Department of Health and Human Services
NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS
April 16, 2026
Virtual Meeting

MEETING MINUTES

Note: *For details on this meeting, please refer to the transcript and slides posted here:*

The National Committee on Vital and Health Statistics (NCVHS) was convened virtually on April 16, 2026. The meeting was open to the public. Present:

Committee Members
Dr. Joseph Marine, M.D., M.B.A., Chair, Johns Hopkins University School of Medicine
Dr. Anthony DiGiorgio, D.O., M.H.A., University of California, San Francisco
Christine Hall, B.S.H.M., C.H.C., Stirling Global Solutions, LLC
Dr. Regina Herzlinger, D.B.A., Harvard Business School
Dr. Michael Hogue, PharmD, American Pharmacists Association
Jordan Johnson, M.S.H.A., Bridge Oncology
Dr. Trudie Milner, Ph.D., College of Health Professions, Medical University of South Carolina
Dr. Paula Muto, M.D., F.A.C.S., UBERDOC
Dr. Anh Nguyen, Ph.D., M.S.P.H., Onvida Health
Sean Weiss, C.H.C., DoctorsManagement, LLC
Dr. Kelly Willenburg, D.B.A., R.N., C.H.R.C., C.H.C., Kelly Willenberg & Associates

Executive and Lead Staff
Naomi Michaelis, MPA, NCHS, Exec. Secretary

Invited Speakers
Timothy Noonan, JD, OCR
Lisa Goldstein, JD, OCR

In addition to those individuals who presented virtually during the meeting (listed above), 43 people followed the meeting online.

ACTIONS

The Committee approved three recommendations to the Secretary of Health and Human Services (HHS): (1) a recommendation of support for the proposed Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule modifications discussed during the briefing; (2) a recommendation that HHS request additional information on Artificial Intelligence (AI)-related privacy and data issues; and (3) a recommendation that HHS seek input from small, rural, and other under-resourced HIPAA covered entities regarding implementation challenges.

Call to Order and Roll Call—Naomi Michaelis, Executive Secretary and Designated Federal Officer

Ms. Michaelis welcomed NCVHS members, staff, invited speakers, and public attendees. Ms. Michaelis conducted a roll call, requesting that NCVHS Full Committee members state their name, status as a special government employee, and any conflicts of interest for this meeting. No Full Committee members disclosed conflicts of interest. Ms. Michaelis then introduced federal staff members.

Agenda Review—Dr. Joseph Marine, Chair

Dr. Marine welcomed NCVHS members and staff and reviewed the meeting agenda.

Briefing — Office for Civil Rights (OCR) — Timothy Noonan and Lisa Goldstein, Office for Civil Rights

- Timothy Noonan, Deputy Director for Health Information Privacy, Data, and Cybersecurity, and Lisa Goldstein, Policy Specialist for Health Information Privacy, Data and Cybersecurity from the HHS Office for Civil Rights presented a comprehensive overview of the 2021 Notice of Proposed Rulemaking (NPRM) for HIPAA Privacy Rule modifications to the NCVHS, detailing key proposals from the NPRM including: Right of Access, Care Coordination and Case Management, Disclosures to Address Emergencies, Notice of Privacy Practices (NPP), Telecommunications Relay Services, and Uniformed Services.
    - **Right of Access Changes:** Ms. Goldstein explained that the NPRM proposes to shorten the response time for covered entities to provide individuals access to their protected health information (PHI) from 30 days to 15 calendar days, with a possible 15-calendar-day extension if the entity has a policy to prioritize urgent or other high priority requests. The proposal also would strengthen the right to inspect PHI by specifying that it includes a right for individuals to view, take notes, photograph, and use personal resources to capture their PHI in a designated record set at a mutually convenient time and place, including during health care appointments. The Department proposed to permit covered entities to limit this right to prevent disruption and ensure that only authorized PHI is accessed, including by establishing reasonable policies and safeguards.
    - The proposed rule would clarify that the requirement for covered entities to provide PHI maintained electronically in the electronic form and format requested by individuals if readily producible in that form and format includes providing such PHI through electronic transmission to personal health applications. It would also clarify fee limitations for copies of PHI requested pursuant to the right of access and require covered entities to post fee schedules online and provide individualized estimates upon request.
    - **Care Coordination and Case Management:** The proposed rule would modify the definition of health care operations to clarify that health plans may use and disclose PHI for both population-based and individual-level care coordination and case management. The Privacy Rule limits covered entities from requesting or disclosing the minimum necessary PHI to accomplish the purpose of the request. The proposed rule would add a new exception to the minimum necessary standard for disclosures to health plans for individual care coordination and case management, but not for population-based activities. It would also add an explicit permission for disclosures to third parties, such as

social service agencies and community-based organizations, for individual-level care coordination and case management,.

