American Health Information Management Association
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November 18, 2026

Dr. Erica Schwartz
Director
Centers for Disease Control and Prevention
US Department of Health and Human Services
1600 Clifton Road NE
Atlanta, GA 30329

Dear Director Schwartz:

On behalf of the American Health Information Management Association (AHIMA), I am writing in response to the Centers for Disease Control and Prevention (CDC) Data Intermediaries and Approaches To Strengthen Public Health Data Exchange Request for Information (RFI), published in the September 21, 2026 *Federal Register* (CDC-2026-1519).

AHIMA is a global nonprofit association of health information (HI) professionals, with over 67,000 credential holders in the field. The AHIMA mission of advancing trusted, usable data and championing innovation to improve healthcare drives our members and credentialed HI professionals to ensure that health information is accurate, complete, and available to patients and clinicians. Leaders within AHIMA work at the intersection of healthcare, technology, and business, occupying data integrity and information privacy job functions worldwide.

AHIMA appreciates the CDC's initiative to explore how data intermediaries can be used to support secure, scalable, standards-based public health data exchange, while protecting the privacy of that data. We agree that consistently collected, more accessible, standardized, and usable data will enable the ability of public health agencies and healthcare organizations to respond swiftly to both chronic and emerging threats. Following are our comments and recommendations on selected sections of the RFI.

A. Definition of Public Health Data Intermediary

CDC proposes a definition of "public health data intermediary" and asks how the definition aligns or conflicts with other definitions or on-the-ground experiences, and what changes would improve the definition.

The RFI defines a public health data intermediary broadly as a "trusted organization, network, platform, or governed service that enables secure, standards-based exchange and stewardship of health-related data among data sources and public health (PH) authorities by providing shared technical, operational, and governance capabilities that seek to reduce connectivity burden and improve the quality, timeliness, and usefulness of data for PH practice, while protecting individual privacy and confidentiality." The RFI lists several activities and services such an entity would undertake and lists different organizations that could be classified as a public health data intermediary, including health information exchanges (HIEs), the Trusted Exchange Framework and Common Agreement (TEFCA), Qualified Health Information Networks (QHINs), CMS Aligned Networks, public health data

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hubs, and more. In comparison, another definition in research defines public health intermediaries as "organizations that facilitate the exchange and routing of health information in the health system."[1]

While such a comprehensive definition can be helpful to incorporate more entities and oversee their data exchange activities, it can become too cumbersome to monitor and risks losing focus of the goal of addressing the challenges and opportunities specific to public health data exchange, compared to general data exchange. The CDC may want to consider establishing and outlining in regulation and/or guidance what criteria makes an intermediary "trusted" beyond being a conduit of information. For example, CMS Aligned Networks as part of the Health Technology Ecosystem, while promising, have yet to demonstrate widespread, trusted data exchange. Should these networks be considered functional and trusted in the same way as HIEs or QHINs participating in the TEFCA that have shown successful data exchange? AHIMA encourages CDC to work with industry and federal partners to understand what questions related to trust should be asked in a forthcoming proposed rule to tailor this definition to the needs, opportunities, and goals of public health data exchange. Specifically, AHIMA recommends the CDC engage in dialogue with the National Institute of Standards and Technology (NIST) to further understand frameworks for trusted data exchange.

B. Standards and Technical Capabilities

CDC considers a Public Health Intermediary Framework, a layered framework to identify, select, and evaluate intermediary capabilities. CDC asks about capabilities and use cases, technical standards and implementation requirements, assessment, and how artificial intelligence (AI) might change or impact the roles of intermediaries.

AHIMA supports the idea of a Public Health Intermediary Framework to identify, select, and evaluate intermediary capabilities. We support the idea of a layered approach and framework of technical capabilities, starting with baseline functions that all public health data intermediaries should be capable of conducting. Additionally, we recommend the CDC work with organizations and key partners in the public health industry to determine which essential functions should be a part of the intermediary baseline, along with other functions that would complement that work layered on top as part of the service-specific profiles and public health use case profiles.

However, the use cases and workstreams where public health intermediaries add the most value should be incorporated into the baseline capabilities over time. These include technical capabilities that accomplish the following:

- Faster identification of disease outbreaks;
- Real-time monitoring of diseases;
- Faster electronic reporting of laboratory results to public health agencies;
- Coordinating information across government, healthcare organizations, and public health agencies;
- Monitoring healthcare entities' capacities and resource levels;
- Improving the completeness and accuracy of vaccine registries; and
- Understanding the linkages between clinical data and social determinants of health (SDOH) data.

We encourage CDC to continue efforts of ongoing evaluation and identification of these capabilities and assessments of intermediaries as part of a formal notice and comment process. Such a process would foster consensus by industry on which functions should be a part of the baseline and which functions are valuable additions.

[1]Available at: https://pmc.ncbi.nlm.nih.gov/articles/PMC5871134/#bibr18-0033354917751130.

