and we wanted to name some of the potential gaps. Are there any other comments that folks on this call would like to include in this or change?

**Rochelle Prosser**

I have a question, Mark. Why is birth order for minors so important? Is it when you have children with the same first and last names?

**Mary Beth Kurilo**

This is Mary Beth Kurilo with the American Immunization Registry Association. I would be happy to speak to that. That is primarily when we are getting data from birthing hospitals. It helps to differentiate between twins who might have very similar information.

**Rochelle Prosser**

Okay, that helps a lot. Thank you.

**Mark Sendak**

Hans?

**Hans Buitendijk**

Just a quick note. Lot number is not only proposed for Version 5, it is in Version 5.

**Mark Sendak**

Okay, so we can...

**Hans Buitendijk**

Right. The other ones are still future opportunities.

**Mark Sendak**

I will just change that.

**Hans Buitendijk**

For the other one, medical record number, since patient identifier is in there, it is one of the ones that is widely supported, so I am not sure whether we need to mention all of these examples that are actually already supported from an identifier perspective.

**Mark Sendak**

I just removed the medical record number (MRN).

**Gillian Haney**

Hi, this is Gillian Haney from CSTE. I would actually strongly recommend including medical record number because I thought that there was some controversy around actually naming that because there was some concern that it could be used as a national ID, or something to that effect.

**Mark Sendak**

Hans, what is your response to that? If we cannot reach consensus on this...

**Hans Buitendijk**

I am okay with leaving it in. It is fine to keep it in. It is just so widely supported.

**Mark Sendak**

Okay, so we will leave it in. Any other comments before we move to the next one? Okay, let's go to Row 4. Can we blow that up, Sara, and zoom in a little bit? Perfect. So, there was one issue here related to the implementation guidance being referenced and whether that guidance was finalized. Rochelle?

**Rochelle Prosser**

Can we move the document up a little bit? I just wanted to see the end of it. And then, my concern is where SMART cards had to be taken down because of implementation processes that did not work, or the flow of information was inaccurate, and so, after spending a lot of money, the county had to take it down in certain states, and so, I am just wondering if there is a backup where the county or the government actually had to take the SMART card down. For example, in Florida, they had SMART cards for driver's licenses, and it was such a fiasco that they took it down, so you no longer can use that.

**Bryant Thomas Karras**

That may be a different type of SMART card, Rochelle. This is the Health Level 7 (HL7) SMART, which I do not think was a part of driver's licenses. "SMART" gets used a lot as an acronym, and we should probably specify which one we are talking about, but SMART Health Cards and SMART Health Links are specific HL7 implementation types of quick response (QR) codes.

**Rochelle Prosser**

That would be helpful.

**Hans Buitendijk**

I have a clarification that there was a similar comment in Group 1, Public Health, and that is where we worked on some references to "SMART" versus "HL7 Fast Healthcare Interoperability Resources (FHIR) SMART," and then the rest. For example, SMART Health Card Vaccination Testing Implementation Guide is an HL7 FHIR guide that is being referenced, so it is not SMART, but HL7 FHIR SMART. The SMART Health Cards are SMART, not HL7, but HL7 FHIR has HL7 FHIR SMART Health Cards and Links implementation guides that are in ballot right now. So, I think we worked on something in Group 1, and they seemed to be different for where I thought we landed and what is described here and where I thought we landed with F1 in Group 1.

**Mark Sendak**

My own head is spinning with these different references. Maybe I will just add something saying we need to specify. Scroll up a little, Sara, so you can see what I just added. We need to specify which are SMART and which are HL7 FHIR SMART. Would that be helpful?

**Hans Buitendijk**

That would address part of it. Mary Beth and Bryant, is the version that we had in Group 1 the one that we believe is most appropriate for the references to that to align with this?

**Bryant Thomas Karras**

Yes, and ASTP folks can correct me if I am wrong, but I believe we cannot reference something that is in HL7 ballot but has not yet been passed and been published.

**Mary Beth Kurilo**

This is Mary Beth. I wonder if we could just make a note to reconcile Group 1's input, where I think there were a lot of iterations, but we want to make sure we are bringing the most recent iteration forward, so we can just reconcile what is in Group 1's input with Group 2's input and make sure they line up.

**Hans Buitendijk**

The other part is that SMART Health Cards from SMART is published. The HL7 FHIR SMART Health Cards and Links are not published, but are in ballot, and HL7 FHIR SMART Health Cards Vaccination and Testing Implementation Guide is not published, so, with the names being similar, it was quite confusing what is actually published, and what is in ballot, and what is available there.

