

2025 Current Fiscal Year Report: National Committee on Vital and Health Statistics

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1. Department or Agency

Department of Health and Human Services

2. Fiscal Year

2025

3. Committee or Subcommittee

National Committee on Vital and Health Statistics

3b. GSA

Committee No.

965

4. Is this New During Fiscal Year?

No

5. Current Charter

01/22/2024 01/22/2026

6. Expected Renewal Date

7. Expected Term Date

8a. Was Terminated During Fiscal Year?

No

8b. Specific Termination Authority

8c. Actual Term Date

9. Agency Recommendation for Next Fiscal Year

Continue

10a. Legislation Req to Terminate?

Not Applicable

10b. Legislation Pending?

Not Applicable

11. Establishment Authority

Statutory (Congress Created)

12. Specific Establishment Authority

42 U.S.C. 242k

13. Effective Date

07/23/1974

14. Committee Type

Continuing

14c. Presidential?

No

15. Description of Committee

Scientific Technical Program Advisory Board

16a. Total Number of Reports

No Reports for this Fiscal Year

17a. Open

0

17b. Closed

0

17c. Partially Closed

0

Other Activities

0

17d. Total

0

Meetings and Dates

No Meetings

	Current FY	Next FY
18a(1). Personnel Pmts to Non-Federal Members	\$0.00	\$0.00
18a(2). Personnel Pmts to Federal Members	\$0.00	\$0.00
18a(3). Personnel Pmts to Federal Staff	\$0.00	\$0.00
18a(4). Personnel Pmts to Non-Member Consultants	\$0.00	\$0.00
18b(1). Travel and Per Diem to Non-Federal Members	\$0.00	\$0.00
18b(2). Travel and Per Diem to Federal Members	\$0.00	\$0.00
18b(3). Travel and Per Diem to Federal Staff	\$0.00	\$0.00
18b(4). Travel and Per Diem to Non-member Consultants	\$0.00	\$0.00
18c. Other(rents,user charges, graphics, printing, mail, etc.)	\$0.00	\$0.00
18d. Total	\$0.00	\$0.00
19. Federal Staff Support Years (FTE)	0.00	0.00

20a. How does the Committee accomplish its purpose?

The Committee accomplishes its purpose by holding hearings, conducting workshops and expert roundtable meetings to obtain input from relevant health and health care data stakeholders, conducting analyses and environmental scans, and issuing recommendations to the HHS Secretary, in addition to submitting mandated reports to Congress. NCVHS accomplishes its work through its Subcommittees on Standards; Privacy, Confidentiality and Security; the Review Subcommittee; and the Executive Subcommittee. At present, the Committee also has a Workgroup

on Timely and Strategic Action to Inform ICD-11 Policy. Subcommittee co-chairs organize public meetings and hearings to obtain industry and stakeholder input, analyze input, draft recommendations and findings, guidance, and specific recommendations for the full Committee to deliberate for submission to the HHS Secretary.

20b. How does the Committee balance its membership?

Committee membership is balanced through diversity of expertise, disciplines, geography, age, gender, and racial/ethnic background. Members represent a wide range of perspectives specific to national health information policy working in a broad range of fields: health policy, health statistics, electronic data interchange (EDI) of health care information, electronic health records (EHRs), privacy, confidentiality, and security of electronic information, population-based public health, purchasing or financing health care services, health care delivery systems, integrated computerized health information systems, health services research, quality measurement, patient safety, consumer interests in health information, health data standards, epidemiology, and the provision of health services. Sixteen of the 18 members are appointed by the HHS Secretary to terms of 4 years each. Two additional members are selected by Congress.

20c. How frequent and relevant are the Committee Meetings?

The Committee typically convenes the full membership 3 times a year. Subcommittees meet 1-2 times per year, although frequency is dependent upon the fiscal year budget. The Committee is “specifically directed by law,” and covers a broad range of issues that encompass

national health information policy in order to advise the Secretary.

20d. Why can't the advice or information this committee provides be obtained elsewhere?