- **Disclosures to Address Emergencies:** The NPRM proposes changing the standard for making certain disclosures from 'professional judgment' of a covered entity to 'good faith,' allowing more trained workforce members to make such disclosure decisions. It also would revise the threshold for making disclosures to address serious health and safety concerns from 'serious and imminent threat' to 'serious and reasonably foreseeable harm,' with a presumption of good faith and heightened deference to health care workers with specialized training.
- **Notice of Privacy Practices (NPP) Modifications:** The proposal would eliminate the requirement for written acknowledgment of receipt of the NPP and replace it with the right of an individual to discuss the NPP with a person designated by the covered entity. The content of the NPP would be updated to better inform individuals of their rights regarding PHI, including how to access their information, file a HIPAA complaint, and discuss the NPP.
- **Telecommunications Relay Services (TRS) and Uniformed Services:** The NPRM addresses the needs of specific stakeholders. The NPRM proposes to create an express permission for certain disclosures to TRS communications assistants to enable communications with persons who are deaf, hard of hearing, or deaf-blind, or who have a speech disability. This would not only allow covered entities to use TRS communications assistants to communicate with individuals who are deaf, hard of hearing, or deaf-blind, or who have a speech disability, but also would ensure similarly situated workforce members of a regulated entity can use TRS to communicate with other workforce members or outside parties as needed to perform their duties. The NPRM also would extend the disclosure permission for the PHI of Armed Forces personnel to all uniformed services personnel, including the U.S. Public Health Service (USPHS) Commissioned Corps and the National Oceanic and Atmospheric Administration (NOAA) Commissioned Corps, to support the execution of their mission.

Discussion

Committee Q&A on HIPAA Rule Proposals:
Committee members, including Dr. Hogue, Dr. DiGiorgio, Dr. Muto, Mr. Johnson, Dr. Herzlinger, and Dr. Willenberg raised clarifying questions about the proposed HIPAA rule changes, covering topics such as access to imaging records, written consent requirements, AI implications, compliance mechanisms, and research records.

Access to Imaging and Restricted Areas:
Dr. Hogue asked about the practicality of patients photographing records in restricted areas as identified by state law. Ms. Goldstein clarified that covered entities can establish reasonable procedures to minimize disruption and ensure only the individual's PHI is accessed. Mr. Noonan added that the rule allows flexibility for mutually convenient times and places.

Access to Imaging Files:

Dr. DiGiorgio inquired whether the right of access to direct would include actual image files (e.g., MRIs, X-rays) stored outside EHRs. Ms. Goldstein confirmed that the NPRM proposes to provide individuals with the right of access to direct a copy of PHI in an Electronic Health Record (EHR). The NPRM would add a definition of EHR that is consistent with the definition in the Health Information Technology for Economic and Clinical Health (HITECH) Act.

Written Consent and Virtual Care:
Dr. Muto asked about the removal of written consent for NPP in virtual care settings. Ms. Goldstein explained that the proposal removes the written acknowledgment requirement for all direct treatment relationships, regardless of whether care is in-person or virtual. Mr. Noonan further explained that, prior to the NPRM, a request for information was sent out in 2018 and, through public comments, it was identified that the NPP acknowledgment requirement imposed paperwork burdens and created confusion for individuals who believed they were signing an authorization or waiver.

AI and Patient Privacy:
Mr. Johnson raised concerns about AI software and patient consent. Ms. Goldstein stated that HIPAA rules are technology-neutral and do not specifically address AI, but apply to all covered entities and PHI regardless of technology.

Compliance and Audit Mechanisms:
Dr. Herzlinger asked about mechanisms to support implementation and audit compliance. Ms. Goldstein described a minimum 180-day implementation period with guidance and resources, while Mr. Noonan detailed OCR's audit program, enforcement authority, and compliance reviews based on complaints, breach reports, and media accounts.

Coordination with Other Agencies:
Dr. Hogue commented on the need for coordination between OCR and the Office of the National Coordinator for Health Information Technology (ONC) to ensure HIPAA rules do not inhibit interoperability or patient portable records. Ms. Goldstein confirmed regular coordination with the Centers for Medicare & Medicaid Services (CMS) and ONC.

Research Records Access:
Dr. Willenberg asked about patient access to research records. Ms. Goldstein clarified that the proposed rule does not change existing provisions regarding uses and disclosures of PHI for research.