**Bryant Thomas Karras**

But functionally, what I think is key and what we want to be supportive of is that SMART Health Cards have been out and in use, and have successfully integrated HL7 data directly into people's smartphones, which is the other kind of "smart" we are dealing with here, successfully since the early days of the pandemic, and I think we really want to support it moving forward.

**Hans Buitendijk**

The question is if we can do that consistently in a certified manner without the HL7 FHIR SMART Health Cards Vaccination and Testing Implementation Guide that is not published or in ballot. It is unclear where that sits. That is the concern. Is only certifying to SMART Health Cards going to get us to where we want to be without the vaccination implementation guide (IG), unless it is published? We have a concern that ramping it up wider through certification may yield inconsistency that the IG is helping prevent.

**Mark Sendak**

Just to keep us moving, ASTP folks, I do not think it makes sense in this cell to write anything about reconciling with Group 1, but how do we make sure to flag that for the conversation I think we will have on Wednesday?

**Sara McGhee**

I will make a note to flag this, and also to follow up. Hans, I did follow up with the Office of Technology (OTECH) about the SMART Health Immunization, but we had some people out, so we are still working on it, but we should be able to get you some clarification on that soon, hopefully. Mark, I will make a note to flag this for discussion either tomorrow or Thursday. Would you like me to scroll to the next topic?

**Mark Sendak**

I just want to make sure. So, for this one, other than clarifying SMART versus HL7 FHIR SMART and then reconciling with Group 1, are there any comments on changing the text that is in here?

**Steven Eichner**



This is Steve. In general, maybe we need to figure out a way of reconciling different labels, not for us to do, but recommend that ONC work with stakeholders to resolve labeling so it is not a continuing issue.

**Mark Sendak**

I will add some text recommending that ASTP work with stakeholder groups to normalize...

**Steven Eichner**

Or reconcile naming conventions across different implementations of SMART concepts. Something like that.

**Mark Sendak**

I added that sentence at the top.

**Steven Eichner**

I have been really confused for a long time about what "SMART" means.

**Mark Sendak**

I feel like I am in good company, at least.

**Bryant Thomas Karras**

I have a friendly amendment, Mark. I would change it from "stakeholders" to "partners."

**Mark Sendak**

Perfect.

**Bryant Thomas Karras**

In some cases, the people that they need to work with are the actual authorities.

**Mark Sendak**

Okay. So, let's move on to Row 5. You can scroll down, Sara. This is about resolving for bulk data queries. Any comments on this text? If not, then we will go to Row 6. I will give folks one last chance. Anything to change for Row 5?

**Steven Eichner**

You still have the overall issue of bulk and subscription not being well tested in the field.

**Mark Sendak**

Are you saying that there needs to be further testing of the bulk data access implementation?

**Steven Eichner**

Yes. There has been so little testing of challenges about bulk and subscription that it is not just a matter of the technical function of the electronic health record (EHR), it is also functionally reliant on what server capacity and network capacity actually exist, and there has been very little real-world testing or demonstration of those activities. So, is it a little too premature to include bulk data in certification criteria, especially without having a factor about volume as an element? What does it mean to certify bulk capacity if you cannot support X number of transactions in a likely time period?

**Mark Sendak**

I added a line about "recommend additional testing." Does that address your concern, Ike?

**Steven Eichner**

I think so. It is not necessarily testing as part of certification, it is testing prior to certification. Are we ready to certify in this space? Has there been enough demonstrable work about bulk transactions to understand the actual impact of operationalizing it? How many systems are deployed and what kind of bulk transactions do they support with their existing hardware? If you are looking at bulk transactions, you need much more hardware capacity. Does anybody have an answer to that? I do not know that much work has been done in that space.

**Mark Sendak**

Okay, I changed the language to "recommend additional testing prior to certification."

**Steven Eichner**

Okay, thank you.

**Mark Sendak**

If this looks good, we will go to Row 6. Let me fix a typo. Any comments on this one? This is about the trust community. If this looks good, we can go to Row 7. I know there was a lot of discussion of this one in our group. I just fixed a typo. Are there any comments about this one?

**Rochelle Prosser**

Is there a thought as to how they would demonstrate a successful connection? Ike, are you looking for a popup or something like that? What are you looking for in these criteria to suggest that they were demonstrating a successful connection? Or did we leave it open just so there is flexibility?

**Mark Sendak**

I think we left it open. If I remember correctly from our subgroup, it was Sheryl who led this one. Hans, do you want to chime in at all?

