

2025 Current Fiscal Year Report: Health Information Technology Advisory Committee

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1. Department or Agency

Department of Health and Human Services

2. Fiscal Year

2025

3. Committee or Subcommittee

Health Information Technology Advisory Committee

3b. GSA

Committee No.

2622

4. Is this New During Fiscal Year?

No

5. Current Charter

08/17/2017

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

13. Effective Date

14. Committee Type

14c. Presidential?

Section 3002 of the PHSA, as amended by the 21st Century Cures Act (P.L. 114-255)

15. Description of Committee

Other Committee

16a. Total Number of Reports

No Reports for this Fiscal Year

17a. Open

2

17b. Closed0

17c. Partially Closed0

Other Activities0

17d. Total2

Meetings and Dates

Purpose

Start

End

The Assistant Secretary for Technology Policy/National Coordinator charged the HITAC to initiate Health Equity by Design Task Force 2024. The co-chairs of the Annual Report Workgroup presented Draft HITAC Annual Report for FY 2024. ASTP also presented USCDI+ Cancer, ASTP Objectives, Benchmark and Data Updates, and Draft Federal FHIR Action Plan

Policy/National Coordinator charged the HITAC to initiate Interoperability Standards Workgroup 2025. The HITAC Annual Report Workgroup presented their revised draft of the Annual Report for FY24. The HITAC voted to approve this draft as final. ASTP presented USCDI+ Behavior Health and Draft 2025 HITAC Work Plan.

10/17/2024 - 10/17/2024

11/07/2024 - 11/07/2024

Number of Committee Meetings Listed: 2

	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. Administrative Costs (FRNs, contractor support, In-person/hybrid/virtual meetings)	\$0.00	\$0.00
18d. Other (all other funds not captured by any other cost category)	\$0.00	\$0.00
18e. Total Costs	\$0.00	\$0.00

19. Federal Staff Support Years 0.00 0.00
(FTE)

20a. How does the Committee accomplish its purpose?

This committee provides recommendations to the National Coordinator for Health Information Technology on a policy framework to advance an interoperable health information technology infrastructure. This includes standards, implementation specifications, and certain criteria and order of priority for development, harmonization, and recognition of such standards, specifications, and certification criteria.

20b. How does the Committee balance its membership?

The Committee shall be comprised of the following and represent a balance among various sectors of the health care system so that no single sector unduly influences the recommendations of the Committee. Committee membership shall include at least 25 members and shall be appointed in the following manner: No fewer than 2 members are advocates for patients or consumers of health information technology; 3 members are appointed by the Secretary of HHS, 1 of whom shall be appointed to represent the Department of Health and Human Services; 1 of whom shall be a public health official; 2 members are appointed by the majority leader of the Senate; 2 members are appointed by the minority leader of the Senate; 2 members are appointed by the Speaker of the House of Representatives; 2 members are appointed by the minority leader of the House of Representatives; other members are appointed by the Comptroller General of the United States. These members must at least reflect providers, ancillary health care workers, consumers,

purchasers, health plans, health information technology developers, researchers, patients, relevant Federal agencies, and individuals with technical expertise on health care quality, system functions, privacy, security, and on the electronic exchange and use of health information, including the use standards for such activity. Non-federal members of the Committee are classified as representatives. These individuals are appointed for the sole purpose of providing the perspective of the area of expertise they have been appointed to represent. As such, alternates will not be allowed to stand-in for representative members selected for their own personal expertise and not the organizations they represent.

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

The Committee meets monthly, on average either virtually or in-person.

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

The Committee is a requirement under the 21st Century Cures Act and will hold open, public meetings and hearings.

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

Not Applicable

21. Remarks

In accordance with the 21st Century Cures Act, this advisory committee replaces both the HIT Standards Committee (# 43018) and the HIT Policy Committee (#43019). Operating costs for this committee have been less than projections made when the charter was written and will be adjusted when a charter amendment is necessary

in the future.

Designated Federal Officer

Seth Pazinski HITAC Designated Federal Officer

Committee Members	Start	End	Occupation	Member Designation
Blend, Shila	01/01/2023	12/31/2025	North Dakota Health Information Network	Representative Member
Briggs-Malonson, Medell	01/12/2022	12/31/2024	UCLA Health	Representative Member
Buitendijk, Hans	01/01/2022	12/31/2024	Oracle Health	Representative Member
				Regular Government Employee (RGE) Member
Campbell, Keith	01/01/2024	12/31/2026	Food and Drug Administration	Representative Member
Chiang, Michael	01/01/2024	12/31/2026	National Institutes of Health	Representative Member
DeSilvey, Sarah	01/12/2023	12/31/2025	Gravity Project	Representative Member
Eichner, Steven	01/01/2022	12/31/2024	Texas Department of State Health Services	Representative Member
			University of Pennsylvania	
Fleisher, Lee	01/01/2024	12/31/2026	Perelman School of Medicine	Representative Member
Galvin, Hannah	01/01/2023	12/31/2025	Cambridge Health Alliance	Representative Member
Godavarthi, Rajesh	01/01/2022	12/31/2024	MCG Health	Representative Member
Hester, Steven	01/01/2024	12/31/2026	Norton Healthcare	Representative Member
Karras, Bryant	01/01/2023	12/31/2025	Washington State Department of Health	Representative Member
Luu, Hung	01/01/2022	12/31/2024	Children's Health	Representative Member
				Regular Government Employee (RGE) Member
Marshall, Megan	12/01/2022	12/31/2025	Veterans Health Administration	Representative Member
Matthews, Trudi	01/01/2024	12/31/2026	UK HealthCare	Representative Member
McCollister, Anna	01/01/2023	12/31/2025	Individual	Representative Member
McGraw, Deven	01/01/2023	12/31/2025	Citizen	Representative Member
				Regular Government Employee (RGE) Member
Mugge, Alex	02/01/2024	12/31/2026	Centers for Medicare & Medicaid Services	Representative Member

