EHRA
HIMSS ELECTRONIC HEALTH RECORD ASSOCIATION

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June 15, 2026

Dr. Thomas Keane
National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
200 Independence Avenue, SW
Washington, DC 20201

Dear Dr. Keane,

The HIMSS Electronic Health Record (EHR) Association appreciates the opportunity to provide feedback on the 2026 Standards Version Advancement Process (SVAP). As the national trade association of EHR developers, representing nearly 30 companies that supply the vast majority of electronic health records used by hospitals and physician practices across the United States, we remain committed to advancing interoperable health information technology that supports high-quality, efficient, and patient-centered care.

The EHR Association continues to support SVAP's goals as a mechanism to enable the adoption of newer versions of standards and implementation specifications outside formal rulemaking. We appreciate ONC's continued efforts to provide flexibility for developers and healthcare organizations seeking to adopt more current standards and offer the following comments on the overall process and the standards proposed for inclusion in the 2026 SVAP cycle.

## Recommendations for Improving the Standards Version Advancement Process

### *Version Availability and Lifecycles*

As communicated in past cycles, the EHR Association remains concerned that the current lifecycle of SVAP-approved standards does not align well with the development, implementation, and adoption timelines experienced by health IT developers and their customers.

Under the current process, comments are solicited in the spring and approved standards are finalized in the summer, providing limited time for developers to incorporate newly approved standards into product roadmaps and development cycles. Additionally, standards approved in one SVAP cycle may no longer be available in the following year's cycle, creating uncertainty for organizations making significant investments in implementation.

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MEDITECH, Inc.
Modernizing Medicine
Netsmart
Nextech
NextGen Healthcare
Office Practicum
Oracle Health
PointClickCare
Sevocity
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Veradigm

To better reflect the realities of software development and implementation while continuing to advance toward newer standards, we encourage ONC to maintain approved standards for at least two SVAP cycles. For example, if a new version of USCDI is approved in one SVAP cycle and the subsequent version is approved in the next, the previous version should be maintained alongside the new one for at least 1 cycle.

### *SVAP Persistence*

The EHR Association appreciates ONC's attention to concerns previously raised regarding SVAP persistence and developers' ability to continue using standards previously adopted through SVAP in subsequent versions of certified products. We recognize that ONC has taken steps to address this issue and appreciate the agency's willingness to engage with stakeholders on the practical implications of advancing SVAP versions. Clarifying expectations regarding the continued use of previously adopted standards is important to ensuring that developers can effectively plan product roadmaps and support customers throughout lengthy implementation cycles.

We encourage ONC to continue refining its guidance and policy language regarding persistence. Specifically, we recommend clarifying that developers may continue to use standards previously adopted through SVAP in future versions of the same product to support ongoing conformance and maintenance activities, as highlighted in the passage below.

> **Approved SVAP Versions**
>
> Standards approved by the National Coordinator during a specific SVAP cycle remain available for SVAP until a successor version is approved for SVAP by the National Coordinator. Certified Health IT Developers that use SVAP-approved standards in one or more Health IT Modules may continue to use such standards ***in future versions of the same product*** to conform with ongoing Certification Program requirements until the version in regulation is changed or unless they are superseded by regulation or retired by the National Coordinator.

## Electronic Prior Authorization - § 170.315(g)(31), § 170.315(g)(32), § 170.315(g)(33)

The EHR Association strongly supports continued advancement of electronic prior authorization capabilities and recognizes the importance of maintaining industry momentum toward broader adoption of standards-based prior authorization workflows. Prior authorization remains a significant priority for both health IT developers and healthcare providers, and substantial investments have already been made to support implementation of the HL7 Da Vinci Implementation Guides.

For the 2026 SVAP cycle, we recommend that ONC permit both Version 2.1 and Version 2.2 of the applicable Da Vinci Implementation Guides. While we recognize that the industry is transitioning toward Version 2.2, many developers and provider organizations have already committed significant resources to the development, deployment, and adoption of Version 2.1. Allowing both versions during this transition period would support continued implementation progress while providing flexibility for organizations at different stages of readiness.

We encourage continued coordination among health IT developers, providers, payers, and certification bodies to ensure a smooth and practical transition to Version 2.2 while maintaining momentum toward broader adoption of electronic prior authorization.

## United States Core Data for Interoperability (USCDI) - § 170.213

The EHR Association recommends that ONC continue to make USCDI Version 5 available through the 2026 SVAP cycle. Given that the industry is primarily focusing on USCDI v5 as the next iteration, we suggest that USCDI v6 not be adopted at this stage.

Health IT developers across the industry continue to invest significant resources in USCDI v5 and the associated standards and implementation guides. While development efforts are ongoing, the lack of certification testing data and tools needed to fully validate development remains a significant challenge. Without these resources, developers have limited ability to complete testing and certification despite continued progress toward adoption.

Removing USCDI v5 as an available SVAP option at this stage would disrupt ongoing development and implementation efforts and create unnecessary challenges for developers and healthcare organizations actively working toward certification and implementation. Continued availability of v5 would help preserve implementation momentum while allowing sufficient time for testing infrastructure and industry adoption to mature. This recommendation is consistent with our broader comments regarding SVAP version availability and the need for standards to remain available long enough to support realistic development and implementation timelines.

Under the current process, the prior version of USCDI in SVAP, v5 in this case, is removed when the next USCDI version is adopted. If USCDI v6 is to be considered for addition to SVAP, we urge ONC to change the process so that USCDI v5 can continue to be used through SVAP.

## Clinical Quality Measures (CQMs) - § 170.315(c)(3)

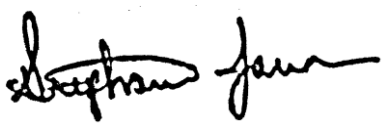
The EHR Association recommends including the current CMS Implementation Guides for Quality Reporting Document Architecture (QRDA) Categories I and III in the 2026 SVAP cycle.

Health IT developers routinely update their systems to align with the annual CMS quality reporting implementation guides, allowing the hospitals and clinicians we serve to comply with CMS quality reporting programs. Adoption of the current QRDA Category I and Category III implementation guides through SVAP helps maintain alignment between ONC certification requirements and CMS reporting requirements while supporting timely implementation of annual quality reporting updates.

We appreciate the opportunity to provide feedback on the 2026 SVAP cycle and look forward to continued collaboration with ONC on standards advancement and interoperability.

Sincerely,

Leigh Burchell
Chair, EHR Association
Altera Digital Health



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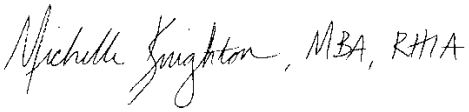

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Modernizing Medicine

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***Established in 2004, the Electronic Health Record (EHR) Association is comprised of 27 companies that supply the vast majority of EHRs to physicians' practices and hospitals across the United States. The EHR Association operates on the premise that the rapid, widespread adoption of EHRs will help improve the quality of patient care as well as the productivity and sustainability of the healthcare system as a key enabler of healthcare transformation. The EHR Association and its members are committed to supporting safe healthcare delivery, fostering continued innovation, and operating with high integrity in the market for our users and their patients and families. The EHR Association is a partner of HIMSS. For more information, visit www.ehra.org.***