



February 27, 2026

Assistant Secretary Thomas Keane, M.D.
Assistant Secretary for Technology Policy (ASTP), Office of the National Coordinator for Health Information Technology (ONC)
U.S. Department of Health and Human Services
330 C Street, SW, Floor 7
Washington, DC 20201

Re: [Health Data, Technology, and Interoperability: ASTP/ONC Deregulatory Actions To Unleash Prosperity](#), RIN 0955-AA09

Dear Assistant Secretary Keane:

The Association for Behavioral Health and Wellness (ABHW) appreciates the opportunity to submit our recommendations to the Office of the Assistant Secretary for Technology Policy/National Coordinator for Health Information Technology (ASTP/ONC) in response to Health Data, Technology, and Interoperability: ASTP/ONC Deregulatory Actions to Unleash Prosperity Notice of Proposed Rulemaking (NPRM or proposed rule).

ABHW is the national voice for payers managing behavioral health insurance benefits. Our member companies provide coverage to 200 million people in both the public and private sectors to treat mental health (MH), substance use disorders (SUDs), and other behaviors that impact health and wellness. Our organization aims to increase access, drive integration, support prevention, raise awareness, reduce stigma, and advance evidence-based treatment and quality outcomes. Furthermore, our policy work aims to ensure that physical and behavioral health care is integrated and coordinated. ABHW is committed to ensuring better outcomes for whole-person care for all individuals and communities. We believe access to comprehensive, evidence-based MH and SUD services is critical to enhancing patients' health and overall well-being.

Our members strongly support efforts to modernize health IT infrastructure, improve interoperability, and reduce unnecessary administrative burden. We welcome ASTP/ONC's deregulatory review and its focus on ensuring that certification requirements remain meaningful, efficient, and aligned with real-world implementation. At the same time, we urge caution when modifying privacy, security, and design-related certification criteria, particularly given the unique sensitivity of behavioral health information.

Privacy and Security Considerations

HTI-5 proposes the removal of all 14 privacy and security certification criteria, including authentication, audit logging, encryption, and multi-factor authentication, on the basis that these capabilities are widely adopted or independently required under HIPAA. While we

recognize that many of these safeguards are embedded in practice and required under existing law, behavioral health data warrants particular consideration.

MH and SUD information are highly sensitive. In addition to HIPAA, 42 CFR Part 2 (Part 2) imposes additional statutory protections for SUD treatment records. Health IT systems must be capable of distinguishing, managing, and protecting this information while still enabling coordinated care. Certification criteria have historically provided important guardrails to help ensure the protection of this data. If the privacy and security certification criteria are removed, providers and health plans may bear greater responsibility to verify that health IT products meet HIPAA and Part 2 requirements, increasing operational burden and potential compliance risk.

Direct Messaging Implications

ABHW is concerned that HTI-5's deregulatory approach could unintentionally weaken Direct messaging, which remains a foundational mechanism for national health information exchange. Although Direct messaging capabilities are now widely adopted, that adoption has been driven in large part by prior certification requirements. Removing those requirements risks undermining a reliable, established interoperability pathway at a time when clinicians and payers continue to depend on it for care coordination and administrative exchange. We respectfully urge ASTP/ONC to preserve a baseline Direct messaging certification requirement to avoid regression in interoperability as the industry transitions toward broader Fast Healthcare Interoperability Resources (FHIR)-based solutions.

Decision Support Interventions

The proposed rule would remove requirements related to source attributes, access and modification of those attributes, and risk management obligations tied to predictive decision support tools supplied within certified health IT. While we support the broader goal of promoting AI transparency and user trust, we believe additional discussion is needed to ensure that the approach is appropriately tailored and risk-based. Transparency requirements should be focused primarily on higher-risk AI applications to avoid unnecessary burden and barriers to innovation. We also encourage ASTP/ONC to support industry-driven standards through consensus-based development processes and to work closely with provider groups to better understand usability and implementation needs. Finally, if transparency criteria are retained, updated provider education and guidance will be important to ensure meaningful adoption and trust in AI-enabled tools.

United States Core Data for Interoperability Version 3.1 Update

The proposal would require all certified health IT modules to conform to United States Core Data for Interoperability Version 3.1 (USCDI v3.1). While we support continued advancement of national data standards, this change does not appear fully aligned with current industry and



state requirements. Health plans have made significant investments in collecting sexual orientation and gender identity (SOGI) data, and several states continue to mandate such collection. Additionally, NCQA accreditation standards require plans to collect sexual orientation data. If USCDI requirements diverge from these existing obligations, plans operating across multiple states could face compliance challenges and operational inefficiencies.

A lack of alignment and standardization in this area would increase administrative burden not only for health plans, but also for providers, vendors, and other entities that must support multiple, inconsistent data collection and exchange frameworks. We encourage ASTP/ONC to carefully consider the need for consistency across federal standards, state mandates, and accreditation requirements to avoid fragmentation and unnecessary burden.

ABHW is ready to support ASTP/ONC in efforts to reduce duplicative or outdated certification requirements and to streamline regulatory burden. However, deregulation should not unintentionally shift disproportionate compliance risk onto providers and health plans, particularly in areas involving highly sensitive behavioral health data. We look forward to working with you to advance interoperability and improving behavioral health outcomes nationwide. Please contact Kathryn Cohen, Senior Director of Regulatory Affairs at cohen@abhw.org, if you have any questions.

Sincerely,

A handwritten signature in black ink, reading 'Deborah H. Withey', written in a cursive style.

Debbie Withey, MHA
President and CEO