DEPARTMENT of HEALTH and HUMAN SERVICES

Fiscal Year

2025

Office of the National Coordinator for Health Information Technology

Justification of Estimates to the Appropriations Committee

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FY 2025 Letter from the National Coordinator

Dear Reader,

The United States health system is in the midst of a digital transformation that affects the care every American receives. Thanks to significant advances this past year across ONC's programs, policies, and investments, we are moving from vision to reality. Due to the broad adoption of electronic health records (EHRs) with patient engagement functionalities, tens of millions of patients can now electronically access their health information including but not limited to medications, test results, and visit summaries. Providers can more easily retrieve their patients' past test results, medications, and other vital health information to provide better, more efficient care and to partner with patients to make the most informed diagnostic and treatment decisions.

Electronic health information exchange is a cornerstone of modern healthcare. ONC continues to implement interoperability provisions from the 21st Century Cures Act (Cures Act) to enable the secure access, exchange, and use of electronic health information permitted under applicable State or Federal law. As of October 2022, healthcare providers, certified health IT developers, and health information networks are required to share electronic health information to enable richer information availability to inform patient care, and enforcement by the HHS Office of Inspector General (OIG) began on September 1, 2023. Rulemaking to establish the Appropriate Disincentives called for in the Cures Act is also well underway.

The Cures Act provisions for technical infrastructure for interoperability also took a big leap forward this past year. Over 95% of certified EHR vendors have put into place modern, standard FHIR APIs to allow the type of convenient, secure, app-based interoperability that Americans have embraced in other parts of their lives. To provide additional security and common rules-of-the-road for interoperability, the Trusted Exchange Framework and Common Agreement (TEFCA) is now live, with multiple Qualified Health Information Networks (QHINs) securely exchanging information according to common, nationwide, technical and policy standards. Collectively, these QHINs have networks that cover most U.S. hospitals, tens of thousands of providers, and process billions of annual transactions across all fifty states for a variety of use cases. This is a significant step for the U.S. health system and one that will advance interoperability at scale for patients, healthcare providers, hospitals, public health agencies, health insurers, and other authorized healthcare stakeholders. The TEFCA public-private collaboration puts in place a nation-wide model to address the more vexing gaps in interoperability that have been too difficult for the private sector to tackle without public sector participation, including secure "on-demand" network interoperability for under-resourced providers in rural and inner-city settings, individual access, payer-provider interoperability, and state and local public health.

ONC policies and coordination are operationalizing the Cures Act vision to make it easier for providers, patients, and other parties involved in patient care to access relevant electronic health information from disparate EHRs, allow health information to flow more freely between health IT systems, and provide

enhanced privacy and security for health IT. These efforts will enable the industry to expand connectivity with strong privacy and security protections to help improve the quality, safety, affordability, efficiency, and equitability of healthcare across the country.

Building on these efforts, in December 2023, ONC issued a final rule to advance health IT interoperability and algorithm transparency. The Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing (HTI-1) rule establishes first-of-its-kind transparency requirements for the artificial intelligence (AI) and other predictive algorithms that are part of certified health IT. ONC-certified health IT supports the care delivered by 96% of hospitals and 78% of office-based physicians around the country. The HTI-1 regulations empower clinicians by requiring EHR developers to establish transparency about the AI-based models embedded in their products, including establishing risk management processes, and making available a standardized set of information— like a "nutrition label" – to help clinicians better understand how the AI in the software they use works and better decide with their patients where these novel tools are best applied in the provision of care.

The HHS Data Strategy released in December 2023 expands ONC's role to include the coordination of human services interoperability. Better integration of healthcare delivery and human services is critical to strengthening whole-person care, advancing health equity, and improving customer experience. ONC's HTI-1 rule makes significant advances with this integration by adopting the United States Core Data for Interoperability (USCDI) Version 3 (v3) as the new baseline standard within the ONC Health IT Certification Program as of January 1, 2026. USCDI v3 includes updates to prior USCDI versions focused on advancing more accurate and complete patient characteristics data that could help promote equity, reduce disparities, and support public health data interoperability. Improved data standards for social determinants of health can help identify health inequities and facilitate interventions that prevent such inequities from further turning into healthcare disparities.

ONC continues its important work to build healthcare's digital foundation, make interoperability easier, and ensure that digital information and tools are being appropriately used to support patient access and to improve the health and well-being of all Americans. ONC's FY 2025 Budget Request reflects the actions and investments necessary to take these earlier investments to the next level and drive transformation to a healthcare system optimized for a digital world. It continues our focus on advancing interoperability, strengthening the public health infrastructure, empowering patients, and clinicians with the most advanced information technology, enabling federal agency partners to make the most cost-effective use of health IT, and accelerating the implementation of the Cures Act. Through continued investments in policy development and coordination, along with standards, certification, and interoperability, we will carry out HHS's commitment to ensuring every American can obtain their full health potential.

/Micky Tripathi/

Micky Tripathi, Ph.D. M.P.P

National Coordinator for Health IT

Organizational Chart

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│         Immediate Office of the National Coordinator      │
│                     Micky Tripathi                        │
│             National Coordinator for Health IT            │
│                     Steven Posnack                        │
│           Deputy National Coordinator for Health IT       │
│                   Lisa A. Lewis Person                    │
│            Deputy National Coordinator for Operations     │
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Office of Policy	Office of Technology	Office of the Chief Operating Officer
Elise Sweeney Anthony	**Avinash Shanbhag**	**Lisa A. Lewis Person**
Executive Director	*Executive Director*	*Chief Operating Officer*

Organizational Chart – Text Version

- Immediate Office of the National Coordinator
  - Micky Tripathi, Ph.D. M.P.P. *National Coordinator for Health IT*
  - Steven Posnack, M.S., M.H.S. *Deputy National Coordinator for Health IT*
  - Lisa A. Lewis, *Deputy National Coordinator for Operations*
- Office of Policy
  - Elise Sweeney Anthony, J.D., *Executive Director*
- Office of Technology
  - Avinash Shanbhag, *Executive Director*
- Office of the Chief Operating Officer
  - Lisa Lewis Person, *Chief Operating Officer*
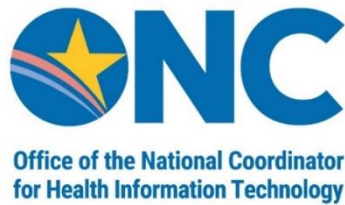
Executive Summary

Vision

Better health enabled by data.