Expertise and advice from non-Federal professional disciplines is necessary to address the complex health information policy and methodological issues and concerns confronting the Department. The Committee also has the capacity to take the long view by: identifying and assessing emerging trends in population health, health care, business processes, technology, interoperability, data management, statistics, stewardship and norms; identifying and defining opportunities and threats from emerging trends that will enable or require change to health information and data policies, standards, or regulatory frameworks; and formulating agile, flexible and converging recommendations and long-term strategies to improve health and information and data policy. Essential to its work, the Committee is uniquely positioned to convene stakeholders to take into account real-world perspectives in Committee deliberations to develop recommendations to HHS.

20e. Why is it necessary to close and/or partially closed committee meetings?

N/A

21. Remarks

As noted, the primary charge to the Committee is to advise and make recommendations to the HHS Secretary. Additionally, the Committee's recommendations inform decision-making for data policy by HHS, states, local governments, and the private sector. The Committee convenes diverse public and private stakeholders for the purpose of

gathering information to inform development of recommendations to the Secretary. For example, this year the Committee issued a Request for Information (RFI) to seek written input from the public specific to challenges and benefits of the potential adoption of WHO's International Classification of Diseases 11th Revision (ICD-11). The Committee used this input to inform the final version of its recommendation to HHS regarding an urgent need for a central coordinating entity for planning and adopting ICD-11 in the U.S. 2 special government employees were appointed during fiscal year 2024: John Kelly, appointment start date 05/23/2024 and appointment end date 05/22/2028; Vickie Mays, appointment start date 06/01/2024 and appointment end date 05/31/2028. 3 special government employees are on 180 day extensions: Tammy Banks, appointment start date 07/06/2020 and appointment end date 07/05/2024 is serving until 01/01/2025; James Ferguson, appointment start date 07/06/2020 and appointment end date 07/05/2024 is serving until 01/01/2025; and Valerie Watzlaf, appointment start date 10/16/2020 and appointment end date 10/15/2024 is serving until 04/13/2025.

Designated Federal Officer

Naomi Michaelis Health Scientist, NCHS

Committee Members	Start	End	Occupation	Member Designation
Alton, Angela	05/01/2023	04/30/2027	City of Hope	Special Government Employee (SGE) Member
Donald, Catherine	06/11/2023	06/10/2027	Alabama Department of Public Health	Special Government Employee (SGE) Member

Feenstra Banks, Tammy	07/06/2020	01/01/2025	Providence St. Joseph Health	Special Government Employee (SGE) Member
Ferguson, Jamie	07/06/2020	01/01/2025	Kaiser Permanente	Special Government Employee (SGE) Member
Hodgkins, Michael	05/01/2023	04/30/2027	Healthcare Consultant	Special Government Employee (SGE) Member
James, Ronald	05/01/2023	04/30/2027	Blue Cross Blue Shield Association	Special Government Employee (SGE) Member
Kelly, John	05/23/2024	05/22/2028	Board of Directors Member-Massachusetts Health Data Consortium	Special Government Employee (SGE) Member
Mays, Vickie	06/01/2024	05/31/2028	University of California at Los Angeles, Department of Psychology & Health Services	Special Government Employee (SGE) Member
Wagner, Steven	05/01/2023	04/30/2027	Health Information Enterprise Architect (retired)	Special Government Employee (SGE) Member
Watzlaf, Valerie	10/16/2020	04/15/2025	University of Pittsburgh	Special Government Employee (SGE) Member
Xu, Wu	07/06/2020	01/01/2025	University of Utah	Special Government Employee (SGE) Member

Number of Committee Members Listed: 11

Narrative Description

The National Committee on Vital and Health Statistics (NCVHS) advises the Department of Health and Human Services (HHS) on health data, statistics, privacy, national health information policy, and the Department's strategy to best address these issues. A key

aspect of this work involves advising the Secretary on HHS's implementation of provisions established in health care-related legislation. For the Health Insurance Portability and Accountability Act (HIPAA), the Committee specifically advises HHS regarding adoption of standards, identifiers, and code sets for administrative transactions; privacy and security; a periodic Report to Congress; assists and advises HHS in the implementation of the Administrative Simplification provisions of HIPAA; and informing decision-making on data policy in states, local governments and the private sector. With passage of the 21st Century Cures Act, the Committee coordinates with ONC and the HITAC on national policy for electronic health records (EHRs) standards and administrative data standards. The Committee has worked with the previous Health IT Policy Committee on privacy and security of information entered and maintained in EHRs. As stipulated in the Patient Protection and Affordable Care Act (ACA), the Committee provides advice and guidance regarding operating rules and is designated as the official Review Committee for health care transactions – consisting of standards and operating rules – and advises HHS on opportunities to improve standardization and uniformity in a number of areas. In the past, the Committee has advised the Secretary on standards for ePrescribing under the Medicare Modernization Act (MMA).