**Hans Buitendijk**

Yes, I think it was Sheryl who was voicing that, and it would not necessarily be a production, but a successful connection with at least one of the test environments of one of these networks to demonstrate that it can connect and get data back and forth in accordance with that. It is not necessarily operational life, but at least it can demonstrate that in a testing environment. That was the intent from Sheryl's perspective.

**Rochelle Prosser**

Thank you for that.

**Mark Sendak**

Any other comments on this one? Okay. If not, then let's go to Row 8. Any comments on this? Then let's go to Row 10. Sara, can you zoom in again? That way, folks can read in Column J more easily. Thank you.

**Bryant Thomas Karras**

Sorry, I got stuck on mute. On the last one, there was some reference to G20. I want to make sure that is in alignment, and we can double check that tomorrow.

**Mark Sendak**

So, Sara, maybe we just want to also add a note to this one for tomorrow.

**Sara McGhee**

Will do.

**Bryant Thomas Karras**

I think that is a general comment, because the certification work that you are doing does have some overlap with the public health certification, so it is kind of a “duh.” We do not want to conflict with each other.

**Steven Eichner**

Bryant, this is Steve. One of the concerns I had about A20 was what could be the queries that might be requested from public health and how that plays into potential information blocking if there are not bounds on what is supported through the application programming interface (API). In other words, if the API were constrained for public health to any of the published implementation guides, that would give us an opportunity to reasonably respond, but if it is any data query at all that could possibly come through the API, that would become much more complicated for us to support. We do not have a huge technical staff looking at resolving virtually customized API data requests.

**Bryant Thomas Karras**

Absolutely. We will get to that tomorrow. EHR systems have a 10-year head start on us on being ready for all this.

**Mark Sendak**

Maybe I will just change the language to say, “This more modular approach should also be considered and aligned with the G10 and G20 criteria.”

**Hans Buitendijk**

If you were to say “aligned with the PHAs for G20,” I can see and understand Steven’s concern if we have it available on the health information technology (HIT) certified software side by the provider, and if the PHAs still do not have the ability to access that, then we are creating it out of sync, so I think an alignment would be helpful. Also, this is more on the provider side. I think the intent here is to say that G10 and G20, but not for public health specifically, may contain data that certain certified HIT does not need to support, so we just want to be careful that we are asking software, specialized EHRs, etc. to support data that they are not the right source to get from. That was part of the intent behind this comment, to make sure that the modular approach would be helpful to do that as well with G10 and G20 to support the data that you manage.

**Mark Sendak**

Hans, just to make sure I understood the implication of what you were saying, if you see the language now, it says “should be considered in G10 and aligned with G20.” Did you want to change it so it was not saying “aligned with G10 and G20”?

**Hans Buitendijk**

I think it should be looking at it as considered in G10 and G20, and maybe drop the word “aligned with.” That might not be necessary.

**Steven Eichner**

Hans, this is Steve. I have a friendly amendment: “...and reconciled against applicable information blocking requirements.”

**Mark Sendak**

Let me see if I can come up with something.

**Bryant Thomas Karras**

Steve, if you want to drop specific text you want to insert into the chat, that could make it easier.

**Mark Sendak**

How about that? I say “considered in G10 and G20 and reconciled with the relevant information blocking requirements.”

**Steven Eichner**

That is great.

**Mark Sendak**

Okay, we are getting there. Let’s go on to Row 10. Any comments on this one?

**Hans Buitendijk**

Perhaps inserting one extra word after “initial use,” “after initial experience” or “initial use experience,” but using the term “experience” might be a little clearer there.

**Mark Sendak**

Sorry, is this at the top?

**Hans Buitendijk**

It is the first dash. “ASTP/ONC considers the ability to draw on the initial use of...” Use the term “experience” in that sentence.

**Mark Sendak**

“Initial experience”?

**Hans Buitendijk**

Yes. That is just a little bit clearer.

**Steven Eichner**

Hans, is there something in the next bullet down? The first three or four words need to get fixed. I think it reads a little bit peculiarly.

**Mark Sendak**

I think the HIT data holder supporting dynamic...

**Steven Eichner**

Yes, that is better.

**Mark Sendak**

The last bullet, too, has the extra HIT, and a repeated word. I have a question for ASTP folks. Is there any copyediting of our recommendations? If there are repeated words...

**Seth Pazinski**

I would just focus on the content. We will be cleaning these up once we get the final versions for transmittal and for the slides.