Mission

To create systemic improvements in health and care through the access, exchange, and use of data.

The Office of the National Coordinator for Health Information Technology (ONC), a staff division of the U.S. Department of Health and Human Services (HHS) Office of the Secretary, is charged with formulating the Federal Government's health information technology (health IT) strategy and leading the development of effective policies, programs, and administrative efforts to advance better, safer, and more equitable healthcare through a nationwide interoperable health IT infrastructure.

Authorizing Legislation

ONC takes its charge from numerous laws, including the Health IT for Economic and Clinical Health Act ("HITECH" Pub. L. No: 111-5), Medicare Access and CHIP Reauthorization Act ("MACRA" P.L. 114-10), and the 21st Century Cures Act ("Cures Act" P.L. 114-255)**.** These laws, codified into law under 42 U.S. Code § 300jj–11,[1] outline nine (9) duties for ONC, including: (1) Standards; (2) Health IT Policy Coordination; (3) Strategic Planning; (4) Website; (5) Certification; (6) Reports and Publications; (7) Assistance; (8) Governance for Nationwide Health Information Network; and (9) Support for Interoperable Networks.

Activities to Impact

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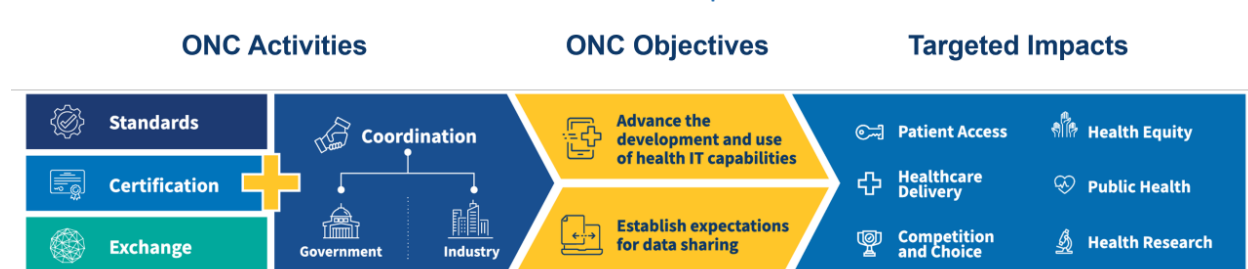
[1] 42 U.S.C. 300jj-11 - Office of the National Coordinator for Health Information Technology - Content Details - USCODE-2009-title42-chap6A-subchapXXVIII-partA-sec300jj-11 (govinfo.gov)

Overview of Budget Request

The President's Budget request for ONC is $86,000,000 in Public Health Service Act Evaluation set-aside funding, which is an increase of +$19,762,000 above the FY 2023 Enacted level. ONC's budget supports an expert staff of 180 FTE who coordinate health IT programs and policies across 40+ federal agencies to deliver health IT impacts.

The budget allows ONC to address policy or administrative barriers for widespread adoption of health information exchange through the Trusted Exchange Framework and Common Agreement (TEFCA). ONC will prioritize urgent Federal coordination activities among networked agencies, as well as improve health IT adoption in behavioral health settings. ONC will also maintain current staffing levels and address rising costs with the increased funding, while making vital investments in the development and use of standardized interoperable electronic health information.

Overview of Performance

ONC's historical budget of approximately $60 million has had transformative impacts on HHS programs, despite remaining nearly flat since FY 2009. ONC's strategic direction of resources has allowed for robust improvements to the health system, private sector investments in health technology, and patient access to their electronic health record information, even with nearly flat funding.

ONC's activities play an instrumental role in enabling government programs and private industry to develop and leverage health IT to accomplish the nation's health and human services objectives. ONC stakeholder relationships include active engagements with 12 HHS Operating Divisions, 10 HHS Staff Division, and 25 non-HHS federal agencies. ONC coordinates through numerous formal mechanisms—such as the Federal Health IT Strategic Plan; and informal mechanisms, such as ongoing support to other federal agencies to help align discrete health IT programs and activities in a common direction. In so doing, ONC plays a critical role in the healthcare system at large, providing direction and focus on health IT technologies, standards, and interoperability that would be otherwise difficult to accomplish in the fragmented healthcare system.

Continuing into FY 2025, ONC's annual budget request reflects plans to advance the President's and Secretary's priorities for Objective 1.2: Reduce costs, improve quality of healthcare services, and ensure access to safe medical devices and drugs; Objective 2.1: Improve capabilities to predict, prevent, prepare for, respond to, and recover from disasters, public health and medical emergencies, and threats across the nation and globe; Objective 4.4: Improve data collection, use, and evaluation, to increase evidence-based knowledge that leads to better health outcomes, reduced health disparities, and improved social well-being, equity, and economic resilience, and Objective 5.2; Sustain strong financial stewardship of HHS resources to foster prudent use of resources, accountability, and public trust.

ONC's Performance Management Process

ONC's performance management process prioritizes a continuous focus on improving program results, finding more cost-effective ways to deliver value to health IT stakeholders nationwide, and increasing the efficiency and effectiveness of agency operations.

ONC's performance management strategy consists of four phases: (1) Priority Setting, (2) Strategic Planning, (3) Financial and Performance Management, and (4) Evaluation, Review, and Reporting. Activities aligned to these four phases are coordinated by a workgroup of ONC's leaders who represent the agency in strategy, planning, performance, financial and human capital resources, operations, risk management, data analysis, and program/policy evaluation.

