

## Overview of TEFCA

The 21st Century Cures Act (Pub. L. 114-255, Dec. 13, 2016) (Cures Act) authorizes the National Coordinator to develop or support a trusted exchange framework, including a common agreement among health information networks (HINs) nationally. The Trusted Exchange Framework and Common Agreement™ (TEFCA™) has three goals: (1) to establish a universal governance, policy, and technical floor for nationwide interoperability; (2) to simplify connectivity for organizations to securely exchange information to improve patient care, enhance the welfare of populations, and generate health care value; and (3) to enable individuals to gather their health care information.

Read more about [TEFCA](#).

## TEFCA Proposals in HTI-2 Proposed Rule

### TEFCA Proposals in Part 171

In the preamble discussion for information blocking, we propose that it would **not** be an interference for TEFCA Qualified Health Information Networks™ (QHINs™), Participants, or Subparticipants to comply with required provisions of the Common Agreement and the incorporated TEFCA Terms of Participation and TEFCA Standard Operating Procedures, respectively.

### *Why Is ONC Making This Change?*

This proposal is intended to provide assurances to information blocking actors who choose to participate in TEFCA that complying with the requirements of TEFCA as a QHIN, Participant, or Subparticipant would not be considered an interference for purposes of the information blocking definition. We believe providing such assurance supports the policy goals of the Cures Act and information blocking by advancing interoperability and expanding secure access, exchange, and use of electronic health information.

### TEFCA Proposals in Part 172

We propose to add a new part, part 172, to subchapter D of title 45 of the Code of Federal Regulations to implement certain provisions related to TEFCA that will establish the qualifications necessary for an entity to receive and maintain designation as a QHIN capable of trusted exchange pursuant to TEFCA. More specifically, the proposals in each subpart cover the following topics:

- Subpart A: We propose the statutory basis, purpose, and scope of the TEFCA provisions; the applicability of the TEFCA provisions; and relevant definitions.
- Subpart B: We propose requirements related to the qualifications needed to be designated as a QHIN.
- Subpart C: We propose QHIN onboarding and designation processes.
- Subpart D: We propose Recognized Coordinating Entity® (RCE™) and QHIN suspension rights, notice requirements for suspension, and requirements related to the effect of suspension.
- Subpart E: We propose RCE and QHIN termination rights, notice requirements for termination, and requirements related to the effect of termination.
- Subpart F: We propose to establish QHIN appeal rights and the process for filing an appeal to ONC.
- Subpart G: We propose requirements related to QHIN attestation for the adoption of TEFCA.

### ***Why Is ONC Making These Changes?***

ONC believes that certain provisions (subparts A-F above) related to receiving and maintaining QHIN designation should be implemented through regulation to support QHIN appeals to ONC and to strengthen TEFCA's viability moving forward.

Subpart G, which proposes a process for QHINs to attest to the adoption of TEFCA, is required to be established through notice and comment rulemaking per section 3001(c)(9)(D)(ii) of the PHSA.



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Disclaimer: This fact sheet describes select proposals in the Health Data, Technology, and Interoperability: Patient Engagement, Information Sharing, and Public Health Interoperability (HTI-2) Proposed Rule. While every effort has been made to ensure the accuracy of this fact sheet, it is not a legal document. Please refer to the HTI-2 Proposed Rule for full details of each proposal.

