1/12/26 WEDI FEDERAL UPDATE

ASTP Highlights RFI on AI Adoption and Use in Clinical Care. Steve Posnack, Principal Deputy Assistant Secretary for Technology Policy (ASTP), Principal Deputy National Coordinator for Health Information Technology, discusses in the latest Health IT Buzz post the recent request for information (RFI) on the adoption and use of artificial intelligence (AI) in clinical care. Per Posnack, the RFI asks what would happen to clinical care in the U.S. if the Department of Health and Human Services (HHS) put its full weight into adopting and using AI. This effort is another step in the work of the HHS AI Strategy and the administration's overall AI policy framework. The 60-day comment period ends on February 23.

Note: WEDI will be holding a Member Position Advisory (MPA) event on February 12 from 2 – 4 pm ET to obtain member feedback on the RFI questions. Registration is now open. The WEDI MPA process is a member-exclusive benefit designed to solicit input on topical issues, such as this RFI.

DEA Issues Fourth Temporary Extension of COVID-19 Telehealth Flexibilities for Prescription of Controlled Medications. The Drug Enforcement Administration (DEA) jointly with HHS issued a fourth extension of telehealth flexibilities for the prescribing of controlled medications. The temporary rule is effective January 1, 2026, through December 31, 2026, and prevents the expiration of the flexibilities that were set to expire on December 31, 2025. The telehealth flexibilities were first granted in May 2023 and have been subsequently renewed. The purpose of this fourth extension is to continue the prescribing of applicable medications by authorized clinicians via telehealth to prevent the disruption of care and other problems resulting from the expiration of the flexibilities.

CMS Announces BALANCE Model. The Centers for Medicare & Medicaid Services (CMS) announced the Better Approaches to Lifestyle and Nutrition for Comprehensive hEalth (BALANCE) Model, which will increase access to select glucagon-like peptide-1 (GLP-1) medications and healthy lifestyle interventions to help Medicare and Medicaid patients improve their health. CMS will negotiate drug pricing and coverage terms with manufacturers of GLP-1 medications on behalf of state Medicaid agencies and Medicare Part D plan sponsors. State

Medicaid agencies can join the model beginning in May 2026, and Part D plans in January 2027. Model testing will conclude in December 2031.

ASTP/ONC-Sponsored NEHRS 2024 Data Now Available. The most recent data from the National Electronic Health Records Survey (NEHRS) 2024 survey is now publicly available. The survey measures the progress U.S. physicians and their offices have made in adopting electronic health records (EHRs), exchanging information electronically, and digitally engaging with their patients. NEHRS is sponsored by ASTP/Office of the National Coordinator for Health Information Technology (ONC), and data from the survey is collected in partnership with the Centers for Disease Control and Prevention's National Center for Health Statistics. The 2024 survey data, documentation, and related resources for analyzing and using NEHRS data is available here.

OCR January Newsletter Highlights Security Awareness. In its January Newsletter, the HHS Office for Civil Rights (OCR) discusses system hardening and security baselines as effective means to enhance security, and for regulated entities to protect ePHI. The agency emphasizes that the process of defining, creating, and applying system hardening techniques requires ongoing work and evaluation of the effectiveness of security measures to ensure they remain effective. Techniques include patching known vulnerabilities (monitor the National Vulnerability Database and Known Exploited Vulnerabilities Catalog); removing or disabling unneeded software and services; and enabling and configuring security measures (review NIST SP 800-53 Security and Privacy Controls for Information Systems and Organizations, Microsoft's Security Baseline Guide (for Microsoft products), and Department of Defense Security Technical Implementation Guides (STIGs)). OCR reminds organizations to periodically review and modify, as needed, security measures to evade new threats and vulnerabilities and maintain protection of ePHI. Subscribe to the OCR listserv here.

FDA Updates Guidance for Wearable Devices. The Food and Drug Administration (FDA) made changes to its guidance documents on general wellness devices and clinical decision support software resulting in more consumer low risk wearables being categorized as general wellness devices and not medical devices. The outcome of these updates is that wellness devices not intended for clinical decision making will not be subjected to the FDA's medical device review process. Most wearable devices that will be impacted by this change track general physiological data, including fitness trackers, fitness monitors, smart watches, and smart rings. For devices to be categorized as low-risk, general wellness devices they must not claim to treat or prevent diseases. There is no public comment period on the guidance documents, but feedback can be provided on the FDA website.

NIST Provides Overview of Verifiable Digital Credentials Formats. The National Institute of Standards and Technology (NIST) released a new blog post discussing the current status of verifiable digital credentials (VDC). VDC technology can be used for a variety of uses for verifying a person's identity. A focus now is on the standards and protocols for issuing, using, and verifying VDCs to support interoperability. This post in the series on VDCs goes into detail on the different credential formats, information contained in the credential, and how the technical structure impacts the use cases. Features of VDCs are still developing and industry feedback will help shape future work.

JAMIA Article Analyzes Interoperability Experiences of Family Physician in Different Types of Practices. A recent JAMIA article, authored by Jordan Everson, PhD, MPP and Catherine Strawley, MPH, provides insight into the experiences of family physicians employed in different types of practices with interoperability of health care information. The analysis was based on 2022 and 2023 survey results of family physicians working in health systems, large practices, independent practices, and safety net facilities. The survey was developed in collaboration by the American Board of Family Medicine, ASTP/ONC, and the University of California, San Francisco. The results suggest that family physicians working in health systems and large practices are more likely to find health information from outside organizations integrated into their EHR and usable compared to physicians working in independent practices and safety net facilities. Overall, the physicians reported mediocre satisfaction and identified barriers to receiving information from outside organizations. The conclusion was that more work is necessary to overcome current challenges with interoperability across different provider types.