Summary of Performance Information in the Budget Request

The FY 2025 budget request maintains support for several necessary survey and data analysis projects that enable ONC to collaborate with public and private sector partners and meet congressional evaluation requirements. The performance information includes a combination of contextual measures that describe the extent of nationwide interoperable health information exchange and milestones and accomplishments that highlight key information about ONC activities that were or need to be taken to implement statutory requirements.

Impact of Budget Request on Performance

The FY 2025 request increases funds available for ONC mission activities including grants, cooperative agreements, and contracts related to TEFCA and Behavioral Health IT (BHIT) Adoption Pilots. ONC will continue to maintain other mission critical activities, accounting for increases in staffing and procurement costs. ONC will also utilize NEF funds to begin limited implementation of the HHS Health IT Alignment Policy, which ensures that the department is leveraging policy and purchasing decisions to maximize the efficiency and effectiveness of technology adoption to advance agency and department mission objectives.

All-Purpose Table

(Dollars in Millions)

	FY 2023 Final		FY 2024 CR		FY 2025 President's Budget		FY 2025 +/- FY 2023	
Activity	**$**	**FTE**	**$**	**FTE**	**$**	**FTE**	**$**	**FTE**
Total, ONC Program Level	66.238	178	66.238	180	86.000	180	19.762	-
Total, ONC Budget Authority	-		-		-	-	-	
Total, FY 2024 NEF			**6.300**					
Fast Healthcare Interoperability Resources Application Enhancements			2.000					
Real-Time Benefits Tool Conformance Testing Tool			1.200					
Certified Health IT Product List Enhancements			2.000					
Standards Implementation and Testing Environment Portal			1.100					

Budget Exhibits

Appropriations Language

For expenses necessary for the Office of the National Coordinator for Health Information Technology, including grants, contracts, and cooperative agreements for the development and advancement of interoperable health information technology, **[$66,238,000]**$86,000,000$ shall be from amounts made available under section 241 of the PHS Act.

Language Analysis

Language Provision	Explanation
For expenses necessary for the Office of the National Coordinator for Health Information Technology, including grants, contracts, and cooperative agreements for the development and advancement of interoperable health information technology, **[$66,238,000]**$86,000,000$ shall be from amounts made available under section 241 of the PHS Act.	Provides PHS Evaluation funding for ONC's budget.

Amounts Available for Obligation

Discretionary Appropriation	FY 2023 Final	FY 2024 Annualized CR	FY 2025 President's Budget
Appropriation (L/HHS)	$66,238,000	$66,238,000	$86,000,000
Subtotal, Appropriation (L/HHS, Ag, or Interior)	$66,238,000	$66,238,000	$86,000,000
Subtotal, Adjusted appropriation	$66,238,000	$66,238,000	$86,000,000
Total, Discretionary Appropriation	$66,238,000	$66,238,000	$86,000,000
Total Obligations	$66,238,000	$66,238,000	$86,000,000

Summary of Changes

FY 2023 Enacted	
Total estimated program level..	$66,238,000
FY 2025 President's Budget	
Total estimated program level..	$86,000,000
Net Change in program level	+$19,762,000

	FY 2024 CR		FY 2025 President's Budget		FY 2025 +/- FY 2024	
	PL	FTE	PL	FTE	PL	FTE
Increases:						
A. Built-in:						
Annualization of 2023 civilian pay increase	-	-	$1,668,497	-	$1,668,497	-
Subtotal, Built-in Increases	**-**	**-**	**$1,668,497**	**-**	**+$1,668,497**	**-**
B. Program:						
1. Health IT, PHS Eval	-	-	$18,093,503	-	+$18,093,503	-
Subtotal, Program Increases	**-**	**-**	**$18,093,503**	**-**	**+$18,093,503**	**-**
Total Increases	**-**	**-**	**$19,762,000**	**-**	**+$19,762,000**	**-**
Decreases:						
A. Built-in:						
1. Pay Costs	-	-	-	-	-	-
Subtotal, Built-in Decreases	**-**	**-**	**-**	**-**	**-**	**-**
B. Program						
1. Health IT, PHS Eval	-	-	-	-	-	-
Subtotal, Program Decreases	**-**	**-**	**-**	**-**	**-**	**-**
Total decreases	**-**	**-**	**-**	**-**	**-**	**-**
Net Change	**-**	**-**	**-**	**-**	**+$19,762,000**	**-**

Budget Authority by Activity

(Dollars in Thousands)

Activity	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
1. Health IT			
Annual Budget Authority	-	-	-
Annual Program Level	$66,238	$66,238	$86,000
Subtotal, Health IT	$66,238	$66,238	$86,000
Total, Budget Authority	-	-	-
Total, Program Level	$66,238	66,238	86,000
FTE	178	180	180

Authorizing Legislation

Activity	FY 2024 Amount Authorized	FY 2024 Amount Appropriated	FY 2025 Amount Authorized	FY 2025 President's Budget
Health IT				
1. **Title XXX of PHS Act as added by the HITECH Act (PL 111-5) and the Cures Act (PL 114-255)**	Indefinite	-	Indefinite	-
Budget Authority.......................................	Indefinite	-	Indefinite	-
Program Level..		66,238,000		86,000,000
Total Request Level		66,238,000		86,000,000