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Public health data intermediaries should be assessed on how well the services and value they provide and whether they accomplish the goals of secure, interoperable, and timely public health data exchange. HI professionals need the data they receive and interact with to reflect these qualities, and this should be incorporated into the assessment of a public health data intermediary. Through our advocacy in partnership with the CDC, other federal agencies, and our industry partners, AHIMA strives to achieve data completeness, accuracy, and timeliness through the adoption and use of technologies that support the collection of high-quality data and protect data against privacy and security risks.[2]

Additionally, AHIMA applauds the CDC for participating in the Data Usability Workgroup and encourages the CDC to continue engagement with the Data Usability Taking Root Movement, to better understand how private sector-led initiatives are advancing the creation and exchange of usable public health data to support improved health outcomes.[3] By engaging with members of the Taking Root Movement, CDC can hear directly from those generating and exchanging these data on how regulatory policy can support broad data usability in the public health ecosystem.

AHIMA's Data for Better Health® initiative is another effort that can help accelerate public health data exchange.[4] Data for Better Health® provides tools, resources, and education to advance the collection, sharing, and use of SDOH data to improve health outcomes. In situations where social services agencies are involved with a patient's care plan, public health data intermediaries can bridge gaps in data between social services organizations and a patient's care team. The goals of the Data for Better Health® initiative include:

- Engaging healthcare professionals working with SDOH data to understand the business case for the collection of SDOH data and share strategies for success;
- Educating and engaging with consumers to build trust and a greater understanding of SDOH and the benefits of sharing SDOH data with healthcare professionals;
- Advancing policy and advocacy among policymakers by developing and promoting an SDOH advocacy agenda; and
- Supporting innovation within the healthcare ecosystem to accelerate the adoption of best practices and new models related to SDOH.

AHIMA encourages the CDC to consider the importance of appropriate and accurate data collection and sharing related to an individual's SDOH, and how this can improve the quality and robustness of data exchanged for public health purposes. Public health data intermediaries can increase awareness and understanding of an individual's medical information and the non-medical factors that influence their health, which can reduce the risk of readmission, lower healthcare costs and lead to better outcomes.

Artificial intelligence (AI) and machine learning (ML) can also be helpful, supplementary tools to achieve faster, better data exchange. Related to how public health data intermediaries may interact with AI, AHIMA urges the CDC to preserve key principles of data privacy, transparency of how and where AI is used, and clear assignment of liability. More specifically, AHIMA believes policymakers should:

- Ensure robust regulatory guidelines are developed for both clinical and administrative AI/ML;

[2]Available at: https://www.ahima.org/advocacy/policy-statements/data-quality-and-integrity/.
[3]Available at: https://sequoiaproject.org/data-usability-taking-root-movement/.
[4]Available at: www.dataforbetterhealth.com.

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- Structure regulatory frameworks with sufficient flexibility to allow for continued AI/ML innovation;
- Focus on an AI/ML's desired outcome and predictability when determining the efficacy of the technology;
- Prioritize end-users' input throughout the development and real-world testing of AI/ML technologies;
- Develop and update privacy and security policies to meet the additional challenges and demands of the use of AI/ML technology;
- Maintain a focus on the unintended consequences related to the use of AI/ML technology; and
- Encourage and incentivize the development of a robust research apparatus pertaining to the use of AI/ML.

Many HI professionals' roles and workstreams will be supported by these new technologies. AHIMA is committed to being a partner to the CDC in understanding the application of these technologies in the context of public health data exchange, while preserving data privacy, while seeking continuous feedback loops to enhance improvement, and workforce support to use these tools appropriately and effectively.

F. Dynamic Evaluation

The CDC discusses ideas for an evaluation approach that measures meaningful outcomes, minimizes reporting burden, accounts for differences in organizations and jurisdictions, and more. The CDC asks how it should be involved in evaluation, what measures of success are valuable, and how to evaluate value and cost-effectiveness over time.

AHIMA encourages the CDC to ensure that any governance, ongoing evaluation, and enforcement mechanisms and actions are coordinated between the CDC, other federal agencies, and include broad and diverse representation from the healthcare industry. This includes healthcare providers, health insurance payers, laboratory organizations, community-based organizations, and others. HI professionals and other health IT end-users at all levels in the organizations referenced who interact with these data must be incorporated into the development, continuation, and evolution of governance and evaluation frameworks. Those individuals and teams who are tasked with incorporating, managing, and using these data that is shared via intermediaries have the strongest understanding of appropriate and robust governance and evaluation principles to ensure public health data exchange is improved by intermediaries. We reiterate our AI policy principles and encourage the CDC to incorporate those into governance and ongoing evaluation of public health data intermediary operations.

AHIMA is grateful for the opportunity to comment on the request for information and is a partner to the CDC in efforts to support secure, scalable, standards-based public health data exchange. If you have any questions or would like to discuss our feedback further, please contact Andrew Tomlinson, senior director of regulatory and international affairs, at Andrew.Tomlinson@ahima.org.

Sincerely,



Lauren Riplinger, JD
Chief Public Policy and Impact Officer

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