The Office of the National Coordinator for Health Information Technology

Medicare and Medicaid Programs; Electronic Health Record Incentive Program-Stage 3 and 2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and ONC Health IT Certification Program Modifications

Overview for Public Health Stakeholders

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CMS Rule

Medicare and Medicaid Programs; Electronic Health Record Incentive Program-Stage 3

- Align all three stages of Meaningful Use into single program/rule as an option in 2017 and required for all providers in 2018
- Aligns reporting periods – full calendar year reporting for eligible professionals, eligible hospitals and critical access hospitals
- Provides simplified objectives and measures – only 8 objectives, all tied to HHS Delivery System Reform Goals

Program goal/objective	Delivery system reform goal alignment
Protect Patient Health Information	Foundational to Meaningful Use and Certified EHR Technology *. Recommended by HIT Policy Committee.
Electronic Prescribing (eRx)	Foundational to Meaningful Use. National Quality Strategy Alignment.
Clinical Decision Support (CDS)	Foundational to Certified EHR Technology. Recommended by HIT Policy Committee. National Quality Strategy Alignment.
Computerized Provider Order Entry (CPOE)	Foundational to Certified EHR Technology. National Quality Strategy Alignment.
Patient Electronic Access to Health Information	Recommended by HIT Policy Committee. National Quality Strategy Alignment.
Coordination of Care through Patient Engagement	Recommended by HIT Policy Committee. National Quality Strategy Alignment.
Health Information Exchange (HIE)	Foundational to Meaningful Use and Certified EHR Technology. Recommended by HIT Policy Committee. National Quality Strategy Alignment.
Public Health and Clinical Data Registry Reporting	**Recommended by HIT Policy Committee. National Quality Strategy Alignment.**

ONC Rule

2015 Edition Health Information Technology (Health IT) Certification Criteria, 2015 Edition Base Electronic Health Record (EHR) Definition, and ONC Health IT Certification Program Modifications

- New 2015 Base EHR Definition
- No optional/required criteria – developers should choose the criteria relevant to their purpose
- Can be used beyond CMS EHR Incentive Program

Objective 8: Public Health and Clinical Data Registry Reporting

- Proposed Objective: The EP, eligible hospital, or CAH is in active engagement with a PHA or CDR to submit electronic public health data in a meaningful way using certified EHR technology, except where prohibited, and in accordance with applicable law and practice.
- Six possible measures to meet the objective
  - Eligible professionals must meet three measures
  - Eligible Hospitals and Critical Access Hospitals must meet four measures

Measures for Objective 8

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PUBLIC HEALTH AND CLINICAL DATA REGISTRY REPORTING OBJECTIVE		
Measure	Maximum times measure can count towards objective for EP	Maximum times measure can count towards objective for eligible hospital or CAH
Measure 1 – Immunization Registry Reporting	1	1
Measure 2 – Syndromic Surveillance Reporting	1	1
Measure 3 – Case Reporting	1	1
Measure 4 - Public Health Registry Reporting	3	4
Measure 5 - Clinical Data Registry Reporting	3	4
Measure 6 - Electronic Reportable Laboratory Results	n/a	1

State Flexibility for Stage 3 of Meaningful Use

- Consistent with our approach under both Stage 1 and 2, we propose to continue to offer states flexibility under the Medicaid EHR Incentive Program in Stage 3 by adding a new provision at § 495.316(d)(2)(iii) subject to the same conditions and standards as the Stage 2 flexibility policy. Under Stage 3, state flexibility would apply only with respect to the public health and clinical data registry reporting objective outlined under section II.A.1.c.(1).(b).(i). of this proposed rule.
- For Stage 3 of meaningful use, we would continue to allow states to specify the means of transmission of the data and otherwise change the public health agency reporting objective as long as it does not require functionality greater than what is required for Stage 3 and included in the 2015 Edition proposed rule elsewhere in this issue of the Federal Register.
- We welcome comment on this proposal

Exclusions/Total number of measures required

- For eligible hospitals and CAHs, we propose that an exclusion for a measure does not count toward the total of four measures. Instead, in order to meet this objective an eligible hospital or CAH would need to meet four of the total number of measures available to them. If the eligible hospital or CAH qualifies for multiple exclusions and the total number of remaining measures available to the eligible hospital or CAH is less than four, the eligible hospital or CAH can meet the objective by meeting all of the remaining measures available to them and claiming the applicable exclusions. Available measures include ones for which the eligible hospital or CAH does not qualify for an exclusion.