Appropriations History

	Request to Congress	House Allowance	Senate Allowance	Appropriation
FY 2015				
Annual		$61,474,000	$61,474,000	$60,367,000
PHS Evaluation Funds	$74,688,000			
Subtotal	$74,688,000	$61,474,000	$61,474,000	$60,367,000
FY 2016				
Annual		$60,367,000	$60,367,000	$60,367,000
PHS Evaluation Funds	$91,800,000			
Subtotal	$91,800,000	$60,367,000	$60,367,000	$60,367,000
FY 2017				
Annual		$65,367,000	$60,367,000	$60,367,000
PHS Evaluation Funds	$82,000,000			
Transfers (Secretary's)				$(140,000)
Subtotal	$82,000,000	$65,367,000	$60,367,000	$60,227,000
FY 2018				
Annual	$38,381,000	$38,381,000	$60,367,000	$60,367,000
PHS Evaluation Funds				
Transfers (Secretary's)				($150,000)
Subtotal	$38,381,000	$38,381,000	$60,367,000	$60,217,000
FY 2019				
Annual	$38,381,000	$42,705,000	$60,367,000	$60,367,000
Transfers (Secretary's)				($204,397)
Subtotal	$38,381,000	$42,705,000	$60,367,000	$60,162,603
FY 2020				
Annual	$43,000,000		$60,367,000	$60,367,000
PHS Evaluation Funds		$60,367,000		
Transfers (Secretary's)				($114,000)
Subtotal	$43,000,000	$60,367,000	$60,367,000	$60,253,000
FY 2021				
Annual	$50,717,000	$60,367,000	$60,367,000	$62,367,000
Transfers (Secretary's)				($187,241)
Subtotal	$50,717,000	$60,367,000	$60,367,000	$62,179,759
FY 2022				
PHS Evaluation Funds	$86,614,000	$86,614,000	$86,614,000	$64,238,000
Subtotal	$86,614,000	$86,614,000	$86,614,000	$64,238,000
FY 2023				
PHS Evaluation Funds	$103,614,000	$86,614,000	$66,238,000	$66,238,000
Subtotal	$103,614,000	$86,614,000	$66,238,000	$66,238,000
FY 2024				
PHS Evaluation Funds	$103,614,000	$56,238,000	$71,238,000	
Subtotal	$103,614,000	$56,238,000	$71,238,000	
FY 2025				
PHS Evaluation Funds	$86,000,000			
Subtotal	$86,000,000			

Narrative by Activity

Budget Summary

(Dollars in Thousands)

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Program Level	66,238	66,238	86,000	+19,762
FTE	178	180	180	+2

Authorizing Legislation……Title XXX of PHS Act as added by the HITECH Act amended by the Cures Act (PL 114-255)
FY 2025 Authorization…..………………………………………..…………….…..…… No Separate Authorization of Appropriations
Allocation Method.………..…..……………………………...………Direct Federal, Contract, Cooperative Agreement, Grant

Program Description

ONC was established in 2004 through Executive Order 13335 and statutorily authorized in 2009 by the HITECH Act. ONC's responsibilities for leading national health IT efforts were increased by MACRA in 2015 and again by the Cures Act in 2016. The range of authorities and requirements assigned to ONC through its authorizing and enabling legislation to establish a framework of actions for the agency related to: (1) Policy Development and Coordination;(2) Technology Standards, Certification, and Interoperability; and (3) Agency-Wide Support.

In FY 2025, ONC will implement its authorities and requirements to accelerate progress toward an interoperable nationwide health IT infrastructure by:

1. Promoting *seamless, secure information-sharing* among providers, patients, and other healthcare stakeholders using modern, open-industry, internet-based technologies that can accommodate patient choices and privacy preferences

2. Building on federal investments in electronic health records *to improve the access, exchange, and use of electronic health information* in ways that support patient's privacy preferences and advance quality, equitability, safety, efficiency, accessibility, and affordability of US healthcare

3. Enabling an *open health IT ecosystem* to ensure a level playing field for innovation and competition to support health IT users, including patients

4. Furthering *universal access to secure, usable information exchange technologies* through nationwide networks and application programming interfaces (APIs)

5. Fostering the use of health IT and health information to identify and address *health equity* issues in healthcare delivery, public health, and population health

6. Facilitating the *success of federal programs* through the effective use of health IT and health information

Budget Request

The FY 2025 President's Budget request for ONC is $86,000,000, an increase of +$19,762,000 above the FY 2023 Enacted level. The additional funds will be allocated to Policy Development and Coordination efforts: $10,000,000 for advancing secure, interoperable exchange through TEFCA; $5,000,000 for Behavioral Health IT (BHIT) Adoption Pilots; and the remaining $4,762,000 million for increases in staffing and procurement costs.

+$10.0 million for the Trusted Exchange Framework and Common Agreement (TEFCA)

The Cures Act directed ONC to establish TEFCA but did not provide any funding or new authorities to support infrastructure or adoption. Increased funding enables ONC to expand and advance healthcare data connectivity and data services by accelerating the adoption of and wider-scale participation in TEFCA. More participation means that patients and providers will have access to more data within electronic health records, resulting in better care and broad reaching impacts to public health. It will also enable data service companies to offer more accurate and more useful data analytics for providers and payers, resulting in better quality healthcare or reduced healthcare costs.

+$5.0 million for Behavioral Health IT (BHIT) Adoption Pilots

ONC will administer strategic pilots for Behavioral Health (BH) providers in care settings that need increased health IT adoption or health IT improvements. Unlike hospitals and clinical providers, BH providers did not receive incentives through the Health Information Technology for Economic Clinical Health Act for health IT adoption, thus falling behind industry standards. As a result, many BH providers cannot leverage the higher-level capabilities and efficiencies offered by health IT within BH settings nor are they able to fully engage in electronic health information exchange with non-BH primary and acute care providers. The goal of these strategic pilots will be to reduce the current digital divide that exists by developing and piloting an application for psychotherapy notes, creating a catalog of behavioral health screening tools, and by consolidating the multiple systems used by first responders to enable real time access to a patient's medical history.

ONC will further advance efforts that promote the adoption and advancement of BHIT, executing the HHS Roadmap for Behavioral Health Integration. The proposed strategic pilots are informed by the June 2021 Report to Congress on Medicaid and CHIP by the Medicaid and CHIP Payment and Access Commission.

+$4.8 million for increases in staffing and procurement costs

This funding enables ONC to account for increased pay and non-pay costs, including increases incurred through HHS's shared costs for shared services, physical and IT security, and legal support.

Five Year Funding Table

Fiscal Year	Amount
FY 2021	$62,367,000
FY 2022	$64,238,000
FY 2023 Final	$66,238,000
FY 2024 CR	$66,238,000
FY 2025 President's Budget	$86,000,000

Program Accomplishments

ONC's longstanding policy and technology work to enable and advance interoperability, standardization, health information exchange, and the use of ONC-certified health IT has created a digital health foundation now used by the entire health system.

