

## HTI-2 Proposed Key Dates

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Health IT developers with a Health IT Module certified to any revised certification criterion, as defined in 45 CFR 170.102, must update their certified Health IT Module and provide such updated health IT to their customers in accordance with the timelines defined for a specific criterion and/or standard included in § 170.315. Below are key dates for the certification criteria we propose to revise in HTI-2. Note, the new certification criteria proposed in HTI-2 have specified timelines for adoption in the ONC Health IT Certification Program (Program), but have been purposefully omitted from this fact sheet.

We propose that by January 1, 2026, a health IT developer of a Health IT Module certified to the following criteria must update their Health IT Module and provide the updated version to their customers in order to maintain certification of that Health IT Module.

- § 170.315(d)(7) “privacy and security – health IT encryption”
- § 170.315(d)(9) “privacy and security - trusted connection”
- § 170.315(d)(12) “privacy and security - protect stored authentication credentials”

We propose that by January 1, 2027, a health IT developer of a Health IT Module certified to the following criteria must update their Health IT Module and provide the updated version to their customers in order to maintain certification of that Health IT Module.

- § 170.315(f)(6) “public health -antimicrobial use and resistance reporting – transmission to public health agencies”
- § 170.315(f)(7) “public Health - health care surveys – transmission to public health agencies”

We propose that by January 1, 2028, a health IT developer of a Health IT Module certified to the following criteria must update their Health IT Module and provide the updated version to their customers in order to maintain certification of that Health IT Module.

- § 170.315(a)(2) “computerized provider order entry—laboratory”
- § 170.315(a)(12) “family health history”
- § 170.315(b)(1) “transitions of care”
- § 170.315(b)(2) “clinical information reconciliation and incorporation”
- § 170.315(b)(3) “electronic prescribing”
- § 170.315(b)(4) “real-time prescription benefit”
- § 170.315(c)(4) “clinical quality measures – filter”
- § 170.315(d)(13) “privacy and security - multi-factor authentication”
- § 170.315(e)(1) “patient engagement - view, download, and transmit to 3rd party”
- § 170.315(f)(1) “public Health - Immunization Registries”
- § 170.315(f)(2) “public health - syndromic surveillance - transmission to public health agencies”
- § 170.315(f)(3) “public health - reportable laboratory results”
- § 170.315(f)(4) “public health - cancer registry reporting”
- § 170.315(f)(5) “public health - transmission to public health agencies — electronic case reporting”
- § 170.315(g)(9) “design and performance - application access – all data request – functional requirements”
- § 170.315(g)(10) “design and performance - standardized API for patient and population services – data response”

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Finally, we propose that beginning January 1, 2028, a health IT developer of a Health IT Module certified to the Base EHR definition in § 170.102 must update their Health IT Module and provide the updated version to their customers in order to maintain certification to the Base EHR.

- § 170.315(g)(20) “standardized API for public health data exchange”
- § 170.315(g)(31) “provider access API – client”

*Please note that we propose that § 170.315(g)(34) “prior authorization API – provider” is required on and after January 1, 2027.*



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

