TEXAS MEDICAL ASSOCIATION

Physicians Caring for Texans

April 13, 2026

Thomas Keane, MD, MBA
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
330 C St. SW; Floor 7
Washington, DC 20201

Submitted via ONC's USCDI webpage

RE: Comments on United States Core Data for Interoperability Draft Version 7

Dear Dr. Keane,

On behalf of the Texas Medical Association (TMA) representing more than 60,000 physician and medical student members, we thank you for the opportunity to comment on the United States Core Data for Interoperability (USCDI) Draft Version 7.

TMA is a private, voluntary, non-profit association and the largest state medical society in the nation. It was founded in 1853 to serve the people of Texas in matters of medical care, prevention and cure of disease, and improvement of public health. Today its vision is "improving the health of all Texans."

TMA recognizes the Office of National Coordinator's (ONC) stated benefits of standardizing data elements to support improved patient care, enhanced nationwide health, greater affordability, and reduced clinician burden.

As we have with previous USCDI comment letters, TMA strongly urges ONC to work towards including data elements only if there are vocabulary standards for the element. These standards force common language exchange of data elements across disparate systems and health information networks. Without vocabulary standards, electronic health record (EHR) vendors can choose incompatible approaches, which inhibits interoperability. Data elements without standards are nearly useless in terms of interoperability. Of the 30 proposed data elements in USCDI Draft Version 7, 23 new data elements do not have a correlating vocabulary standard. If ONC adopts the newly proposed data elements, USCDI will have a total of 156 data elements of which 76 will not have a correlating vocabulary standard. TMA encourages ONC to work with EHR vendors and standards organizations to include vocabulary standards for each USCDI data element.

Requirements without measurement of compliance are merely guidelines. Accordingly, TMA urges ONC to support industry-led testing among certified EHR vendors to verify the USCDI data elements are truly interoperable between disparate systems and achieve the desired goals. Where this measurement identifies weakness in the use of a data element, such as limited use or poor compliance with standards, efforts should be made to either improve performance or eliminate the requirement.

Not all data elements are applicable to all medical specialties. EHR vendors should program systems with the ability to suppress non-applicable fields and thus reduce EHR-screen clutter with the goal of improving EHR usability, which is an important patient-safety factor. This reduces EHR complexity that helps increase physicians' satisfaction while reducing frustration and burnout.

For many years, TMA has advocated for universal use of extensible markup language (XML) or a similar standard (e.g., Fast Healthcare Interoperability Resources, or FHIR) as a way of exchanging meaningful health data, like what is used in accounting and other industries. Universal common encoding of all data elements could permit disparate systems to share and consume information more easily. Information consumed by a receiving EHR could be placed correctly within the system to give it meaning and make it useful. Requiring this kind of data-element tagging as part of USCDI has the potential to rapidly advance ONC's interoperability goals while decreasing user burden. Additionally, standardized encoding of all data elements supports physicians who need to change EHRs by making it possible to seamlessly move from one EHR to another with little effort and cost.

Additionally, ONC should consider collecting data from qualified health information networks (QHINs) and health information exchanges (HIEs) to understand if the required USCDI data elements can all be exchanged seamlessly and without additional user effort. TMA recommends ONC require all exchanged clinical data to include standardized provenance metadata, including source system ID, timestamp, and record transformation history. Certified systems should implement a mechanism to retract or correct erroneous data previously disseminated, using either FHIR delete/patch capabilities or a standardized correction flag that propagates across recipients.

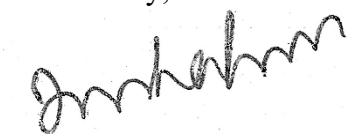
Specific data elements
TMA appreciates the addition of data elements that may impact patient care by providing relevant information at the point of care. To promote data reliability and exchange consistency, TMA urges ONC to not adopt the following data elements until each element has a correlating vocabulary standard:

- *Adverse Event Outcome*
- *Allergy Intolerance Criticality*
- *Healthcare Agent*
- *Diagnostic Imaging Reference*
- *Appointment*
- *Reason Not Performed*
- *Diagnostic Report Date*
- *Health Insurance Coverage Period*
- *Health Insurance Payer*
- *Health Insurance Plan*
- *Health Insurance Plan Identifier*
- *Immunization Status*
- *Immunization Record Source*
- *Specimen Collection Method*
- *Medication Administration*

- *Medication Dispense Quantity*
- *Medication Device Order*
- *Nutrition Order*
- *Referral Order*
- *Deceased Indicator*
- *Patient Identifier*
- *Condition Status*
- *Procedure Status*

TMA appreciates the opportunity to provide feedback on USCDI Version 7. Any questions may be directed to Shannon Vogel, associate vice president of health information technology, by emailing shannon.vogel@texmed.org or calling (512) 370-1411.

Sincerely,



Jayesh "Jay" Shah, MD
President
Texas Medical Association