ASTP Assistant Secretary for Technology Policy

ASTP/ONC Standards Bulletin 2025-2

The Assistant Secretary for Technology Policy/Office of the National Coordinator for Health Information Technology (hereafter ASTP/ONC) Standards Bulletin 2025-2 (SB25-2) outlines the development of the United States Core Data for Interoperability Version 6 (USCDI v6), which ASTP/ONC released on July 24, 2025.

The USCDI sets the foundation for access, exchange, and use of electronic health information with the goal of enabling nationwide interoperable health information exchange. The USCDI standard is stewarded and adopted by ASTP/ONC on behalf of the U.S. Department of Health and Human Services (HHS). ASTP/ONC publishes new versions of the USCDI annually, with a draft version released in January and a final version released in July. This publication schedule allows the USCDI to keep pace with clinical, technological and policy changes that influence the use of clinical and related terminology. USCDI v6 includes new data elements so as to advance interoperability for patient care.

SB25-2 details ASTP/ONC's updates to the USCDI, including ASTP/ONC's consideration of submissions for new data elements, stakeholder comments on previously submitted data elements, and the evolving maturity of data elements specified in the USCDI+ Program.

Background: United States Core Data for Interoperability

ASTP/ONC adopted USCDI version 3 (USCDI v3) as a standard (45 CFR 170.213) and required USCDI v3 for certain certification criteria within the ONC Health IT Certification Program as adopted in the Health Data, Technology, and Interoperability: Certification Program Updates, Algorithm Transparency, and Information Sharing (HTI-1) Final Rule (89 FR 1192). On March 21, 2025, consistent with EO 14168 and OPM guidance, ASTP/ONC exercised enforcement discretion and issued certification guidance for the ONC Health IT Certification Program with respect to certain data elements in USCDI v3 (see more information on healthit.gov). ASTP/ONC subsequently released USCDI version 3.1, which reflects the removal of the relevant data elements from USCDI v3.

As a baseline for data exchange, USCDI provides a standardized set of data elements for interoperability. The USCDI groups data elements into data classes that share a common theme, without limiting how or in what contexts the elements may be used or exchanged. For example, the *First Name* and *Last Name* data elements are grouped into the "Patient Demographics/Information" data class, and are used for patient

matching, but these data elements can also be used to identify patients within a document, a laboratory result, or an imaging report. Likewise, the data element *Performance Time* in the "Procedures" data class can be used to indicate the time of day when a skin biopsy is performed and can also be used to indicate the time of day at which a vaccine is administered, or electrocardiogram (EKG) is performed.

Annual USCDI updates help drive interoperability by keeping pace with clinical, technology, and policy changes. ASTP/ONC's Standards Version Advancement Process (SVAP) enables participants in the ONC Health IT Certification Program to voluntarily use newer versions of specific ASTP/ONC regulated standards and implementation specifications in their products, including newer USCDI versions. ASTP/ONC included USCDI v5 in the recently published SVAP Approved Standards for 2025, allowing health IT developers to upgrade their certified health IT products to that standard as of August 29, 2025. ASTP/ONC also included USCDI v3.1 in the SVAP Approved Standards for 2025.

Consistent with the HHS Health IT Alignment Policy, HHS-funded and HHS-regulated programs also reference USCDI. For example, CMS' Interoperability and Prior Authorization Final Rule (CMS-0057-F) and the Trusted Exchange Framework and Common Agreement™ (TEFCA™) require the ability to exchange USCDI data elements.

USCDI also serves as the foundation for datasets developed as part of the ASTP/ONC USCDI+ Program, which identifies extensions to USCDI made to meet specific programmatic and/or use case requirements. Public feedback highlighted several data elements in the USCDI+ Program as technically mature and broadly applicable in healthcare, and therefore candidates for addition to USCDI v6. These data elements include *Unique Device Identifier*, *Facility Address*, *Date of Onset*, and *Family Health History*.

United States Core Data for Interoperability Version 6

To support annual updates to the USCDI, ASTP/ONC hosts the ONC New Data Element and Class (ONDEC) submission system, which collects proposals for new data classes and data elements from the public. In addition to proposals for new data elements, ASTP/ONC invites feedback on existing data elements via the commenting feature on the USCDI data element pages. Further, ASTP/ONC uses feedback on our USCDI+ datasets grade the technical maturity and breadth of applicability of its data elements, which in turn can be considered for inclusion in USCDI v6.

From all of these inputs, we have added the following data elements and classes to USCDI v6:

New Data Elements Added to USCDI v6

Facility Information	Medical Devices	Orders
• Facility Address	• Unique Device Identifier*	• Portable Medical Order

Facility Information	Medical Devices	Orders
Family Health History	**Care Plan**	**Problems**
• Family Health History	• Care Plan	• Date of Onset

* Significantly modified data element (see more info below)

What's New in USCDI v6

Unique Device Identifier

The *Unique Device Identifier – Implantable* data element has been expanded to include all medical devices, including non-implantable devices. Key federal partners, including the Food and Drug Administration (FDA), noted that exchangeable Unique Device Identifier is used to support identification and reporting of device-related patient safety events, device safety recalls, and post-marketing surveillance. The standard used to identify implantable and non-implantable devices is the same. By expanding the scope of the data element to include non-implantable devices, it will allow for expanded surveillance of medical devices deployed for patient care.