FY 2023 accomplishments and industry progress include:

- Improving Healthcare Delivery, Experience, and Affordability: In February 2023, a first set of health information networks were approved to implement TEFCA as prospective Qualified Health Information Networks (QHINs). Collectively, the QHIN applicants have networks that cover most U.S. hospitals, tens of thousands of providers, and annually process billions of transactions across all fifty states. This is a significant step for the U.S. health system and one that will advance interoperability at scale for patients, health care providers, hospitals, public health agencies, health insurers, and other health care stakeholders.

- Coordinating across Government and Industry: The USCDI has been operational since 2020 and is now in its 4th edition published in July 2023. Since inception, the USCDI has grown from 52 data elements to over 100 in version 4.

- In January of 2023, ONC published the Interoperability Standards Advisory (ISA) 2023 Reference Edition. The ISA is one way ONC coordinates standards awareness and use through its publication and maintenance. It organizes health information standards, models, and profiles into more than 60 sub-sections divided by topic/use (e.g., public health, patient information, coordination, clinical care, administration). Key updates in the 2023 edition include Standards Version Advancement Process (SVAP) Integration, Pharmacy Interoperability, Human and Social Services standards, and Adverse Event Reporting.[2]

- ONC continues to lead and engage the Health Information Technology Advisory Committee (HITAC) to inform the development of Federal health IT policies and the implementation of its programs impacted by the policies and HHS and Administration priorities. HITAC consists of over 25 members and six federal representatives. In 2023, HITAC provided over 130 recommendations.[3] In addition to requirements that the HITAC annually addresses updates to the USCDI standard and priority ONC Interoperability Standards Advisory (ISA) interoperability needs, the HITAC workgroups and recommendations also addressed a range of priority issues, including public health data systems, health equity by design, information blocking, TEFCA, and the EHR Reporting Program.

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[2] 2023 ISA Reference Edition Is Here

[3] https://www.healthit.gov/topic/federal-advisory-committees/recommendations-national-coordinator-health-it

Outputs and Outcomes Tables

Measure	Year and Most Recent Result Target for Recent Result (Summary of Result)	FY 2024 Target	FY 2025 Target	FY 2025 Target +/- FY 2024 Target
Number of federal agencies actively participating in ONC-led health IT coordination efforts	FY 2023: 22 Target: Maintain Prior Year (Baseline)	Maintain	Maintain	-
Number of interoperable data elements included in certification criteria adopted into the ONC Health IT Certification Program to meet congressional requirements	FY 2023: 64 criterion in 2015 edition Target: Maintain (Target Met)	Maintain	Maintain	-
Number of interoperability needs areas supported by standards and implementation specifications included in the annual Interoperability Standards Advisory (ISA) Reference Edition	FY 2023: 2023 reference edition ISA published in January 2023 includes 194 standards and implementation specifications[4] (Target Met)	Maintain ISA with necessary updates & publish annual update by March 2024	Maintain ISA with necessary updates & publish annual update by March 2025	-
Number of visitors to ONC's https://healthIT.gov websites to use health IT policy and technology assistance material	FY 2023: 5 million Target: Maintain prior year baseline (Target Not Met)	Maintain	Maintain	-

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[4]   Recent ISA Updates | Interoperability Standards Advisory (ISA) (healthit.gov)

Contextual Measures

The following measures were selected by ONC in 2016 to meet [MACRA § 106(b)](#) requirements for evaluating progress to widespread health information exchange and interoperability. ONC continues to monitor these and other key trends in support of making informed, evidence-based decisions.

Measure Area 1: Provider capability in key domains of interoperable health information exchange.

	Non-federal acute care hospitals[5]	Office- based physicians[6]
• are electronically <u>sending or receiving</u> patient information with any providers outside their organization	93%	42%
• can electronically <u>find</u> patient health information from sources outside their health system	80%	49%
• can easily <u>integrate</u> (e.g., without manual entry) health information received electronically into their EHR	74%	29%
• had necessary patient information electronically <u>available</u> from providers or sources outside their systems at the point of care	62%	47%

Figure: Percent of U.S. non-federal acute care hospitals engaging in electronically sending, receiving and integrating summary of care records and searching/querying any health information 2017-2021.
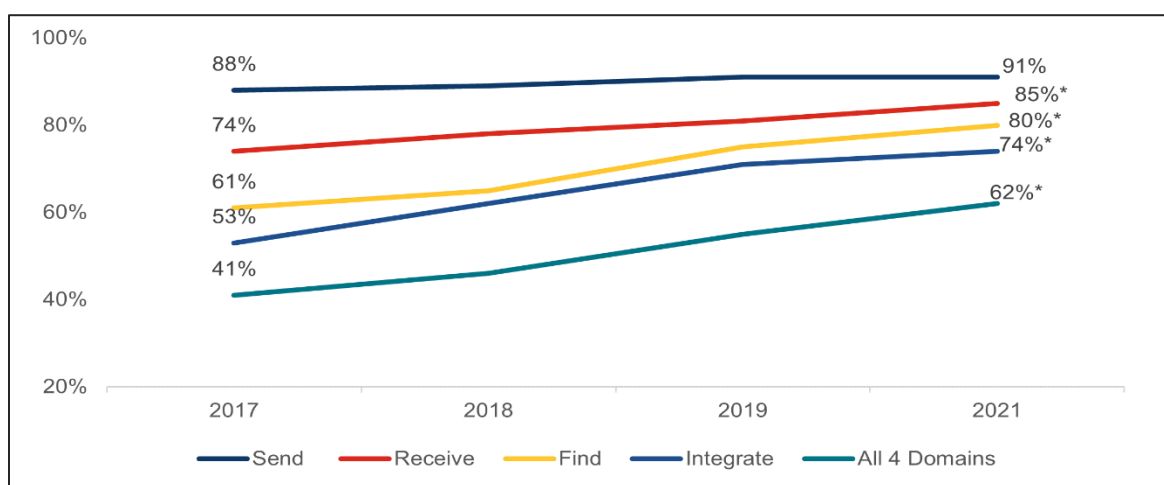
Source: American Hospital Association (AHA) Annual Survey, Information Technology Supplement.