Active Engagement

- Option 1 – Completed Registration to Submit Data:
- Option 2 - Testing and Validation
- Option 3 – Production

Completed Registration to Submit Data:

- The EP, eligible hospital, or CAH registered to submit data with the PHA or, where applicable, the CDR to which the information is being submitted; registration was completed within 60 days after the start of the EHR reporting period; and the EP, eligible hospital, or CAH is awaiting an invitation from the PHA or CDR to begin testing and validation. This option allows providers to meet the measure when the PHA or the CDR has limited resources to initiate the testing and validation process. Providers that have registered in previous years do not need to submit an additional registration to meet this requirement for each EHR reporting period

Testing and Validation:

- The EP, eligible hospital, or CAH is in the process of testing and validation of the electronic submission of data. Providers must respond to requests from the PHA or, where applicable, the CDR within 30 days; failure to respond twice within an EHR reporting period would result in that provider not meeting the measure.

Production:

- The EP, eligible hospital, or CAH has completed testing and validation of the electronic submission and is electronically submitting production data to the PHA or CDR

PH Readiness: Centralized Repository

- We also propose to provide support to providers seeking to meet the requirements of this objective by creating a centralized repository of national, state, and local PHA and CDR readiness. In the Stage 2 final rule (77 FR 54021), we noted the benefits of developing a centralized repository where a PHA could post readiness updates regarding their ability to accept electronic data using specifications prescribed by ONC for the public health objectives. We also published, pursuant to the Paperwork Reduction Act of 1995, a notice in the Federal Register on February 7, 2014 soliciting public comment on the proposed information collection required to develop the centralized repository on public health readiness (79 FR 7461). We considered the comments and we now propose moving forward with the development of the centralized repository. The centralized repository is integral to meaningful use and is expected to be available by the start of CY 2017. We expect that the centralized repository will include readiness updates for PHAs and CDRs at the state, local, and national level. We welcome your comments on the use and structure of the centralized repository.

Measure 1 – Immunization Registry Reporting:

- The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit immunization data and receive immunization forecasts and histories from the public health immunization registry/immunization information system (IIS).

Exclusions for Measure 1 – Immunization Registry Reporting:

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Any EP, eligible hospital, or CAH meeting one or more of the following criteria may be excluded from the immunization registry reporting measure if the EP, eligible hospital, or CAH: (1) Does not administer any immunizations to any of the populations for which data is collected by their jurisdiction's immunization registry or immunization information system during the EHR reporting period; (2) operates in a jurisdiction for which no immunization registry or immunization information system is capable of accepting the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or (3) operates in a jurisdiction where no immunization registry or immunization information system has declared readiness to receive immunization data at the start of the EHR reporting period.

§ 170.315(f)(1) (Transmission to immunization registries)

- HL7 Version 2.5.1: Implementation Guide for Immunization Messaging, Release 1.5 (October 2014)
- Require NDC Codes for recording administered vaccines, require CVX codes for historical vaccines
- Require a Health IT Module presented for certification to this criterion to be able to request, access and display an immunization history and forecast from an immunization registry

§ 170.315(f)(1) (Transmission to immunization registries)

- we solicit comment on whether we should allow use of NDC codes for administered vaccines as an option for certification, but continue to require CVX codes for administered vaccines for the 2015 Edition. Allowing for optional use of NDC codes for administered vaccines could provide health IT developers and health care providers an implementation period before we would consider requiring NDC codes for administered vaccines. We also solicit comment on whether we should require CVX plus the HL7 Standard Code Set MVX - Manufacturers of Vaccines Code Set (October 30, 2014 version) as an alternative to NDC codes for administered vaccines.

§ 170.315(f)(1) (Transmission to immunization registries)

- WE propose in a later section of this rule to include the representation of immunizations in both CVX codes and NDC codes as part of the "Common Clinical Data Set" definition for certification to the 2015 Edition. Please see section III.B.3 "Common Clinical Data Set" of this preamble for further discussion of this associated proposal. We note that this means that a Health IT Module certified to certification criteria that include the Common Clinical Data Set (e.g., the ToC criterion) must demonstrate the capability to represent immunizations in CVX codes and NDC codes. This approach ensures that health IT would be able to support a provider's attempt to send immunization information that includes NDC information

Measure 2—Syndromic Surveillance Reporting

- The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit syndromic surveillance data from a non-urgent care ambulatory setting for EPs, or an emergency or urgent care department for eligible hospitals and CAHs (POS 23). This measure remains a policy priority for Stage 3 because electronic syndromic surveillance is valuable for early detection of outbreaks, as well as monitoring disease and condition trends.

