



February 20, 2026

Thomas Keane, MD, MBA  
Assistant Secretary for Technology Policy, National Coordinator for Health  
Information Technology  
Department of Health and Human Services  
Mary E. Switzer Building, Mail Stop: 7033A  
330 C Street SW  
Washington, DC 20201

**Attention: Health Data, Technology, and Interoperability: ASTP/ONC  
Deregulatory Actions to Unleash Prosperity Proposed Rule, RIN 0955-AA09**

Dear Dr. Keane:

Thank you for soliciting feedback on the proposed regulations issued by the Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (ASTP). We appreciate the agency's efforts to harmonize current and future health information technology (IT) standards to improve interoperability, and we urge ASTP to consider input on strengthening the ONC Health IT Certification Program to improve public health data reporting.

The Pew Charitable Trusts (Pew) is an independent, nonpartisan research and policy organization dedicated to serving the public. Specifically, Pew's public health data improvement project conducts research, provides technical assistance, and advocates for policies, resources, and public health department best practices to enable the rapid and effective use of health care data to improve outcomes and advance Americans' health and well-being.

## **COMMENTS ON THE REMOVAL OF INSIGHTS CONDITION AND MAINTENANCE CERTIFICATION REQUIREMENTS**

**Pew urges ASTP to maintain the “Immunization Administrations Electronically Submitted to Immunization Information Systems [IIS] through Certified Health IT” measure.** This “Insights Condition” measure was designed to enable ASTP to quantify the extent to which health care providers are using certified health IT to electronically send critical health data to public health agencies. Unfortunately, survey-based data collected by ASTP to capture similar information does not provide a complete picture since that data is limited by sample size and does not capture comprehensive detail on the actual use of electronic health records (EHRs) to send immunization information to public health agencies.<sup>1</sup>

The potential removal of this measure impedes federal, state, and local efforts to assess and improve public health and clinical data exchange. Public health agencies rely on immunization data to evaluate how protected their communities are against specific vaccine-preventable illnesses and informs practitioners’ awareness and response to population-level threats.<sup>2</sup> Using EHRs to automatically report immunization administrations improves the timeliness, completeness, and accuracy of the data public health agencies receive.<sup>3</sup> Moreover, data provided by health IT developers on the measure could enable federal agencies, public health agencies, and health IT developers to better quantify this data exchange, understand reporting gaps, and identify areas where more resources are needed. As a measure that would provide critical data on public health reporting, and one that could inform other federal measures or incentives to assess and improve the exchange of immunization data, it is imperative that ASTP collect and disseminate this information from vendors of certified health IT.

## **COMMENTS ON REVISIONS TO THE “TRANSMISSION TO PUBLIC HEALTH AGENCIES – ELECTRONIC CASE REPORTING” CERTIFICATION CRITERIA**

**Pew recommends that ASTP retain the previous adoption of consensus-based, industry-developed standards for electronic case reporting (eCR) finalized in Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing (HTI-1).**<sup>4</sup> The systematic use of eCR enables public health agencies to receive timely data to monitor disease

trends and efficiently manage disease outbreaks.<sup>5</sup> Pew disagrees with ASTP's proposal to reverse certification criteria to a functional requirement only. Movement away from standards for eCR will reduce efficiency and increase the burden on both senders and receivers of electronic case reports by creating a lack of uniformity in how this data is formatted and structured. In fact, standards-based eCR improves interoperability between health care and public health systems by creating consistency in the data elements shared for the creation of a case report.<sup>6</sup> Adopting standards for eCR is critical to improving data quality, timeliness, and completeness of case reports sent to public health agencies, facilitating faster disease detection, prevention, and response.

#### **COMMENTS ON THE WITHDRAWAL OF THE PROPOSAL OF NEW CERTIFICATION CRITERIA FOR HEALTH IT MODULES SUPPORTING PUBLIC HEALTH DATA EXCHANGE**

Pew remains supportive of certification criteria for health IT for public health. Public health agency adoption of such criteria could advance the bidirectional exchange of high-quality, timely, and actionable health information. However, adoption of these criteria could prove challenging since public health agencies have long faced underinvestment in infrastructure.<sup>7</sup> The withdrawal of the proposal of new certification criteria for health IT for public health presents an opportunity for ASTP and other federal agencies to assess the potential impact of the certification criteria and take key steps to support its successful implementation. Informed by a discussion with several public health organizations in June 2024,<sup>8</sup> **Pew recommends the following actions be taken by ASTP and other federal partners, such as the Centers for Disease Control and Prevention, prior to any future requirements or incentives for public health agencies to adopt new certification criteria for health IT for public health:**

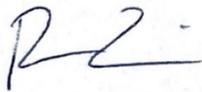
- Conduct and publish a comprehensive analysis, inclusive of the financial impact, of public health IT certification prior to requiring certification.
- Consider prioritizing new certification criteria for immunization information, reportable laboratory test values/results, and electronic case reporting. The standards referenced in the HTI-2 proposed rule for these criteria are widely used by EHRs and would support bidirectional exchange of key public health data. Given that HTI-2 proposed a phased timeline for shifting to Fast Healthcare Interoperability Resources (FHIR) as the only

standard for eCR functionalities for health IT for public health, Pew further recommends that ASTP provide ample time, technical support, and resources for public health agencies to feasibly transition from Clinical Document Architecture (CDA).

