We received one public comment on the 60-day FRN. Please find our response below.

--

Public comment received from Brendan Keeler, Interoperability Practice Lead, HTD Health, April 20, 2026.

--

Comment:

I appreciate the opportunity to comment on the proposed revision of the National Survey of Health Information Exchange Organizations. My comments focus on structural gaps in the prior instrument that the revision should address.

1. HIN self-identification under the information blocking rule.

The survey asks HIOs extensively about information blocking by others but never establishes whether the respondent considers itself a Health Information Network as defined in 45 CFR 171.102. This is the single most important regulatory self-classification for an HIO, and the definition is functional rather than structural, meaning the population of self-identified HINs is not otherwise known to ONC. I recommend adding a question asking whether the HIO considers itself a HIN, with follow-ups on the basis for that determination, whether legal counsel was involved, and whether the organization has implemented information blocking compliance policies and exception documentation.

2. Individual right of access capabilities.

The current instrument has no questions on whether or how HIOs fulfill individual requests for access to records they hold. HIOs sit on some of the richest longitudinal patient records in the country, and their practices around individual access are directly relevant to information blocking enforcement. I recommend a section capturing whether the HIO accepts individual requests, annual volume, fulfillment timeframes, supported modalities (portal, API aking to (g)(10), TEFCA IAS, manual ROI process), fee practices, denial rates and reasons, and the HIO's

self-determination of HIPAA status (covered entity, business associate, or neither) for individual right of access purposes. Given the importance of patient access to this administration, it feels appropriate to understand how HIEs support this today.

--

ONC Response:

We appreciate the comment and suggestions to address gaps in the prior survey instrument. For suggestion #1, "HIN self-identification under the information blocking rule", we revised the Information Blocking section to include two new questions: "Do you consider yourself a Health Information Network (HIN), as defined in 45 CFR 171.102?" and "Which of the following actions has your HIO taken related to information blocking? (a) Developed or implemented information blocking compliance policies and (b) Developed or implemented processes for documenting information blocking exceptions."

For suggestion #2, "Individual right of access capabilities", we appreciated the detailed suggestions, which aligned with changes we planned to make to the prior instrument. We added a new sub-section, "Individual Access Requests" to the "Organizational Demographics" section that asks respondents several new questions about fulfillment timeframe, modality of the request (e.g., portal, API, or TEFCA IAS), whether or not login credentials are required, and fees associated with requests. This new sub-section expands upon the prior instrument's single question about whether respondents' support patient access to their health information without additional details about how that's supported and implemented by the information network.

These were pilot tested with potential HIO respondents. The questions were clear and answerable and are included in the final instrument.