Measure 2—Syndromic Surveillance Reporting

- We are distinguishing between EPs and eligible hospital or CAHs reporting locations because, as discussed in the Stage 2 final rule, few PHAs appeared to have the ability to accept non-emergency or non-urgent care ambulatory syndromic surveillance data electronically (77 FR 53979). We continue to observe differences in the infrastructure and current environments for supporting electronic syndromic surveillance data submission to PHAs between eligible hospitals or CAHs and EPs. Because eligible hospitals and CAHs send syndromic surveillance data using different methods as compared to EPs, we are defining slightly different exclusions for each setting as described later in this section.

Exclusion for Measure 2 (EPs) – Syndromic Surveillance

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Exclusion for EPs for Measure 2: Any EP meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the EP: (1) Does not treat or diagnose or directly treat any disease or condition associated with a syndromic surveillance system in their jurisdiction; (2) operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from EPs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or (3) operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from EPs at the start of the EHR reporting period.

Exclusion for Measure 2 (EHs, CAHs) – Syndromic Surveillance

Exclusion for eligible hospitals/CAHs for Measure 2: Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the syndromic surveillance reporting measure if the eligible hospital or CAH: (1) Does not have an emergency or urgent care department; (2) operates in a jurisdiction for which no public health agency is capable of receiving electronic syndromic surveillance data from eligible hospitals or CAHs in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or (3) operates in a jurisdiction where no public health agency has declared readiness to receive syndromic surveillance data from eligible hospitals or CAHs at the start of the EHR reporting period.

§ 170.315(f)(2) Transmission to public health agencies—syndromic surveillance

Emergency Department, Urgent Care, and Inpatient Settings

- We propose to adopt the PHIN Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent, Ambulatory Care, and Inpatient Settings, Release 2.0, September 2014 ("Release 2.0").
- Given the improvements included in Release 2.0 of the IG, we propose to adopt it at § 170.205(d)(4) and include it in the 2015 Edition "transmission to public health agencies—syndromic surveillance" certification criterion for emergency department, urgent care, and inpatient settings.

§ 170.315(f)(2) Transmission to public health agencies—syndromic surveillance

Ambulatory Syndromic Surveillance

- We propose to permit, for ambulatory setting certification, the use of any electronic means for sending syndromic surveillance data to public health agencies as well as optional certification to certain syndromic surveillance data elements. In the 2014 Edition Release 2 final rule, we adopted a certification criterion for ambulatory syndromic surveillance at § 170.314(f)(7) that permits use of any electronic means of sending syndromic surveillance data to public health agencies for ambulatory settings. We adopted this criterion to provide EPs under the EHR Incentive Programs to meet the Stage 2 syndromic surveillance objective with the use of CEHRT. Because there were no IGs to support HL7 2.5.1 messaging or query-based syndromic surveillance for ambulatory settings, we expanded our policy to provide more flexibility to EPs to meet the syndromic surveillance objective.

Measure 3—Case Reporting:

- The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit case reporting of reportable conditions.

Measure 3—Case Reporting:

- This is a new reporting option that was not part of Stage 2. The collection of electronic case reporting data greatly improves reporting efficiencies between providers and the PHA. Public health agencies collect “reportable conditions”, as defined by the state, territorial, and local PHAs to monitor disease trends and support the management of outbreaks. In many circumstances, there has been low reporting compliance because providers do not know when, where, or how to report. In some cases, the time burden to report can also contribute to low reporting compliance. However, electronic case reporting presents a core benefit to public health improvement and a variety of stakeholders have identified electronic case reporting as a high value element of patient and continuity of care. Further, we believe that electronic case reporting reduces burdensome paper-based and labor-intensive case reporting.

Exclusion for Measure 3 – Case Reporting

Any EP, eligible hospital, or CAH meeting one or more of the following criteria may be excluded from the case reporting measure if the EP, eligible hospital, or CAH: (1) Does not treat or diagnose any reportable diseases for which data is collected by their jurisdiction's reportable disease system during the EHR reporting period; (2) operates in a jurisdiction for which no public health agency is capable of receiving electronic case reporting data in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or (3) operates in a jurisdiction where no public health agency has declared readiness to receive electronic case reporting data at the start of the EHR reporting period.