Portable Medical Orders

The *Portable Medical Order* data element has been added to USCDI v6 to address situations in which patients near the end-of-life or with a life-threatening condition require orders like "do- not-resuscitate" or "comfort measures only." POLST (Physician Orders for Life-Sustaining Treatment) and MOLST (Medical Orders for Life-Sustaining Treatment) are types of portable medical orders, and most states have POLST or MOLST programs that define requirements for the content of those orders. Portable medical orders do not expire and follow a patient through admissions, transfers, discharges, and apply at the patient's home. Access to and exchange of these orders is critical in avoiding delays or errors in honoring a patient's wishes.

Facility Address

The *Facility Address* data element identifies specific service locations. This data element can be used to track care quality and health outcomes and can be leveraged to monitor facility-level capacity, including available beds and ventilators. It can also be used to support resource allocation decisions during emergencies and can be used to track patient safety events. Unlike the existing data element Encounter Location, which is linked to individual patient care episodes and specific settings of care, Facility Address identifies the physical location of the facility.

Care Plan

A *Care Plan* details a patient's needs and goals and the strategies for meeting their needs and goals. Care plans are created by patients in conjunction with their clinicians, family members, and other caregivers. The *Care Plan* can be leveraged for care coordination and continuity and can help prevent duplication of services. *Care Plan* content can vary by care setting, condition, or federal and/or state program requirements. Care plan implementation guides, such as the Multiple Chronic Condition eCare Plan guide or the Electronic Long-Term Services & Support Care Plan guide, define data elements for key care planning scenarios. In much the same way that the USCDI *Address* element includes 'street name,' 'city,' 'state,' and 'zip code,' the USCDI *Care Plan* data element must include 'problems,' 'health concerns,' 'assessments,' 'goals,' 'medications,' and 'procedures.' It is not ASTP/ONC's intent to require all potential components of every type of care plan, but to standardize a base set of components common across different care plans.

Date of Onset

Date of Onset is the actual or estimated date when signs or symptoms of a condition manifested. This data element can be used to determine the duration of a condition. Condition duration can be used to support differential diagnosis development by allowing conditions of short duration (e.g., appendicitis) to be distinguished from conditions of long duration (e.g., irritable bowel disease). Feedback on the USCDI+ Quality, Behavioral Health, and Public Health datasets further supported the broad applicability of Date of Onset across care settings and use cases.

Family Health History

The *Family Health History* data element captures health conditions of family members relevant to a patient's care. For example, a known family history of breast cancer can change the breast cancer screening approach used for a younger patient. This information is routinely collected by care providers, widely exchanged in structured documents, and used across care settings. Its inclusion will enable personalized prevention strategies and early detection of chronic diseases.

Other USCDI v6 Changes

ASTP/ONC adopted the following updates to USCDI v6:

- *Medication Order* includes RxNorm as the applicable standard
- *Laboratory Order*, *Diagnostic Imaging Order*, and *Clinical Test Order* include LOINC as the applicable standard
- *Fill Status* has been renamed to *Dispense Status*
- *Advance Directive Observation* has been moved to the **Goals and Preferences** data class
- The **Patient Summary and Plan** data class has been renamed to **Care Plan**

- Changes to the following data elements, including definitions, examples, and usage notes have been made: *Performance Time, SDOH Assessment, Result Unit of Measure, Coverage Type, Patient Goals, Specimen Condition Acceptability,* and *Reaction*.

ASTP/ONC updated the applicable vocabularies to the latest versions as of the publication of USCDI v6. Quality patient care depends on the availability of current terminology for code systems such as SNOMED Clinical Terms® U.S. Edition, Logical Identifiers Names and Codes® (LOINC), RxNorm, and others. Health IT developers are encouraged to make the most up to date terminology available to their customers. In USCDI v5, ASTP/ONC updated the CDC Race and Ethnicity Code System to Version 1.3 (CDCREC v1.3), updating American Indian and Alaskan Native concept; ASTP/ONC further anticipates future updates will reflect additional CDCREC changes, including those that support updated Office of Management and Budget (OMB) Statistical Policy Directive No. 15. (SPD15).

USCDI v7 Submission Period

With the publication of USCDI v6, ASTP/ONC begins the next cycle to update USCDI to Version 7. The ONDEC submission system is open and accepting recommendations for data elements. ASTP/ONC has updated the comment feature on the USCDI data element pages, making it easier to post comments on multiple data elements.

ASTP/ONC encourages the community to engage and collaborate. The open comment period ends **Monday, September 29, 2025, at 11:59 pm ET.**

ASTP/ONC is working with the public and our sister federal agencies to find areas that need more attention in future versions of USCDI. To help address specific use cases that need aligned datasets beyond USCDI, ASTP/ONC continues to work with governmental and industry partners through the USCDI+ Program. Where appropriate, ASTP/ONC will consider data elements from the USCDI+ Program for inclusion in USCDI.

ASTP/ONC is targeting release of the Draft USCDI v7 for January 2026.

Content last reviewed on July 31, 2025