**Mark Sendak**

Awesome. Anything else for Row 10 before we go to Row 12? Okay then, let's go to Row 12. I do want to clarify that I do not actually remember who proposed this change. When we say "should be managed by IT," is this IT within the delivery organization or the developer, like the certified developer?

**Hans Buitendijk**

It is the IT development/software, rather than the end user clinician. It does not go back to the developer.

**Mark Sendak**

Can you repeat that, Hans? I am confused. Are you saying it is not the EHR vendor, but the IT group within the delivery organization?

**Hans Buitendijk**

The organization/software, yes. So, the intent is to make sure that it is not necessarily the user clinician, that it can and should be managed without having the end user clinician involved in that. It tries to reduce burden. The way it reads, it sounds like it needed to be down there.

**Steven Eichner**

It is an IT process, not a clinical workflow process.

**Hans Buitendijk**

Right.

**Mark Sendak**

Okay, so I added language to help clarify that. Rochelle, go ahead.

**Rochelle Prosser**

I think you asked the question in the initial framing of who the responsibility went to in managing that, so, thank you.

**Steven Eichner**

Maybe we can refine it **[inaudible] [00:37:51]** should be manned by the IT operations. I would say grouped within the delivery organization because lots of individual providers do not have an IT group.

**Mark Sendak**

Yes. Okay, I will change that.

**Steven Eichner**

"IT operations supporting the clinician" is probably the best way. That way, we are abstracting it far enough that it does not matter, whether to the new organization, HIT vendor, or whomever.

**Mark Sendak**

Cool. So, change that. Okay, let's go to Row 15. Bryant, I just want to confirm. Sara, can you narrow Column J? Perfect. Bryant, does that help? Let me select the column and make sure that we are wrapping. Ah, now row width is messed up. So, let's look at Row 15.

**Bryant Thomas Karras**

You could hide Column A to get a little more space.

**Mark Sendak**

We can probably hide B through D also.

**Bryant Thomas Karras**

D is handy.

**Mark Sendak**

It is helpful? Okay, then let's just hide B and C again.

**Bryant Thomas Karras**

Perfect. Plenty of room now.

**Mark Sendak**

Any comments on Row 15? So, Rochelle, the lines we are skipping did not have edits that were proposed and agreed upon by Group 2. If 15 looks good, let's go to 17.

**Bryant Thomas Karras**

Mark, we had similar comments in our certification criteria. The term "bidirectional" was not specific enough as to which business unit was responsible for what. I think that is a general comment on clarification we need throughout the proposed rule.

**Rochelle Prosser**

Is there something in the preamble that explains what the business-to-business (B2B) is referencing, and if there is something there, do we want to keep it there or do we want to outline it slightly here for example or explanation within the rule or with the flexibility of ONC? I will leave that to ONC to answer.

**Sara McGhee**

I am not sure if we specifically use B2B. I think we do because this is taken from the proposed rule summary, but if you want to make that recommendation, that would be fine.

**Rochelle Prosser**

I think that would be better to recommend or clarify what they mean and leave that with the flexibility of ONC to provide that, whether it is a fact sheet, recommendation, or addition to the rule. Anyone else?

**Mark Sendak**

I will add a line about "recommend adding information about B2B definition."

**Rochelle Prosser**

Thank you.

**Mark Sendak**

Does that address the concern, Rochelle, in Row 17?

**Rochelle Prosser**

Absolutely.

**Mark Sendak**

Cool. Anything else for Row 17?

**Hans Buitendijk**

In the rule, there is a statement on what B2B means, but I would still agree it is helpful to clarify that, because there is the provider, the patient, and the B2B. What is really the difference when used? Just spell it out somewhere.

**Mark Sendak**

Let's go to Row 20.

**Hans Buitendijk**

Should this be synced in the same fashion? J22 is being used in other places, and we are making a comment in F1, and there was one about health guards in one other place. I believe it was G20. They should be related and consistent with each other. I am not sure whether they already are. So, it has indicated that it is optional in G10, and then there are some comments that would indicate that we have some concerns about adoption depending on what it is, or that we would like to, but need some more guidance, particularly around F1. I am not sure whether we are totally aligned between the three places where this came up.

**Mark Sendak**

Just to make sure I understand, we recommend aligning across... Did you say F1? What were the other two, Hans?

**Hans Buitendijk**

In F1, we have comments around health cards and vaccination, and then, I believe the other one was G10, where the comment was in Group 2, and this was J22, which I believe was only referenced in F1. That is the confusing part with these three: How much they address each other.

**Mark Sendak**

Okay, so I just added that to the end of Row 20.