§ 170.315(f)(5) Transmission to public health agencies—case reporting

We propose to adopt a certification criterion for electronic transmission of case reporting information to public health that would require a Health IT Module to be able to electronically create case reporting information for electronic transmission in accordance with the IHE Quality, Research, and Public Health Technical Framework Supplement, Structured Data Capture, Trial Implementation (September 5, 2014) standard, which we propose to adopt at § 170.205(q)(1). As mentioned above, this standard and our proposal include compliance with other existing standards. One such standard is the CDA Release 2.0, which is a foundational standard for use in sending and receiving case reporting information.

- To note, for testing to this criterion, a Health IT Module would need to demonstrate that it can create and send a constrained transition of care document to a public health agency, accept a URL in return, be able to direct end users to the URL, and adhere to the security requirements for the transmission of this information.

§ 170.315(f)(5) Transmission to public health agencies—case reporting

We recognize that the Fast Health Interoperability Resource (FHIR®) REST API and FHIR-based standard specifications will likely play a role in an interoperable health IT architecture. FHIR resources that implement SDC concepts and support the use of case reporting to public health would likely play a role in that scenario. The current HL7 FHIR Implementation Guide: Structure Data Capture (SDC), Release 1 is a "draft for comment" with a DSTU ballot planned for mid-2015. Given this trajectory, we solicit comment on whether we should consider adopting the HL7 FHIR Implementation Guide: SDC DSTU that will be balloted in mid-2015 in place of, or together with, the IHE Quality, Research, and Public Health Technical Framework Supplement. We are aware of a proposed HL7 working group known as the Healthcare Standards Integration Workgroup that will collaborate on FHIR resources considered co-owned with the IHE-HL7 Joint Workgroup within IHE. The implementation guides created from the S&I SDC Initiative is part of this joint workgroup's area of responsibility. Therefore, we intend to work with these coordinated efforts to ensure a complementary and coordinated approach for case reporting using SDC.

Measure 4—Public Health Registry Reporting
Measure 5—Clinical Data Registry Reporting

- The EP, eligible hospital, or CAH is in active engagement with a public health agency to submit data to public health registries.
- The EP, eligible hospital, or CAH is in active engagement to submit data to a clinical data registry.

Measure 4—Public Health Registry Reporting

In the Stage 2 final rule, we were purposefully general in our use of the term "specialized registry" (other than a cancer registry) to encompass both registry reporting to public health agencies and clinical data registries in order to prevent inadvertent exclusion of certain registries through an attempt to be more specific In response to insight gained from the industry through listening sessions, public forums, and responses to the February 2014 Public Health Reporting RFI; we propose to carry forward the concept behind this broad category from Stage 2, but also propose to split public health registry reporting from clinical data registry reporting into two separate measures which better define the potential types of registries available for reporting. We propose to define a "public health registry" as a registry that is administered by, or on behalf of, a local, state, territorial, or national PHA and which collects data for public health purposes. While immunization registries are a type of public health registry, we propose to keep immunization registry reporting separate from the public health registry reporting measure to retain continuity from Stage 1 and 2 policy in which immunization registry reporting was a distinct and separate objective.

Measure 5—Clinical Data Registry Reporting

For the purposes of meaningful use, “public health registries” are those administered by, or on behalf of, a local, state, territorial, or national public health agencies; and “clinical data registries” are administered by, or on behalf of, other non-public health agency entities. We believe that clinical data registries are important for providing information that can inform patients and their providers on the best course of treatment and for care improvements, and can support specialty reporting by developing reporting for areas not usually covered by PHAs but that are important to a specialist's provision of care. Clinical data registries can also be used to monitor health care quality and resource use.