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[5] [Interoperability and Methods of Exchange among Hospitals in 2021 | HealthIT.gov](#)

[6] [Interoperability Among Office-Based Physicians in 2019 | HealthIT.gov](#)

Figure: Percent of physicians engaging in electronically sending, receiving, searching/querying, and integrating health information 2015-2021
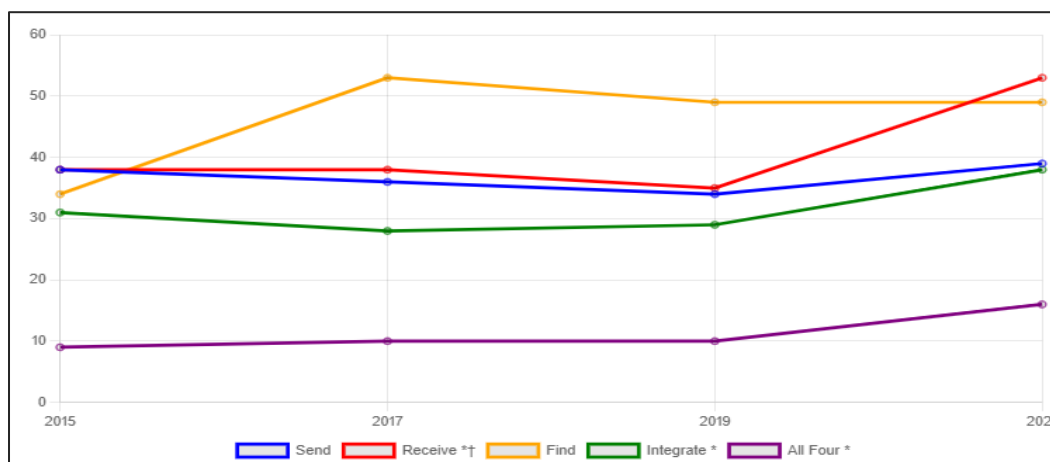
Source: CDC National Center for Health Statistics (NCHS) National Electronic Health Record Survey (2015-2021).

Measure Area 2: Citizen perspective on consumer access to their electronic health information[7]

- 73 percent of Americans have been given electronic access to any part of their healthcare record by their healthcare provider or insurer.

Figure: Percent of individuals nationwide who were offered and accessed their online medical record or patient portal, 2014-2022.
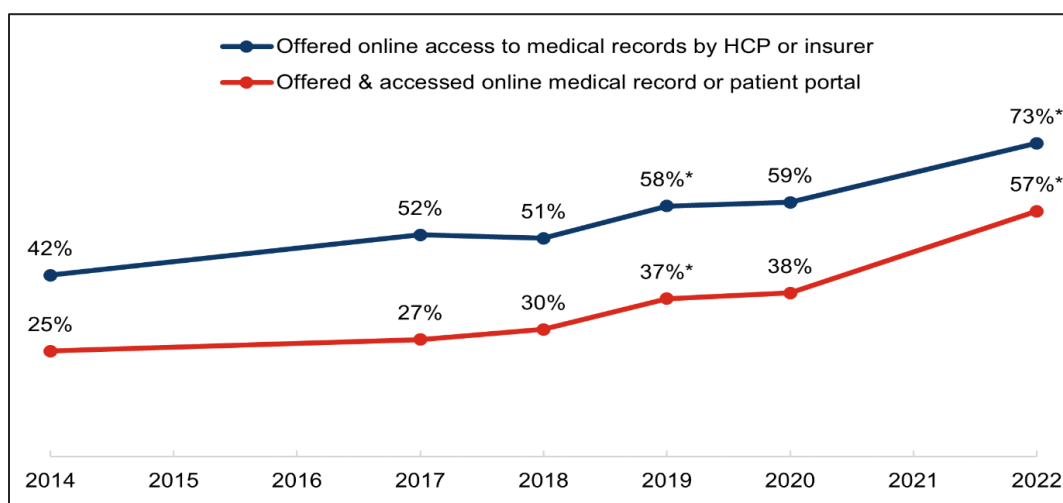
Source: NIH National Cancer Institute (NCI), Health Information National Trends Survey (HINTS): HINTS 4 Cycle 4 (2014); HINTS 5, Cycles 1-4 (2017-2020), HINTS 6 (2022).

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[7] Individuals' Access and Use of Patient Portals and Smartphone Health Apps, 2022 | HealthIT.gov

Nonrecurring Expenses Fund

Budget Summary

(Dollars in Thousands)

	FY 2023[8]	FY 2024[9]	FY 2025[10]
Notification[11]	6,800	6,300	7,800

Authorization……………………………………………..Section 223 of Division G of the Consolidated Appropriations Act, 2008
Allocation Method………………………………………………………………………………. Direct Federal, Competitive Contract

Program Description and Accomplishments

The Nonrecurring Expenses Fund (NEF) permits HHS to transfer unobligated balances of expired discretionary funds from FY 2008 and subsequent years into the NEF account. Congress authorized use of the funds for capital acquisitions necessary for the operation of the Department, specifically information technology (IT) and facilities infrastructure acquisitions.

Budget Allocation FY 2025

In FY 2025, ONC is planning to utilize $7.8 million in NEF funding for the following projects:

- HHS Health IT Alignment TA Resource Center, $2.3 million: to support the HHS Health IT Alignment Policy by developing an online IT solution center for TA that can be used across HHS for implementation of the HHS Health IT Alignment Policy. This effort would improve all HHS health IT investments across contracts, grants, cooperative agreements, and rulemaking/guidance and ensure Department-wide implementation of the Policy.
- FHIR DaVinci, $1.5 million: to develop the Inferno Framework Advanced API Test Suites to support the advancement of CMS's Advancing Interoperability and Improving Prior Authorization Process Proposed Rule and the adoption of FHIR in the health IT ecosystem.
- Building Predictive Decision Support Intervention Tools to Mitigate Artificial Intelligence (AI) Bias in Health IT $2.0 million: to develop a DSI Tool Suite that mitigates Health IT AI biases through implementation of the Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency and Information Sharing (HTI-1) proposed rule. This set of tools would allow entities to compare their model training data to synthetic data and analyze the results for different types of bias. The Tool Suite would be publicly available on ONC's website and help entities subject to ONC HTI-1 regulations become compliant with these requirements.
- Implementing Artificial Intelligence with the ONC Information Architecture, $2.0 million: to enhance Certified Health IT Product List and Customer Feedback System with Artificial Intelligence powered tools to improve search capabilities and enhance the inquiry submission process using natural language interfaces.