- In line with recommendations made by CDC's Advisory Committee to the Director Data and Surveillance Workgroup, use a phased approach starting with guidance and requirements before advancing to certification.<sup>9</sup> A phased approach would help meet public health jurisdictions where they are and keep everyone moving forward.
- Provide significant and sustained investment to support the people, process, governance, and technology associated with certification.
- Provide educational resources, training, and technical support to state, tribal, local, and territorial public health agencies in meeting certification requirements.

Thank you again to HHS for the opportunity to provide input. Please contact Kyle Kinner ([kkinner@pewtrusts.org](mailto:kkinner@pewtrusts.org)) in our Government Relations department for additional information or questions.

Sincerely,

A handwritten signature in black ink, appearing to read 'RL', with a horizontal line extending to the right.

Ruth Lindberg  
Project Director, Public Health Data Improvement  
The Pew Charitable Trusts

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<sup>1</sup> “Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing (Proposed Rule).” 88:74 Fed. Reg. 23746 (April 18, 2023).

<sup>2</sup> Centers for Disease Control and Prevention (CDC). Immunization Information Systems Resources. May 17, 2024. Accessed January 30, 2026 at: <https://www.cdc.gov/iis/about/index.html>; American Immunization Registry Association, “AIRA Annual Report 2025,”

[https://aira.memberclicks.net/assets/docs/Organizational\\_Docs/AIRA%202025%20Annual%20Report.pdf](https://aira.memberclicks.net/assets/docs/Organizational_Docs/AIRA%202025%20Annual%20Report.pdf); The Pew Charitable Trusts, State Public Health Data Reporting Policies and Practices Vary Widely. December 2024; accessed January 30, 2026 at: <https://www.pew.org/-/media/assets/2024/12/state-public-health-data-reporting-policies-and-practices-vary-widely.pdf>.

<sup>3</sup> Guthrie S. Birkhead et al., “Uses of Electronic Health Records for Public Health Surveillance to Advance Public Health” *Annual Review of Public Health* 36 (March 2015):345-59, <https://www.annualreviews.org/doi/pdf/10.1146/annurev-publhealth-031914-122747>; Mary A. Woinarowicz and Molly Howell, “The impact of electronic health record (EHR) interoperability on immunization information system (IIS) data quality,” *Online J Public Health Inform* 8, no.2 (2016):e61715; Katie Greene, Katie Huber, Mark McClellan, “Improving Immunization Information Sharing to Support Targeted COVID-19 Vaccination Outreach,” July 2021. Accessed January 30, 2026 at: <https://healthpolicy.duke.edu/publications/improving-immunization-information-sharing-support-targeted-covid-19-vaccination>; Centers for Disease Control and Prevention (CDC). Progress in immunization information systems—United States, 2009. *MMWR Morb Mortal Wkly Rep.* 60, no.1 (January 14 2011):10-12.

<sup>4</sup> “Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing (Final Rule)” 89:6 Fed. Reg. 1192 (January 9, 2024).

<sup>5</sup> Centers for Disease Control and Prevention (CDC). Electronic Case Reporting (eCR). December 31, 2025. Accessed February 2, 2026 at: <https://www.cdc.gov/ecr/php/about/index.html>.

<sup>6</sup> APHL Informatics Messaging Services Platform. EHR Implementers – eICR Creation, Validation, & Standards. Accessed February 2, 2026 at: <https://ecr.aimsplatform.org/ehr-implementers/eicr-creation-validation-standards/>

<sup>7</sup> Vivian Singletary et al., “Modernizing Our Nation’s Public Health Information System: Toward an Integrated Approach.” *Journal of Public Health Management & Practice* 27 no. 5 (September/October 2021):521-525, [https://journals.lww.com/jphmp/fulltext/2021/09000/modernizing\\_our\\_nation\\_s\\_public\\_health\\_information.13.aspx](https://journals.lww.com/jphmp/fulltext/2021/09000/modernizing_our_nation_s_public_health_information.13.aspx); The Pew Charitable Trusts, “Closing Gaps in Data-Sharing Is Critical for Public Health: Updated federal strategy could also ease burdens on agencies, providers,” June 20, 2024. Accessed January 29, 2026 at: <https://www.pewtrusts.org/en/research-and-analysis/articles/2024/06/20/closing-gaps-in-data-sharing-is-critical-for-public-health>.

<sup>8</sup> Participants in the discussion included individuals representing the Council of State and Territorial Epidemiologists, the Association of State and Territorial Health Officials, the National Association of County and City Health Officials, Big Cities Health Coalition, The Association of Public Health Laboratories, and the American Immunization Registry Association.

<sup>9</sup> Centers for Disease Control and Prevention Advisory Committee to the Director Data Surveillance Workgroup, Data and Surveillance Workgroup Report. Centers for Disease Control and Prevention: Atlanta GA; 2022. Accessed January 30, 2026 at: <https://web.archive.org/web/20250131181003/https://www.cdc.gov/about/pdf/advisory/dsw-recommendations-report.pdf>.