Oliveria, Eliel	01/01/2022	12/31/2024	Harvard Medical School & Harvard Pilgrim Health Care Institute	Representative Member
Oshunkentan, Kikelomo	01/01/2023	12/31/2025	Pegasystems	Representative Member
Parrish, Katrina	01/01/2024	12/31/2026	Patient.com	Representative Member
Perkins, Randa	01/01/2024	12/31/2026	H. Lee Moffitt Cancer Center & Research Institute	Representative Member
Prosser, Rochelle	01/01/2024	12/31/2026	Orchid Healthcare Solutions	Representative Member
Rajan, Naresh	01/01/2023	12/31/2025	Neantix Inc.	Representative Member
Riskin, Dan	01/01/2024	12/31/2026	Verantos	Representative Member
Sendak, Mark	01/01/2024	12/31/2026	Duke Institute for Health Innovation	Representative Member
Southerland, Fillipe	01/01/2022	12/31/2024	Yardi Systems, Inc.	Representative Member
Sriram, Ram	01/01/2018	12/31/2026	National Institute of Standards and Technology	Regular Government Employee (RGE) Member
Sumer-King, Zeynep	01/01/2024	12/31/2026	NewYork-Presbyterian	Representative Member
Young, Derek	01/01/2024	12/31/2026	Epic	Representative Member

Number of Committee Members Listed: 30

Narrative Description

The Health Information Technology Advisory Committee (HITAC) is charged with recommending to the National Coordinator for Health Information Technology a policy framework for the development and adoption of a nationwide health information technology infrastructure that permits the electronic exchange and use of health information as is consistent with the Federal Health Information Technology Strategic Plan and that includes recommendations on the areas in which standards, implementation specifications, and certification criteria are needed. The HITAC is also charged with recommending to the National Coordinator an order of priority for the development, harmonization, and recognition of such standards, specifications, and certification criteria for those areas of Health Information Technology policy under its purview as specified in Section 3002 of the PHSA, as

amended.

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 type="checkbox"/> |
| Major policy changes | <input 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 type="checkbox"/> |
| Other | <input type="checkbox"/> |

Outcome Comments

Not Applicable

What are the cost savings associated with this committee?

Checked if Applies

- | | |
|----------------------------|-------------------------------------|
| None | <input type="checkbox"/> |
| Unable to Determine | <input checked="" type="checkbox"/> |
| 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

The committee is in its eighth year and cost savings may not be possible to determine.

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

Number of Recommendations Comments

Of the total recommendations, 206 were approved by the HITAC during FY24 from the following subcommittees: Pharmacy Interoperability Task Force (34), Interoperability Standards Workgroup (29), HTI-2 Proposed Rule Task Force (143)

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

36%

% of Recommendations Fully Implemented Comments

We are continuing to analyze the recommendations to determine which were fully implemented. The percentage listed will increase as we work through dispositioning the remaining recommendations. From FY23 to FY24, there was an 8% increase in this figure.

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

18%

% of Recommendations Partially Implemented Comments

We are continuing to analyze the recommendations to determine which were fully implemented. The percentage listed will increase as we work through dispositioning the remaining recommendations.

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

Yes ☒ No ☐ Not Applicable ☐

Agency Feedback Comments

ASTP provides feedback through a combination of rulemaking efforts and public subcommittee updates, such as the Interoperability Standards Workgroup, which ASTP annually engages on cyclical updates to the U.S. Core Data for Interoperability (USCDI) standard. Public information is available via rulemaking, where responses to recommendations can be found in ASTP final rules. Additionally, through blog posts, social media platforms, and other public announcements, ASTP provides summaries of recommendations and their impacts.

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 type="checkbox"/> |
| Issued new regulation | <input type="checkbox"/> |
| Proposed legislation | <input type="checkbox"/> |
| Approved grants or other payments | <input type="checkbox"/> |
| Other | <input type="checkbox"/> |

Action Comments

Not Applicable

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 type="checkbox"/> |
| Other | <input type="checkbox"/> |

Access Comments

Not Applicable