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[8] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on September 23, 2022.
[9] Notification submitted to the Committees on Appropriations in the House of Representatives and the Senate on October 19, 2023.
[10] HHS has not yet notified for FY 2025.
[11] Pursuant to Section 223 of Division G of the Consolidated Appropriation Act, 2008, notification is required of planned use.

Budget Allocation FY 2024:

In FY 2024, ONC is planning to utilize $6.3 million in NEF funding for the following projects:

- Real-Time Benefits Tools (RTBT) Conformance Testing Tool, $1.2 million: to significantly lower patients' out-of-pocket expenses by allowing patient-specific, real-time formulary and benefit information. RTBT functionality would support over 90 percent of all US hospitals and over 80 percent of all U.S. physicians.
- Certified Health IT Product List (CHPL) Capacity Enhancement: $2.0 million: a one-time public user interface (UI) redesign, including the development of a completely new CHPL reporting functionality to accomplish this work.
- Fast Healthcare Interoperability Resources (FHIR) Application Programming Interface Monitoring Service Project, $2.0 million: to create new functionality that allows the Lantern tool to use a standardized approach to discover and access electronic endpoints that provide patients access to their electronic health information. Lantern is an open-source tool that monitors and provides analytics about the availability and adoption of FHIR API service base URLs (endpoints) across healthcare organizations in the United States. It also gathers information about FHIR Capability Statements returned by these endpoints and provides visualizations to show FHIR adoption and patient data availability.
- Standards Implementation and Testing Environment (SITE) and Edge Testing Tool (ETT), $1.1 million: to modernize ONC's Health IT Certification Program SITE portal, a centralized collection of testing tools and resources designed to help health IT developers and health IT users evaluate technical standards and maximize the potential of their health IT implementations.

Budget Allocation FY 2023:

ONC received a total of $6.8 million in NEF funding for the following projects:

- CHPL enhancements, $2.0 million: To further develop, test, and implement a CHPL reporting module for collecting, verifying, and reporting required information to establish the EHR Reporting Program. It focuses on upgrading the overall CHPL public UI based on previous recommendations as well as a planned public usage and usability analysis.
- HealthIT.gov, $3.0 million: to conduct a complete overhaul and redesign of the website infrastructure and design for HealthIT.gov and its complementary blog, Health IT Buzz. Both web properties are mission essential for ONC to communicate our work and value to the American public and Congress. HealthIT.gov is the premier source of Health IT information and is the top educational resource for ONC stakeholders.
- Inferno Framework Sandbox, $1.8 million: to support the development of the Inferno Framework Sandbox to support the adoption of FHIR in the health IT ecosystem.

Budget Allocation FY 2022 and prior:

- Health IT Data Dashboard and the Tool for ISA Comment Transparency and Improved Workflow, $2.75 million: This project has been completed.
- Health IT Certification Program, $7.0 million: In FY 2019, ONC developed electronic (software-based) testing tools for the and software development associated to build a data-reporting platform. These two interdependent IT infrastructure capacity-building activities directly implement Section 4002 of the Cures Act.

Supplementary Tables

Budget Authority by Object Class

(Dollars in Thousands)

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Personnel compensation:				
Full-time permanent (11.1)...................................	22,209	23,388	23,856	1,647
Other than full-time permanent (11.3)	289	304	310	21
Other personnel compensation (11.5)	1,319	1,389	1,417	28
Military personnel (11.7)	-	-	-	-
Special personnel services payments (11.8)..............	-	-	-	-
Subtotal personnel compensation	**23,817**	**25,082**	**25,583**	**1,766**
Civilian benefits (12.1)	8,088	8,517	8,688	600
Military benefits (12.2)	-	-	-	-
Benefits to former personnel (13.0)............................	-	-	-	-
Total Pay Costs	**31,915**	**33,599**	**34,271**	**366**
Travel and transportation of persons (21.0)	472	484	495	23
Transportation of things (22.0)	6	6	6	-
Rental payments to GSA (23.1)	852	874	893	41
Rental payments to Others (23.2)................................	-	-	-	-
Communication, utilities, and misc. charges (23.3)	-	-	-	-
Printing and reproduction (24.0)	1	1	1	-
Other Contractual Services:				
Advisory and assistance services (25.1)	-	-	-	-
Other services (25.2)	12,323	12,643	12,922	599
Purchase of goods and services from government accounts (25.3)	15,711	16,119	16,474	763
Operation and maintenance of facilities (25.4).........	166	170	174	8
Research and Development Contracts (25.5)............	-	-	-	-
Medical care (25.6)...	-	-	-	-
Operation and maintenance of equipment (25.7)	-	-	-	-
Subsistence and support of persons (25.8)	-	-	-	-
Subtotal Other Contractual Services	**29,531**	**30,299**	**30,965**	**-1,434**
Supplies and materials (26.0)	338	338	338	16
Equipment (31.0)..	6	6	6	-
Land and Structures (32.0)..	-	-	-	-
Investments and Loans (33.0)	-	-	-	-
Grants, subsidies, and contributions (41.0)..................	4,458	1,987	20,403	15,945
Interest and dividends (43.0)	-	-	-	-
Refunds (44.0)	-	-	-	-
Total Non-Pay Costs..	**4,802**	**2,340**	**20,763**	**15,945**
Total Budget Authority by Object Class	**66,238**	**66,238**	**86,000**	**19,762**