What are the most significant program outcomes associated with this committee?

Checked if
Applies

Improvements to health or safety	<input type="checkbox"/>
Trust in government	<input checked="" type="checkbox"/>
Major policy changes	<input checked="" type="checkbox"/>
Advance in scientific research	<input type="checkbox"/>
Effective grant making	<input type="checkbox"/>
Improved service delivery	<input type="checkbox"/>
Increased customer satisfaction	<input type="checkbox"/>
Implementation of laws or regulatory requirements	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/>

Outcome Comments

The Committee is charged with assisting and advising the HHS Secretary on health data, statistics, privacy, and national health information policy, and providing guidance to the Department to develop strategies to address these issues. Trust in government by facilitating communication with the public – this is accomplished through hearings to receive testimony from expert representatives, stakeholders, health care industry, and the public. NCVHS works closely with the healthcare industry as it formulates recommendations on implementation of HIPAA administrative simplification. NCVHS staff regularly update the website to make information clear and accessible to the public. NCVHS meetings, reports and recommendations are also widely and effectively distributed to interested audiences through electronic media such as GovDelivery to provide updates about Committee activity and meeting announcements. The Subcommittees recognize the importance of empowering consumers and patients to both manage their health information and work in partnership with their healthcare providers. Implementation of laws, initiatives or regulatory requirements— NCVHS is statutorily charged with responsibility for providing advice on implementing the HIPAA administrative simplification provisions. It also was named in the Patient Protection and Affordable Care Act (ACA) to provide input to the rulemaking process for additional standards and operating rules. Carrying out its congressionally-mandated roles related to HIPAA and ACA, NCVHS provides advice and guidance to the Department on an ongoing basis. NCVHS has been instrumental in providing input to the Department at both the proposed and final rule-making stages for many regulations associated with HIPAA, including standards for electronic transactions and code sets, privacy and security. NCVHS advises the Department on process and substance in the development and implementation of health data standards. The Committee works with HHS and the health care industry to identify and evaluate existing and emerging industry standards for adoption, develop workable rules, and encourage the participation of all segments of the health industry with implementation of HIPAA standards. NCVHS has influenced the development of a number of information bulletins issued by the Department. As a result of passage of the 21st Century Cures Act, the Committee significantly increased coordination with the HHS Office of the National Coordinator for Health IT (ONC) and the Health Information Technology Advisory Committee (HITAC) on data standards activities to ensure that any new policies issued by HHS take into account NCVHS recommendations.

What are the cost savings associated with this committee?

Checked if Applies

None

☐

Unable to Determine

☒

Under \$100,000	<input type="checkbox"/>
\$100,000 - \$500,000	<input type="checkbox"/>
\$500,001 - \$1,000,000	<input type="checkbox"/>
\$1,000,001 - \$5,000,000	<input type="checkbox"/>
\$5,000,001 - \$10,000,000	<input type="checkbox"/>
Over \$10,000,000	<input type="checkbox"/>
Cost Savings Other	<input type="checkbox"/>

Cost Savings Comments

Not applicable

What is the approximate Number of recommendations produced by this committee for the life of the committee?

268

Number of Recommendations Comments

This fiscal year the Committee produced 2 letters of recommendation to the HHS Secretary. The lifetime sets of recommendations from the Committee, including FY2024 products, is $260 + 8 = 268$.

What is the approximate Percentage of these recommendations that have been or will be Fully implemented by the agency?

