

April 27, 2026

The Honorable Robert F. Kennedy Jr.
Secretary
Department of Health and Human Services
200 Independence Avenue, S.W.
Washington, D.C. 20201

Re: **Recommendations on Proposed Modifications to the HIPAA Privacy Rule to Support, and Remove Barriers to, Coordinated Care and Individual Engagement**

Dear Mr. Secretary:

This letter conveys recommendations from the National Committee on Vital and Health Statistics (NCVHS) on the Notice of Proposed Rulemaking (NPRM) on *Modifications to the Health Insurance Portability and Accountability Act of 1996 (HIPAA) Privacy Rule to Support, and Remove Barriers to, Coordinated Care and Individual Engagement* (published January 21, 2021).

NCVHS is the Secretary of Health and Human Services' (HHS) advisory body on health data, statistics, privacy, and national health information policy. One key role for NCVHS is to monitor the continued effectiveness of adopted health data standards pursuant to the requirements of HIPAA. This includes providing you with a recommendation from NCVHS before adopting or modifying certain standards under HIPAA. During the April 16, 2026 meeting of the full Committee, members unanimously approved the following three recommendations:

- **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.

Rationale

The Committee's recommendations are grounded in the briefing by the HHS Office for Civil Rights (OCR) and in the Committee's subsequent deliberations during the NCVHS public meeting on April 16, 2026. OCR presented the major elements of the NPRM *on Modifications to the HIPAA Privacy Rule to Support, and Remove Barriers to, Coordinated Care and Individual Engagement*, including proposed changes to the right of access, care coordination and case management, disclosures in emergencies and health crises, the notice of privacy practices, and provisions affecting specific stakeholder groups. Throughout the discussion, Committee members recognized the importance of these proposed changes as part of a broader effort to modernize HIPAA implementation, reduce unnecessary administrative friction, and strengthen individuals' ability to obtain and use their protected health information.

Committee members also recognized the benefits of the proposed rule to help reduce friction in patient access, modernize outdated administrative requirements, and better align the Privacy Rule with contemporary care delivery. The Committee believes that the provisions intend to make access to enable more timely and usable protected health information, to promote legitimate care coordination, and to remove procedural requirements that no longer provide meaningful benefit to patients or providers. However, the Committee noted that modernization should proceed in a manner that remains faithful to HIPAA's longstanding privacy structure, including the minimum necessary standard, existing statutory access rights, and other applicable safeguards. In the Committee's view, the proposed rule is best understood not as a departure from those core protections, but as an effort to apply them more effectively in a health care environment that has become increasingly digital, interconnected, and operationally complex.

The Committee recognizes that OCR last received feedback in 2021 and concluded that the Department would benefit from obtaining additional information about the effects of AI and related technologies on patient privacy, patient data, and the practical administration of health care. The Committee believes that the policy landscape has changed substantially since the proposed rule was published in 2021. The discussion reflected a shared understanding that AI-enabled tools may offer meaningful benefits, including reduced administrative burden, improved efficiency, and better support for information flow in patient care and population health. At the same time, these technologies may create new questions concerning disclosure, secondary use of data, accountability, and the adequacy of existing privacy guardrails. For these reasons, the Committee believes that additional fact-finding by the Department would be prudent and timely.

The Committee recommends that HHS examine potential process issues in the implementation of the NPRM, noting that the practical effects of the rule may not be uniform across the health care system. The Committee believes that smaller organizations, rural providers, safety-net institutions, and other under-resourced covered entities¹ may face distinctive operational challenges in meeting revised

¹ Covered Entity definition 45 CFR 160.103:

“(1) A health plan.

(2) A health care clearinghouse.

requirements, particularly where staffing, technology, multilingual communication needs, and compliance infrastructure are limited. Furthermore, the Committee notes that successful implementation depends on understanding how requirements will function in settings with fewer resources and less flexibility and that broader input from these entities would help ensure that final policy choices are realistic, workable, and supportive of equitable compliance.

Conclusion

The Committee supports the Department's continued efforts to advance policies that improve individual access and facilitate appropriate information sharing, while also ensuring that implementation is informed by current technological realities and by the operational circumstances of covered entities with limited resources. The Committee therefore offers its advice in the spirit of strengthening the HIPAA Privacy Rule.

NCVHS wishes to thank you for the opportunity to submit these recommendations and is available to answer questions and provide any additional information, consultation or guidance regarding next steps. We look forward to your timely decision.

A handwritten signature in black ink that reads "Joseph E. Marine". The signature is fluid and cursive, with the first name "Joseph" being more prominent and the last name "Marine" following in a similar style.

Dr. Joseph E. Marine, Chair
National Committee on Vital and Health Statistics

CC:

Kenneth Callahan, Senior Counselor for Policy, Immediate Office of the Secretary
Natalie Dodson, Senior Advisor, Immediate Office of the Secretary
Timothy Noonan, Deputy Director for Health Information Privacy, Data, and Cybersecurity
HHS Office for Civil Rights
NCVHS Members

(3) A health care provider who transmits any health information in electronic form in connection with a transaction covered by this subchapter."