**Hans Buitendijk**

So, just to double check, make sure that they are synced.

**Bryant Thomas Karras**

Thanks, Hans, and again, I think we are at that issue of SMART Health Cards versus SMART Health Links. We can table that. I do not want to get us more behind.

**Mark Sendak**

Okay, so let's go to Row 25. So, I think Rows 25 through 30 all have similar recommendations, so maybe we can do that whole chunk together. Any feedback for 25 through 30? Okay, how about 31? I think this is also about mostly language improving the clarity.

**Bryant Thomas Karras**

I am strongly supportive of the change you guys made because to me, "client" does not necessarily specify "provider," so I like the change.

**Mark Sendak**

Perfect. Sara, because Row 33 is black and not green, I am thinking... I see that I made a note here for Hans and Steven to clean up the language. Hans and Steven, did you have a chance to do that, or, if not, is there anything you want to do to that now? I just want us to keep that moving forward.

**Hans Buitendijk**

Ike did the cleanup.

**Steven Eichner**

He did? Okay, let's change that to green. Any comments from others on the call about Row 33?

**Mark Sendak**

Can you narrow E a bit again? I am losing the edge of it. Maybe it is just my screen.

**Hung S. Luu**

Are we still displaying? I cannot see the Excel sheet.

**Mark Sendak**

Yes, we are, Hung. I see it, and I am assuming that others on the call see it, or do you not?

**Bryant Thomas Karras**

I see it, Mark.

**Rochelle Prosser**

I see it.

**Mark Sendak**

Hung, I am not sure how your displays are set up.

**Hung S. Luu**

It was working, but now, all I see are the speakers, and I do not see this little sheet. I am going to try to rejoin and see if that works.

**Mark Sendak**

Yes, you can try in the top right again with "view gallery." The person whose screen is sharing right now is Sara McGhee. Any other comments on Row 33? There are a lot of empty lines. Okay, let's go to 34. I may try to go a little faster because we have eight minutes and probably another 10, but we are getting there. Any comments on 34?

**Rochelle Prosser**

Mark, if we get through my sections a little faster, I am happy to circle back.

**Mark Sendak**

Sounds good. Okay, if 34 looks good, let's go to 35. Sorry, what is IDP? I probably wrote this, but I have already forgotten.

**Rochelle Prosser**

Is that ID and password? That is what I am thinking it means, with multifactor identification, which would be one of those apps that provide multifactor with the passcode and a code you have to put in. So, I assume it means ID and password.

**Mark Sendak**

I just changed that. IDP looks like it could also be identity provider with that spelling.

**Rochelle Prosser**



ONC, can you help us clarify?

**Sara McGhee**

I am not sure what Mark might have meant with this, but I can look in the rule quickly while you all discuss and see if we used that particular phrase.

**Bryant Thomas Karras**

It may be something that is referenced in full text in the hidden columns now.

**Rochelle Prosser**

As a tech builder, I am also thinking of some of the workarounds that we have when somebody does not have a smartphone and cannot access a cellular application or web browser application. They would be using their own email ID or created ID and a password they are bringing with them. That is my understanding from looking at APIs and using multiple-factor authentication.

**Hans Buitendijk**

I am trying to find the text as well to get more clarification. Indeed, if they bring their own, it might not work with the multifactor authentication capabilities that were certified to, so I think we just need to make sure that that aligns. Otherwise, it might not work.

**Rochelle Prosser**

Can we move on from this one while we clarify so we have an abundance of time?

**Mark Sendak**

Yes. So, we will go to 36. Any comments on that one?

**Rochelle Prosser**

Oh, I wholeheartedly agree.

**Mark Sendak**

Then let's go to 38.

**Sara McGhee**

This is Sara from ASTP. If we cannot figure out IDP in this meeting, I can go back and try to figure out the discussion from the previous meeting to identify it, if that is helpful.

**Mark Sendak**

That would be super helpful. Thank you, Sara.

**Rochelle Prosser**

We have the same issue here, Mark. Do you remember what ePA is?

**Mark Sendak**

That is electronic prior auth.

**Rochelle Prosser**

Okay, that is what I thought. I just wanted to be sure.

**Mark Sendak**

Okay, I will spell that out. So, if there are no comments for 38, let's go to 39. Thirty-nine and 40 are actually very similar, so we will do both of those together. Those look good. Let's go to 42. Any comments on 42?

**Rochelle Prosser**

So, I live in one of these states. Nevermind. This is an offline topic. I will go look it up for myself. Thank you.

**Mark Sendak**

Thank you, Rochelle. So then, we will go to 45.

