



February 25, 2026

Assistant Secretary for Technology Policy
Department of Health and Human Services
Mary E. Switzer Building, Mail Stop: 7033A
330 C Street SW
Washington, D.C. 20201

**RE: Docket ID: (RIN 0955-AA09) Health Data, Technology, and Interoperability:
ASTP/ONC Deregulatory Actions to Unleash Prosperity**

The American College of Radiology (ACR) – a professional association representing more than 40,000 physicians practicing diagnostic radiology, interventional radiology, radiation oncology, and nuclear medicine, as well as medical physicists – appreciates the opportunity to comment on the Assistant Secretary for Technology Policy/Office of the National Coordinator’s (ASTP/ONC) proposed rule addressing *Health Data, Technology, and Interoperability: ASTP/ONC Deregulatory Actions to Unleash Prosperity (RIN 0955-AA09)*. The ACR has long been an advocate for interoperability and health information exchange within the radiology specialty and throughout healthcare.

ASTP/ONC Proposals and ACR Comments on 45 CFR Part 170, *Health IT Standards, Implementation Specifications, and Certification Criteria and Certification Programs for Health IT*

Proposal – Revise Decision Support Interventions (DSI) certification criteria at 45 CFR 170.315(b)(11)

ASTP/ONC proposes revising the DSI certification criterion requirements 45 CFR 170.315(b)(11) to fully remove the requirements regarding source attribute support, access, and modification (“model card”) at § 170.315(b)(11)(iv) and (v) to reduce burden and to comply with E.O. 14179 on Removing Barriers to American Leadership in Artificial Intelligence (January 23, 2025).

ACR Comments

The ACR generally supports algorithm transparency to ensure that qualified end-users can identify and implement predictive DSI to the maximum benefit of their patients. If ASTP/ONC finalizes the proposal to remove the “model card” requirements at

§ 170.315(b)(11)(iv) and (v), the ACR recommends that ASTP/ONC implement a different transparency mechanism to provide information regarding the quality of predictive DSIs. Doing so would ensure that qualified end-users have sufficient knowledge about how a predictive DSI was designed, developed, trained, and evaluated. We recommend coordinating transparency efforts with the Food and Drug Administration (FDA) to ensure consistent application of transparency expectations across HHS regulatory agencies. Consistency between HHS oversight for non-FDA regulated AI software and FDA-regulated AI devices will help broadly advance transparency and promote the adoption of AI software in clinical practice.

ASTP/ONC Proposals and ACR Comments on 45 CFR Part 171, *Information Blocking*

Proposal – Withdraw remaining proposals that have not been finalized from HTI-2, including the “requestor preferences exception”.

As part of its deregulatory efforts, ASTP/ONC is withdrawing the remaining proposals from the proposed rule *Health Data, Technology, and Interoperability: Patient Engagement, Information Sharing, and Public Health Interoperability* (HTI-2). This withdrawal includes the previously proposed § 171.204 “requestor preferences exception”.

ACR Comments

The information blocking “requestor preferences exception” was proposed in HTI-2 as an exception for when an actor tailors the access, exchange, or use of electronic health record information to a requestor’s preference(s). ACR commented in support of this proposed exception in September 2024, with certain modifications to better reflect routine patient preference collections during check-in.

ACR maintains that such flexibility is generally useful for providers to have confidence in ethically sharing test results in accordance with their patients’ timeframe and condition expectations. Although we strongly prefer the requestor preferences exception to be codified in regulation, we acknowledge that [2022 ASTP/ONC guidance](#) already provides helpful information to educate providers about their ability to collect and carry out patient preferences.



Proposal – revise the definitions of “use” and “access” in § 171.102

ASTP/ONC is proposing to revise the definitions of “use” and “access” in § 171.102 to emphasize that the definitions include automated means of access, exchange, or use of EHI—including, without limitation, autonomous AI systems. The ASTP/ONC clarified in the preamble of the proposed rule that it had always intended for the sharing of EHI among different individuals or entities “through various technological means” to include access via automated means, such as robotic process automation or autonomous AI systems.

ACR Comments

The ACR acknowledges that prior Part 171 rules and guidance have not expressly excluded any particular means, manners, or mechanisms by which access, exchange, or use of EHI is sought and could be accomplished. However, we request clarity regarding the proposal’s use of the phrase “without limitation” as applied to automation technologies. To avoid the risk that this language could be misconstrued as granting automation technologies independent authority to access, exchange, or use EHI, ACR urges ASTP/ONC to expressly state that such technologies must operate only on behalf of a requestor who has a lawful right to the EHI under HIPAA or other applicable federal or state privacy laws. Explicitly grounding the role of automation technologies in the legal rights of the underlying requestor will help ensure the regulatory text cannot be misinterpreted.

The ACR appreciates ASTP/ONC’s consideration of these recommendations. We welcome further discussion on these matters. For questions, please contact Lindsay Robbins, Regulatory Policy Specialist, at lmrobbins@acr.org.

Sincerely,

A handwritten signature in black ink that reads "D Smetherman". The 'D' is large and stylized, and the rest of the name is written in a cursive script.

Dana H. Smetherman, MD, MPH, MBA, FACR
Chief Executive Officer
American College of Radiology