25%

% of Recommendations Fully Implemented Comments

Over its 75-year history including the restructuring of the Committee to respond to HIPAA, NCVHS reports and recommendations have received serious attention and consideration from the Department. For example, after publication of the Affordable Care Act in 2010, NCVHS made recommendations to adopt operating rules for eligibility and electronic funds status, and regulations were published for these supporting business rules in 2011 and 2012. In 2023, recommendations submitted by the Committee in 2019 to improve the adoption of standards under HIPAA are now under serious consideration within the Department. In addition, one of the Committee's recommendation letters issued in 2023 may be used to inform development of a regulation on certain operating rules for health care transaction standards. In 2018, NCVHS made recommendations to adopt an updated version of the NCPDP Pharmacy standard (F6) to replace D.O. As of October 2023, that proposed rule is expected to be finalized. Over the years NCVHS had issued recommendations to adopt a standard for attachments. As of December 2022, a proposed rule for that standard was in OMB clearance. A final rule to adopt a standard for claims

attachments may be published in 2024. In 2022, NCVHS encouraged HHS to publish its proposed rule to adopt FHIR-based APIs to improve the prior authorization process. That final rule was published in January 2024. Previously the Committee recommended that HHS publicize HIPAA enforcement activities. The Department continues to publish enforcement statistics on the CMS website to inform industry that the federal government effectively implements the complaint process. In 2017, NCVHS submitted a letter to the Secretary that recommended that HHS rescind the Health Plan Identifier (HPID). In FY20, HHS published a Final Rule that eliminated the regulatory requirement for health plans to obtain and use an HPID and eliminated the voluntary acquisition. The Final Rule also simplified the process for deactivating the existing identifiers to minimize operational costs for covered entities.

What is the approximate Percentage of these recommendations that have been or will be Partially implemented by the agency?

50%

% of Recommendations Partially Implemented Comments

The Committee has been a steady influence in providing guidance and support for the administrative simplification process, including the standards development process and interoperability. Many of the recommendations pertain to aspects of health information policy over a long period of time, i.e., decades. Implementation of these recommendations usually requires consensus and collective activity from multiple agencies and components of the Department. Because policy-making usually entails a lengthy process, some of the Committee's recommendations are partially or incrementally implemented over the span of several years, in some cases decades, during the development of policy and regulations. As stipulated in its Charter, the Committee regularly interfaces with stakeholders in the field and takes their input into account in development of reports and recommendations. Recommendations issued in 2017 positively influenced the Healthy People 2030 framework, launched in FY20, which includes numerous elements put forward by NCVHS in its March 2017 report and May 2017 letter to the Secretary. In addition to advising the HHS Secretary, the Committee's work is recognized and serves as a trusted source by the private sector. As outlined in the Charter, the scope of NCVHS also includes informing decision-making on data policy by states, local governments and the private sector. A 2021 peer-reviewed article in the Journal of the American Medical Informatics Association cited NCVHS recommendations and expert roundtable report to form the basis for the research in their "Preliminary study of patient safety and quality use cases for ICD-11 MMS." In FY23, HHS issued an NPRM that would amend the HIPAA Privacy Rule to protect access to reproductive health care. In the preamble to the rulemaking, HHS significantly relied on and cited multiple previous recommendations

made by the Committee in the 2005-2010 period that remain relevant to present day policymaking. Also, in the same preamble in an unusual move, the Department specifically called out the Committee by requesting that NCVHS provide comment on the proposed rule. To be responsive, the Committee accelerated its process to develop recommendations, ultimately providing 12 recommendations in its comment letter to HHS on an usually tight timeline. The final rule was published in 2024.

Does the agency provide the committee with feedback regarding actions taken to implement recommendations or advice offered?

Yes ☒ No ☐ Not Applicable ☐

Agency Feedback Comments

Feedback is provided at the National Committee on Vital and Health Statistics during open meetings presentations and discussions. HHS response letters are posted on the NCVHS website. In addition, the HHS Executive Director and other HHS leadership regularly attend Committee meetings to provide updates for the Committee to guide its focus and provide feedback on the status of any recommendations being implemented. During these open meetings, HHS leadership outlines the Department's strategic objectives and areas of special consideration in light of the Committee's guidance and recommendations and inform the Committee's next steps as appropriate. The public also has access to the information during public meetings. Additional information including NCVHS meeting minutes may be accessed at <https://ncvhs.hhs.gov/>.