Public Comment— Dr. Joseph Marine, Chair

Dr. Marine opened the floor for public comments, noting that written comments may be submitted to NCVHSmail@cdc.gov. No public members who attended in-person provided comments.

Committee Deliberation— Dr. Joseph Marine, Chair

The Committee, led by Dr. Marine and guided by Ms. Michalis, deliberated on possible actions, resulting in three formal recommendations: support for the proposed HIPAA rule, a request for further inquiry into AI and patient privacy, and a recommendation to seek input from under-resourced providers regarding implementation challenges.

During Committee deliberations, members expressed general support for the proposed HIPAA modifications, noting that the proposals appeared to reduce administrative friction, strengthen

individual access, and support appropriate care coordination. At the same time, members emphasized that implementation should preserve clear limits on disclosures, remain consistent with HIPAA's minimum necessary standard and other federal safeguards, and account for the realities of a rapidly changing health information environment. Several members also noted that while the proposed rule addressed longstanding administrative burdens, important questions remained about how protected health information is used, transmitted, and safeguarded in increasingly complex digital and third-party environments.

The discussion reflected particular concern that the policy framework under consideration had been developed before the current widespread use of AI in health care operations and documentation. Members observed that AI-related tools and data practices are now common across the health care sector and suggested that the Department would benefit from additional fact-gathering on the implications of these technologies for patient privacy, patient data, administrative burden, and the appropriate flow of information in patient care and population health. In refining this discussion, members emphasized that AI presents both risks and opportunities and that any further federal inquiry should be broad enough to capture privacy concerns, data use issues, and the potential for improved efficiency and information sharing.

Members also discussed implementation challenges that may arise for smaller organizations and for entities with limited staffing, technology, and administrative capacity. Committee discussion highlighted that such challenges are not confined to rural or small practices alone and may also affect other under-resourced covered entities, including organizations serving diverse populations with substantial operational constraints. Members stated that additional input from these entities would help the Department better understand practical barriers to compliance and implementation and would support the development of requirements that are workable and achievable across a wider range of care settings.

The Committee then moved to formal action. A motion to support the proposed rule was introduced and seconded, after which members worked collaboratively to refine the language so that the Committee's support reflected consistency with HIPAA's minimum necessary requirements, the HITECH Act access rights, and other federal safeguards. The Committee next considered and approved a separate motion urging further inquiry into the effects of artificial intelligence and related technologies. It then considered and approved a further motion recommending that HHS seek input from small, rural, and other under-resourced HIPAA covered entities regarding implementation challenges.

Vote

Ms. Michaelis presented the following three recommendations for approval:

- **Recommendation 1:** The National Committee on Vital and Health Statistics recommends the Secretary adopt the proposed rule *Modifications to the HIPAA Privacy Rule to Support, and Remove Barriers to, Coordinated Care and Individual Engagement* consistent with documenting the proposed disclosure expansions to comply with HIPAA's minimum necessary rule, Health Information Technology for Economic and Clinical Health (HITECH) Act of 2009 access rights, and other specific federal safeguards.

- **Recommendation 2:** NCVHS recommends to the Secretary that HHS issue a Request for Information (RFI) to seek specific information about how patient privacy and patient data may be impacted by Artificial Intelligence (AI) and related technologies including best practices which may have been used to protect patient privacy, reduce administrative burden, and promote free flow of information when AI and related technologies are employed in patient care and/or population health.

- **Recommendation 3:** NCVHS recommends to the Secretary that HHS seek input from small, rural, and other under resourced HIPAA Covered Entities to better understand their challenges and ensure the requirements are practical and achievable for all, considering their limited staff, resources, and technology.

Dr. DiGiorgio made a motion to approve the first recommendation, which was seconded by Dr. Muto. Dr. Marine called for a vote of the NCVHS Full Committee members; all 11 members voted in favor, and the recommendations were approved.

Dr. Hogue made a motion to approve the second recommendation, which was seconded by Mr. Weiss. Dr. Marine called for a vote of the NCVHS Full Committee members; all 11 members voted in favor, and the recommendations were approved.

Dr. Nguyen made a motion to approve the third recommendation, which was seconded by Dr. Willenburg. Dr. Marine called for a vote of the NCVHS Full Committee members; all 11 members voted in favor, and the recommendations were approved.

With no further business to discuss, the Committee meeting was adjourned.

I hereby certify that, to the best of my knowledge, the foregoing summary of minutes is accurate and complete.

Digitally Signed — July 7, 2026

Chair — Date