**Sara McGhee**

These were global comments and recommendations that were added by Group 2 that do not tie to a particular proposal, just for the group's awareness.

**Mark Sendak**

We have three of them: 45, 46, and 48. Oh, you did change that. If there are no comments for 46, let's go to 48. This is similar to the ones above. Just to note for ASTP staff, if you want to tie these together, I am sure that would improve clarity. Okay, we are at noon. I think we are done for Group 2.

**Bryant Thomas Karras**

Wow. Mark, you are amazing!

**Rochelle Prosser**

Great job, and thank you to Kris. I understand you have to leave at noon, so, thank you for your input. This was wild, Mark. You had a lot.

**Mark Sendak**

Thank you, everybody. It has been a few [inaudible] [00:56:48].

[Task Force Recommendation Worksheet \(Group 3\) \(00:56:58\)](#)

**Rochelle Prosser**

All right, I guess it is my turn. So, if we can scroll, we did not organize our spreadsheet like yours, Mark, but we have the rule in E, and maybe we can compress E to put it right beside J, and then go, just for the sake of time. Go ahead, Sara.

**Sara McGhee**

I did not say anything. Sorry about that.

**Rochelle Prosser**

That is all right. All right. So, for the purpose of this spreadsheet, if the entire column in J or the item is in green, the group came to consensus, so we have just left it as a recommendation. Ooh, that is really tiny, Sara. Okay, that is great. So, for the purpose of Row 2 in Section J, are we in agreement? Can we put a timer, please? Thank you. Can we slide it a little bit to the right? We have cut off a few words. There we go. Oh, too much. Can we shrink J a little bit? Thank you, Ben. Thank you, Bryant. Are there any comments on Row 2 in Column J? All right, I will take your silence as agreement. So, we can come to agreement on that, paint it green, and clean it up. All right, Row 3. Basically, we support the proposal. Row 3? Can we start the timer again? Thank you. Two minutes is good. All right, I am not seeing any hands.

Can we go on to Row 4? So, in Row 4, we have a few suggestions, but we came into agreement on the workgroup recommending that ASTP add explicit language that any actor who acts in good faith to adopt an expansive interpretation of “reproductive care” is covered in protecting care access. Does anyone have any comments on Row 4? No? Okay, we can make that green, and the other recommendations as well. Going on to Row 5, is everyone in agreement, or does anyone have any comment on Row 5? Can we put up a two-minute timer, Accel? Ben or Accel, can we start a timer? Maybe we do not need one.

**Ben Dixon**

The timer is going. We are at 1:48.

**Rochelle Prosser**

It is not showing on my end. No worries. If there is no comment, we will make that green, and then we will go to Row 6. We generally adopted the Trusted Exchange Framework and Common Agreement (TEFCA) manner exception request. Did anyone else have comments on that, just adopting the language?

**Derek De Young**

I think Row 6 is just the general support. Are you looking at Row 7, Rochelle?

**Rochelle Prosser**

I think Row 6 was the general support, and that is where I am right now.

**Derek De Young**

All right, perfect. Sorry, I misunderstood you.

**Rochelle Prosser**

No worries. I do not see any comments for Row 6. Can we go down to Row 7, please? Bryant, can you see it? Is that large enough for you?

**Bryant Thomas Karras**

That is perfect.

**Rochelle Prosser**

Perfect, all right. Restart the timer for this one, please. It is requester preference exception.

**Ben Dixon**

The timer is going.

**Rochelle Prosser**

Okay, thank you. I am not seeing any hands. All right, we will stop the timer and go on to Row 8.

**Bryant Thomas Karras**

Sorry, are you turning 7 green?

**Rochelle Prosser**

Yes, we are turning 7 green, since we do not see any comments or hands up. We will move on for the sake of time. Row 8 was a general consensus that we would accept the privacy exception. Could we start the timer at one minute for this one? Ben? Oh, there it is. Okay. Thank you, Ben. Okay, I will say that is green with the whole group. For Row 9, we have eight minutes to discuss this part here. Ben, you might want to make E a little bit wider and J a little bit narrower so we can just see the comments in J. Row 9 was very big for the TEFCA exchange

framework, so I will defer to ONC to help clean up the comments after. It is a very long one, so I wanted to have a full eight minutes. When you are done, Ben, do you want to start the timer and somehow show Column J? Yikes.

**Ben Dixon**

Is that still legible for everybody?

**Rochelle Prosser**

It is legible, but we have lost part of J, so can you make J narrow?

**Ben Dixon**

Okay, got it.

