

**Response to Datavant from The Office of the Assistant Secretary for
Technology Policy and Office of the National Coordinator for
Health Information Technology**

Re: National Survey of Digital Health Companies (0990-New-30D)

Submitted By:
Meghan Gabriel

Office of the Assistant Secretary for Technology Policy and
Office of the National Coordinator for Health Information Technology
U.S. Department of Health and Human Services
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To:
Alya Sulaiman, JD, CIPP/US
Senior Vice President, Regulatory Affairs
Chief Compliance and Privacy Officer
Datavant at alya@davant.com

November 19, 2025

Dear Ms. Sulaiman,

Thank you for taking the time to share your comments on the National Survey of Digital Health Companies (0900-New-30D). We also appreciate your engagement in our “Un-Blocking Health Information Bootcamp.”

Our goal of this data collection effort is to help us better understand companies’ adoption of various types of APIs for EHR integration, use of the HL7 FHIR standard, status of EHR integrations, underlying characteristics of digital health companies, perceived benefits of federal health IT policy, and needed improvements to API standards and relevant federal health IT policies. As such, we appreciate your thoughtful comments.

Your suggestions regarding experiences with healthcare APIs and the “without special effort” policy raise several important points. We will take these under advisement as this critical work moves forward. This current survey, however, is limited to collecting descriptive information regarding use of standards-based APIs certified under the ONC Health IT Certification Program and will not evaluate pricing structures or address potential misuse of information blocking exceptions. Specifically, this data collection effort is designed to generate national statistics to help us monitor the adoption of certified standards-based APIs and evaluate progress towards the 21st Century Cures Act’s goals, rather than examining broader commercial or regulatory practices. To minimize burden on respondents, we designed this survey to collect only the information necessary to support the goal of this effort. The survey will ask questions, consistent with the prior fielding, about the degree to which high fees and other barriers impede integrations.

Further, your comments on the application of information blocking and enforcement policies are also appreciated. We agree that these are important issues, but they fall outside the current scope of this information collection. We aim with this current survey to focus on digital health companies’ experiences using certified APIs, and not on assessing how actors apply or interpret these exceptions. The scope of this information collection is intentionally narrow and is directly aligned to help evaluate implementation of the Cures Act API provisions. The survey will ask respondents about their experience and friction accessing API documentation, customer endpoints, and other information and resources to reduce special effort to connect their application. These responses will provide us a general understanding of these experiences. We look forward to evaluating these responses and take your suggestions under advisement for future data collections.

Finally, we agree that broader outcomes and non-clinical data play an important role in advancing interoperability. However, collecting information on value-based care, financial, or organizational data beyond what is already included in the survey is expanded scope, and outside the purpose of this collection effort. We appreciate these thoughtful suggestions and will keep them under advisement.

Thank you again for your engagement and for taking the time to share this important feedback with us.

Sincerely,

Meghan Gabriel
ASTP/ONC