Exclusions for Measure 4 Public Health Registry Reporting

Any EP, eligible hospital, or CAH meeting at least one of the following criteria may be excluded from the public health registry reporting measure if the EP, eligible hospital, or CAH: (1) Does not diagnose or directly treat any disease or condition associated with a public health registry in their jurisdiction during the EHR reporting period; (2) operates in a jurisdiction for which no public health agency is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or (3) operates in a jurisdiction where no public health registry for which the EP, eligible hospital, or CAH is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

Exclusions for Measure 5 Clinical Data Registry Reporting

Any EP, eligible hospital, or CAH meeting at least one of the following criteria may be excluded from the clinical data registry reporting measure if the EP, eligible hospital, or CAH: (1) Does not diagnose or directly treat any disease or condition associated with a clinical data registry in their jurisdiction during the EHR reporting period; (2) operates in a jurisdiction for which no clinical data registry is capable of accepting electronic registry transactions in the specific standards required to meet the CEHRT definition at the start of the EHR reporting period; or (3) operates in a jurisdiction where no clinical data registry for which the EP, eligible hospital, or CAH is eligible has declared readiness to receive electronic registry transactions at the beginning of the EHR reporting period.

§ 170.315(f)(4) Transmission to cancer registries

- HL7 Implementation Guide for CDA© Release 2: Reporting to Public Health Cancer Registries from Ambulatory Healthcare Providers Release 1 or "HL7 IG Release 1"
- We propose to include the September 2014 Release of the U.S. Edition of SNOMED CT® and LOINC® version 2.50 in this criterion. We refer readers to section III.A.2.d ("Minimum Standards" Code Sets) for further discussion of our adoption of SNOMED CT® and LOINC® as minimum standards code sets and our proposals to adopt the versions cited above, or potentially newer versions if released before a subsequent final rule, as the baselines for certification to the 2015 Edition.

§ 170.315(f)(4) Transmission to cancer registries

- Aligns with C-CDA Release 2.0 templates, where possible;
- Adds new data elements, including grade, pathologic TNM stage,[165] family history of illness, height and weight, discrete radiation oncology items, planned medications, and planned procedures;Show citation box
- Changes optionality for some data elements in response to cancer community input and to align with C-CDA Release 2.0 templates;
- Improves documentation and aligns conformance statements with table constraints;
- Adds some new vocabulary links and a new reportability list for ICD-10-CM;
- Fixes some within-document references;
- Fixes some LOINC® codes;
- Fixes some Code System and Value Set Object Identifiers;
- Fixes some conformance verbs;
- Improves sample XML snippets;
- Fixes some conformance verbs and data element names in Appendix B “Ambulatory Healthcare Provider Cancer Event Report—Data Elements”; and
- Fixes a value in the value set.

§ 170.315(f)(6) Transmission to public health agencies—antimicrobial use and resistance reporting

HL7 Implementation Guide for CDA ® Release 2—Level 3: Healthcare Associated Infection Reports, Release 1, U.S. Realm (August 2013)

We propose to test and certify a Health IT Module for conformance with the following sections of the IG:

- HAI Antimicrobial Use and Resistance (AUR) Antimicrobial Resistance Option (ARO) Report (Numerator) specific document template in Section 2.1.2.1 (pages 69-72);
- Antimicrobial Resistance Option (ARO) Summary Report (Denominator) specific document template in Section 2.1.1.1 (pages 54-56); and
- Antimicrobial Use (AUP) Summary Report (Numerator and Denominator) specific document template in Section 2.1.1.2 (pages 56-58).

§ 170.315(f)(7) Transmission to public health agencies—health care surveys

HL7 Implementation Guide for CDA ® Release 2: National Health Care Surveys (NHCS), Release 1—US Realm, Draft Standard for Trial Use (December 2014),[171] which we propose to adopt at § 170.205(s)(1).

- Automating the survey process using the CDA standard streamlines the collection of data and increases the sample pool by allowing all providers who want to participate in the surveys to do so. The HL7 Implementation Guide defines the electronic submission of the data to the CDC. We clarify that the IG is intended for the transmission of survey data for both the NAMCS (*e.g.,* for ambulatory medical care settings) and NHAMCS (*e.g.,* for hospital ambulatory settings including emergency departments and outpatient departments).

Measure 6—Electronic Reportable Laboratory Result Reporting

The eligible hospital or CAH is in active engagement with a public health agency to submit electronic reportable laboratory results. This measure is available to eligible hospitals and CAHs only.