**Rochelle Prosser**

The other side of J. Go to the other side. There we go.

**Bryant Thomas Karras**

Bring it way in.

**Rochelle Prosser**

That is good. Now we can scroll over.

**Bryant Thomas Karras**

We will have to undo that for the next one. Is all of E now visible, or is there a scroll hidden?

**Ben Dixon**

Yes, all of E is visible.

**Bryant Thomas Karras**

Great.

**Ben Dixon**

Let me know if you guys want to zoom in. If it is too small, just let me know, and we can move back and forth. Thank you for bearing with me on that.

**Rochelle Prosser**

No, that is fine, Ben. We had time. Do not forget to start the timer, please. It is a lot to read. I just wanted to make sure that we had some consensus. Thank you, Ben. So, while we are reading, does anyone have thoughts or recommendations based on our feedback? We can take out the line "workgroup assigned to Hans, Ike, and Kris." They definitely did provide their feedback. Thank you, Ben. Are there any comments on the reference to Recognized Coordinating Entity® (RCE™) in Column E? This is a large piece of legislation. I just want to make sure everyone is in agreement. I do not see any hands at all, and no comments in the chat. For the sake of time and allowing Mark to go back over anything he wanted clarification on, we will restart the timer and go to Line 10. We chose to adopt Section 10, and Ben, can you undo everything or move over to the right, please? Oh, Mark, are you good? All right. So, we proposed updating the word "surveillance" to "oversight." That was the only change that we asked to be made here. We do not want anyone to think we are spying on them.

**Bryant Thomas Karras**

Yes, or get it confused with public health surveillance.

**Rochelle Prosser**

Correct. Ben, can you scroll to the left just a little bit to show the comment? There we go. It is just administrative updates. Thank you, Ben. I am not sure if we are going to need five minutes. It is just reading through the different proposals. So far, does anyone have any comments? Go ahead.

**Bryant Thomas Karras**

I am trying to find the surveillance reference. Which point is it in?

**Rochelle Prosser**

What section was that? All right, that section... Let's see. The second bullet under the rule number, "Expand ACB's responsibilities."

**Bryant Thomas Karras**

Yes, so it truly is not surveillance.

**Rochelle Prosser**

No, it is not surveillance.

**Bryant Thomas Karras**

So, we might want to put in...

**Rochelle Prosser**

We recommended... What was the word? "Overview"? Can you go to J a little bit more, and then to the right?

**Steven Eichner**

The word was "oversight."

**Rochelle Prosser**

Yes, "oversight." Instead of "surveillance," it is "oversight," and I think that is a better framing.

**Bryant Thomas Karras**

So, just a single word replaced? Is that all we changed?

**Rochelle Prosser**

Yes, that one sentence.

**Steven Eichner**

Changing it to "oversight" helps resolve any issues or potential confusion with public health surveillance activities without having to go to any greater explanation.

**Bryant Thomas Karras**

Yes, and "surveillance" is used again in the next sentence, too, so it is in both places. In the transmittal, you might want to put the full [inaudible] [01:13:08] that we recommend to that.

**Rochelle Prosser**

Great callout.

**Bryant Thomas Karras**

Oh, three times. I see it again.

**Rochelle Prosser**

Three times, yes. It is anywhere we are talking about ACB responsibilities. I am not seeing it anywhere else in this. It is just for that second bullet after the rule number. Okay, if there is nothing else, this concludes Section 3. Back to you, Seth.

**Seth Pazinski**

All right, let's have a celebratory clap! I appreciate everyone rapidly rifling through the Group 2 and 3 recommendations. Just given how close we are to public comment, if it is okay with the chairs, I suggest we move to public comment, and then we can circle back on some of the Group 2 recommendations with any remaining time.

**Rochelle Prosser**

That is fine with me.

[Public Comment \(01:14:36\)](#)

**Seth Pazinski**

All right, then we are going to move to the public comment portion of the agenda. If you are participating on Zoom today and would like to make a public comment, you can use the raise hand function, which is located on your Zoom toolbar at the bottom of your screen. If you are participating by phone only today, you can press \*9 to raise your hand, and once called upon, you can press \*6 to mute and unmute your line. As we give folks a few seconds to queue up, I will just give a reminder that we have two more full HTI-2 Proposed Rule Task Force meetings this week, and so, our next task force meeting is tomorrow, September 4th, and we will be starting at 11:00 a.m. Eastern Time and running through 12:30 p.m. Eastern Time. As a reminder, all materials for the HITAC will be available on HealthIT.gov, including the materials shared for today's call. So, we have no one on the line, and I do not see any hands raised in the Zoom either, so I am going to turn it back to you, Mark, and ask Sara if you can go back to screen-sharing the Google doc for Group 2.