What other actions has the agency taken as a result of the committee's advice or recommendation?

Checked if Applies

Reorganized Priorities	<input type="checkbox"/>
Reallocated resources	<input checked="" type="checkbox"/>
Issued new regulation	<input checked="" type="checkbox"/>
Proposed legislation	<input type="checkbox"/>
Approved grants or other payments	<input type="checkbox"/>
Other	<input checked="" type="checkbox"/>

Action Comments

Committee recommendations have been used to inform HHS policy, rulemaking and programs over the years. For over two decades, NCVHS has advised the Department's Secretaries on a range of matters regarding HIPAA's Privacy and Security Rules offering advice on areas where protections can be improved. In addition, the Committee's Charter stipulates that NCVHS stimulate the study of health data and information systems issues

by other organizations and agencies, which it has successfully done.

Is the Committee engaged in the review of applications for grants?

No

Grant Review Comments

Not applicable

How is access provided to the information for the Committee's documentation?

Checked if Applies

Contact DFO	<input checked="" type="checkbox"/>
Online Agency Web Site	<input checked="" type="checkbox"/>
Online Committee Web Site	<input checked="" type="checkbox"/>
Online GSA FACA Web Site	<input checked="" type="checkbox"/>
Publications	<input checked="" type="checkbox"/>
Other	<input checked="" type="checkbox"/>

Access Comments

1) DFO is Naomi Michaelis and HHS Executive Staff Director is Sarah Lessem. Contact information for both is posted on the NCVHS website. 2) The HHS and CDC websites provide information on Committee activities on an ongoing basis. 3) The NCVHS homepage (ncvhs.hhs.gov) is actively maintained and regularly updated. Links to live internet broadcasts of meetings are easily accessible. The site includes access to recommendations to the HHS Secretary, meeting transcripts, meeting summaries, agendas, reports, as well as background information, such as the Charter and Committee membership and bios. NCVHS broadcasts meetings virtually and provides access to PowerPoint presentations on its website. 4) See GSA FACA Website. 5) The public can subscribe to NCVHS electronic mail distribution to receive announcements about upcoming meetings and notification of new recommendations and reports posted to the NCVHS website. Committee members present at professional meetings and associations to engage with relevant stakeholders within the health care data standards and public health data industries. 6) NCVHS issued 2 letters and recommendations in FY 2024: • Nov 29, 2023 - 1. Require in the HIPAA Security Rule that all covered entities and business associates implement a security program, and that the Rule require the same minimum security controls for all covered entities and business associates. 2. Require in the HIPAA Security Rule that, in addition, covered entities and business associates adopt a risk-based approach in their security programs. 3. Require a step-by-step risk analysis procedure within the Security Rule that conforms with guidance from the National Institute of Standards and Technology of the Department of Commerce and the Cybersecurity and

Infrastructure Security Agency of the Department of Homeland Security. 4. Define compensating controls more specifically in the Security Rule and provide a wider range of examples that apply to a greater variety of types of entities. 5. Strongly reinforce the need to account for Artificial Intelligence (AI) systems and data within the Privacy and Security Rules as part of the risk analysis for all and any new technology. 6. Establish a consistent floor for cyber incident reporting in the HIPAA Security Rule and harmonize any such requirements in HIPAA Rules with incident reporting provisions applicable to healthcare critical infrastructure actors and healthcare federal contractors. • April 12, 2024 – 1. HHS should immediately designate one office or agency to be responsible for overall coordination of ICD-11 morbidity coding in the U.S. This office or agency should further be charged with, and allocated sufficient resources for, federal government coordination of all ICD 11 morbidity coding research, funding, rulemaking, and resources relevant to adoption, implementation, and maintenance of ICD-11 as a U.S. regulatory code set. 2. While HHS is in the process of organizing a coordinating office or agency, the Department should appoint a federal representative to represent the U.S. to WHO for comprehensive coordination of morbidity coding. 7) NCVHS issued 1 report in FY 2024: • Fifteenth Report to Congress