Exclusion for Measure 6 – Electronic Reportable Laboratory Result Reporting

Any eligible hospital or CAH meeting one or more of the following criteria may be excluded from the electronic reportable laboratory result reporting measure if the eligible hospital or CAH: (1) Does not perform or order laboratory tests that are reportable in their jurisdiction during the EHR reporting period; (2) operates in a jurisdiction for which no public health agency is capable of accepting the specific ELR standards required to meet the CEHRT definition at the start of the EHR reporting period; or (3) operates in a jurisdiction where no public health agency has declared readiness to receive electronic reportable laboratory results from an eligible hospital or CAH at the start of the EHR reporting period.

§ 170.315(f)(3) Transmission to public health agencies—reportable laboratory tests and values/results

HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 2 (US Realm), DSTU R1.1, 2014 or "Release 2, DSTU R1.1"

- Corrects errata;
- Updates Objective Identifiers;
- Applies conformance statements from the LRI DSTU;
- Provides technical corrections; and
- Updates usage for consistent treatment of modifier fields.

§ 170.315(f)(3) Transmission to public health agencies—reportable laboratory tests and values/results

We propose to include the September 2014 Release of the U.S. Edition of SNOMED CT® and LOINC® version 2.50 in this criterion. We refer readers to section III.A.2.d ("Minimum Standards" Code Sets) for further discussion of our adoption of SNOMED CT® and LOINC® as minimum standards code sets and our proposals to adopt the versions cited above, or potentially newer versions if released before a subsequent final rule, as the baselines for certification to the 2015 Edition.

Objective 8 - Measures and Standards

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Measure	Standard	Implementation Guide
Measure 1 – Immunization Registry Reporting	170.315(f)(1)	HL7 Version 2.5.1: Implementation Guide for Immunization Messaging, Release 1.5 (October 2014)
Measure 2 – Syndromic Surveillance Reporting	170.315(f)(2)	PHIN Messaging Guide for Syndromic Surveillance: Emergency Department, Urgent, Ambulatory Care, and Inpatient Settings, Release 2.0, September 2014 ("Release 2.0")
Measure 3 – Case Reporting	170.315(f)(5)	IHE Quality, Research, and Public Health Technical Framework Supplement, Structured Data Capture, Trial Implementation (September 5, 2014)
Measure 4 - Public Health Registry Reporting	170.315(f)(4) 170.315(f)(6) 170.315(f)(7)	HL7 Implementation Guide for CDA© Release 2: Reporting to Public Health Cancer Registries from Ambulatory Healthcare Providers Release 1 HL7 Implementation Guide for CDA ® Release 2—Level 3: Healthcare Associated Infection Reports, Release 1, U.S. Realm (August 2013) HL7 Implementation Guide for CDA ® Release 2: National Health Care Surveys (NHCS), Release 1—US Realm, Draft Standard for Trial Use (December 2014),
Measure 5 - Clinical Data Registry Reporting		
Measure 6 - Electronic Reportable Laboratory Results	170.315(f)(3)	HL7 Version 2.5.1 Implementation Guide: Electronic Laboratory Reporting to Public Health, Release 2 (US Realm), DSTU R1.1, 2014 or "Release 2, DSTU R1.1

2015 Edition NPRM: Public Comment Opportunities

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Public comments will be accepted through May 29, 2015.

- Read the proposed rule: (public inspection version) https://s3.amazonaws.com/public-inspection.federalregister.gov/2015-06612.pdf
- Public comment template for 2015 Ed Rule

Other 2015 Edition Resources:

- Press release: http://www.healthit.gov/sites/default/files/HHS_Proposes_Rules_Path_Inop_FINAL_FORMATTED.docx
- Fact sheet: http://www.healthit.gov/sites/default/files/ONC-Certification-Program-2015-Edition_FactSheet.pdf
- ONC regulations: http://www.healthit.gov/policy-researchers-implementers/standards-and-certification-regulations
- Contact: Michael.Lipinski@hhs.gov

Stage 3 NPRM: Public Comment Opportunities

Public comments will be accepted through May 29, 2015. Please consider using the comment template ONC has provided.

- Read the proposed rule: (public inspection version) https://www.federalregister.gov/articles/2015/03/30/2015-06685/medicare-and-medicaid-programs-electronic-health-record-incentive-program-stage-3

Other Stage 3 Resources:

- Press release: http://www.hhs.gov/news/press/2015pres/03/20150320a.html
- CMS MU regulations: http://www.cms.gov/Regulations-and-Guidance/Legislation/EHRIncentivePrograms/index.html
- Contact: Elise.Anthony@hhs.gov to discuss specific proposals in Stage 3.