Salaries and Expenses

(Dollars in Thousands)

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget	FY 2025 +/- FY 2023
Personnel compensation:				
Full-time permanent (11.1)..	22,209	23,388	23,856	1,647
Other than full-time permanent (11.3)	289	304	310	21
Other personnel compensation (11.5)	1,319	1,389	1,417	98
Military personnel (11.7)	-	-	-	-
Special personnel services payments (11.8).................	-	-	-	-
Subtotal personnel compensation	**23,817**	**25,082**	**25,583**	**1,766**
Civilian benefits (12.1)	8,088	8,517	8,688	600
Military benefits (12.2)	-	-	-	-
Benefits to former personnel (13.0)............................	-	-	-	-
Total Pay Costs..	**31,915**	**33,599**	**34,271**	**2,366**
Travel and transportation of persons (21.0)	472	472	472	23
Transportation of things (22.0)	6	6	6	-
Rental payments to GSA (23.1)	852	852	852	41
Rental payments to Others (23.2).................................	-	-	-	-
Communication, utilities, and misc. charges (23.3)......	-	-	-	-
Printing and reproduction (24.0)	1	1	1	-
Other Contractual Services:				
Advisory and assistance services (25.1)	-	-	-	-
Other services (25.2)...	12,323	12,643	12,922	599
Purchase of goods and services from government accounts (25.3)	15,711	16,119	16,474	763
Operation and maintenance of facilities (25.4)...........	166	170	174	8
Research and Development Contracts (25.5)	-	-	-	-
Medical care (25.6)	-	-	-	-
Operation and maintenance of equipment (25.7)........	-	-	-	-
Subsistence and support of persons (25.8)	-	-	-	-
Subtotal Other Contractual Services	**29,531**	**30,299**	**30,965**	**1,434**
Supplies and materials (26.0)	338	347	354	16
Total Non-Pay Costs...	**338**	**347**	**354**	**16**
Total Salary and Expense	**61,774**	**64,245**	**65,591**	**3,817**
Direct FTE	**180**	**180**	**180**	**-**

Detail of Full-Time Equivalent Employment (FTE)

	2023 Actual Civilian	2023 Actual Military	2023 Actual Total	2024 Est. Civilian	2024 Est. Military	2024 Est. Total	2025 Est. Civilian	2025 Est. Military	2025 Est. Total
Direct:................	178	-	178	180	-	180	180	-	180
Reimbursable: ...	-	-	-	-	-	-	-	-	-
Total:	178	-	178	180	-	180	180	-	180
ONC FTE Total	**178**	**-**	**178**	**180**	**-**	**180**	**180**	**-**	**180**

Average GS Grade	Grade:	Step:
FY 2021................................	13	9
FY 2022................................	13	9
FY 2023................................	13	6
FY 2024................................	13	6
FY 2025................................	13	7

Detail of Positions

	FY 2023 Final	FY 2024 CR	FY 2025 President's Budget
Executive level	-	-	-
Total - Exec. Level Salaries	-	-	-
ES......................................	5	6	6
Total - ES Salary	1,208,584	1,273,044	1,298,505
GS-15..	49	53	53
GS-14..	51	60	60
GS-13..	49	53	53
GS-12..	15	17	14
GS-11..	4	5	5
GS-10..	-	-	-
GS-9..	5	14	14
GS-8..	-	-	-
GS-7..	1	1	1
GS-6..	-	-	-
GS-5..	1	1	1
GS-4..	-	-	-
GS-3..	-	-	-
GS-2..	-	-	-
GS-1..	-	-	-
Subtotal	175	204	204
Total - GS Salary	22,607,907	23,808,387	24,284,555
Average ES salary............................	241,771	212,174	216,418
Average GS grade............................	13-6	136	137
Average GS salary............................	129,188	116,708	119,042

Physicians' Comparability Allowance Worksheet

	PY 2023 (Actual)	CY 2024 (Estimate)	BY 2025 (Estimate)
Number of Physicians Receiving PCAs	0	1	3
Number of Physicians with One-Year PCA Agreements	0	0	0
Number of Physicians with Multi-Year PCA Agreements	0	0	3
Average Annual PCA Physician Pay (without PCA payment)	0	159,028	159,028
Average Annual PCA Payment	0	16,000	16,000

Explain the recruitment and retention problem(s) justifying the need for the PCA pay authority.

ONC needs physicians with a strong medical background to engage clinical stakeholders and to provide an in-depth clinically based perspective on ONC policies and activities such as EHR safety, usability, clinical decision support, and quality measures.

Without the PCA, it is unlikely that ONC could have recruited and maintained its current physician, nor is it likely that ONC would be able to recruit and maintain physicians without PCAs in future years.

Explain the degree to which recruitment and retention problems were alleviated in your agency through the use of PCAs in the prior fiscal year.

IN FY 2023, ONC did not onboard a physician. In the past, ONC has been able to retain physicians with strong medical background, so the agency was better able to engage clinical stakeholders and provide a clinically based perspective on ONC policies and activities.

CYBERSECURITY FUNDING

There are no cybersecurity funds tied to the FY 2025 ONC Budget, cybersecurity funding is captured in the FY 2025 Public Health and Social Services Emergency Fund FY 2025 Congressional Justification Cybersecurity Funding Table.

Proposed Law

1. Advisory Opinions for Information Blocking

   Provide HHS the authority to create an advisory opinion process and issue advisory opinions for information blocking practices governed by section 3022 of the Public Health Service Act (PHSA), 42 U.S.C. 300jj-52. Advisory opinions issued would advise the requester whether, in the Department's view, a specific practice would violate the information blocking statutory and regulatory provisions. It would be binding on the Department, such that the Department would be barred from taking an information blocking enforcement action against the requestor's practice, where the advisory opinion states that the practice does not constitute information blocking under the information blocking statute or regulations. In addition, provide HHS with the authority to collect and retain fees to be charged for issuance of such opinions, and to use such fees to offset the costs of the opinion process.