[Next Steps \(01:15:53\)](#)

**Mark Sendak**

Seth, I do not think we need any more time. We actually got through everything.

**Seth Pazinski**

Okay, great. All right, then can just go back to the co-chairs to talk about any next steps.

**Bryant Thomas Karras**

I feel really challenged. You guys did such a great job, and now we still have a ton to get through on the public health side.

**Rochelle Prosser**

I had some time added time in for tomorrow which I will be gladly relinquishing to you. I want to propose a thought for the ones that you were not able to comment on, Mark. Is there any way that the group could look at it using my time that I had yesterday, or at least touch on it a little bit for the ones that you had not even addressed for the grade lines that you did not have time for?

**Bryant Thomas Karras**

I feel like if we do have some found time, and thank you guys so much, maybe we spend some time in the general comments as well, or make sure that we figure out a way that they can be... One challenge with overarching comments is that it is sometimes hard for ASTP to incorporate them into a final rule, so we may need to think carefully through where those overarching or general comments get made or proposed.

**Rochelle Prosser**

Because your section is there Bryant, and it is rather large, if we have an abundance of time for Mark's section that did not get addressed at all, but are proposed rules that came down, if we are able to do at least a high-level review as a takeaway tonight for the group to go into Section 2, and where there is not a green agreement for the entire team, we could see if we could help you come to agreement there, Mark.

**Bryant Thomas Karras**

My motivation is to go faster so we have time to come back to those.

**Mark Sendak**

Let's discuss during the debrief because we did prioritize the areas where there was active feedback.

**Rochelle Prosser**

It is just that two of the ones that were there actually affect my section, so that is why I am a little bit more reticent to say we should take a swing at it, but we can certainly take that offline. I open it up to the floor if there is anyone that would just show by a raised hand that they would be interested in some homework on Section 2 for the gray section.

**Bryant Thomas Karras**

The same could be true for public health, which has obvious overlap between G10 and G20. There may be things that, given time, public health would like to add a level of detail into the certification process so that some of the content validation gets brought down to a better level. Real-world certification, as they say.

**Rochelle Prosser**

Yes, I concur. All right, I did not see any hands, so we will talk a bit offline in the next meeting for the co-chairs. Thank you. For next steps, could we go to the next slide, please? We will have an upcoming meeting tomorrow from 11:00 a.m. to 12:30 with the full task force to talk about Bryant's section under the first portion of the rule with the policy. We will meet again on 9/5 from 11:00 a.m. to 12:30 to discuss again the rest of Bryant's work. They had a day and a half, and I had some portion in 9/4 as well that I will concede, and we will have a full HITAC meeting where we will deliver the full task force recommendations to HITAC by 9/12. Next slide, please. All right, Seth, since there are no questions, I will hand it back to you with six minutes left.

**Seth Pazinski**

All right, thank you, everyone. Just as a highlight and conclusion as we work through the next two days on the task force meetings, based on the set of recommendations that are approved through the full task force, ASTP will support the co-chairs in transitioning those into a set of slides and a transmittal letter, and that will be the final output from the task force, and that is what the co-chairs will be presenting at the September 12th meeting for consideration of the full Health IT Advisory Committee, and ultimately a vote for approval of those recommendations to proceed on to ASTP. So, I just wanted to give a little bit of a highlight there on what to expect once the task force concludes in coming to agreement on the recommendations in the Google doc. With that, unless there are any other final comments from Mark, Bryant, or Rochelle, we can adjourn the meeting.

[Adjourn \(01:22:12\)](#)

## Questions and Comments Received Via Zoom Webinar Chat

Katrina Miller Parrish: That's great - would add lab results date and time!

Bryant thomas Karras: please adjust zoom a bit

Bryant thomas Karras: maybe narrow column J

Jim Jirjis: Jim Jirjis Joining late due to conflict earlier

Rochelle Prosser: Hello Jim

Steven Eichner: Yes, we did not want there to be confusion with public health surveillance activities.

Mark Sendak: Good with me

## Questions and Comments Received Via Email

No comments were received via email.

## Resources

[HTI-2 Proposed Rule Task Force 2024](#)

[HTI-2 Proposed Rule Task Force 2024 - September 3, 2024, Meeting Webpage](#)

Transcript approved by Seth Pazinski, HITAC DFO, on 9/30/24.