



April 21, 2026

RCE™ Monthly Information Call

Zoe Barber, RCE Policy & Governance Lead

Amol Batra, RCE Legal SME

Johnathan Coleman, RCE CISO

Kit Cooper, RCE Senior Project Manager

Katie Crenshaw, Policy SME

Didi Davis, RCE Testing Lead and Standards SME

Mohammad Jafari, RCE Technical SME

Kathryn Lucia, RCE Policy & Governance Analyst

Dave Pyke, RCE Technical SME

Julie Rice, RCE Account Manager

Michael Saito, RCE Operations Lead

Dawn Van Dyke, RCE Communications Lead

Erin Whaley, RCE Legal SME

Chantal Worzala, RCE Stakeholder Engagement Lead

Mariann Yeager, RCE Program Lead

Sydella Yonker, RCE Operations Specialist

Today's Agenda



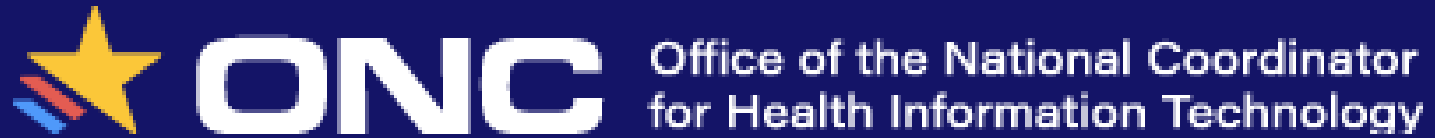
TEFCA
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- Agenda Review
- ONC Welcome
- Recognized Coordinated Entity (RCE) Updates
- TEFCA Exchange Basics
- Policy Updates:
 - - Focus on Draft TEFCA IAS Exchange Purpose Implementation SOP v3.0 (20 min)
 - - Topics in Change Management
- Educational Resources
- Q&A



TEFCA

Trusted Exchange Framework
and Common Agreement™



Steve Posnack

Principal Deputy National Coordinator for Health IT
Office of the National Coordinator for Health IT



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Recognized Coordinated Entity (RCE) Updates



THE NUMBERS ARE IN

TEFCA Exchange is Ramping Up!

There are 21,086 organizations live on TEFCA (QHINs, Participants, and Subparticipants) representing over 81,000 unique connections to clinicians, hospitals, clinics, post-acute care/long-term care facilities, public health authorities, and more. [See our TEFCA Map.](#)

More than **889 million documents shared** since go-live in December 2023.

Meet the QHINS



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eClinicalWorks

eHealth Exchange™

Epic
Nexus



KONZA
NATIONAL NETWORK



ORACLE Health
Information Network, Inc.™

Learn more: <https://rce.sequoiaproject.org/designated-qhins/>



TEFCA™ Topics in Change Management

The RCE, together with ASTP and the TEFCA governance bodies, will use this webpage to provide transparency into amendments to the Framework Agreements, technical requirements, and SOPs in the change management process.

[View Recent Updates](#)



Stay Informed by Subscribing to Updates!

<https://rce.sequoiaproject.org/tefca-topics-in-change-management/>



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TEFCA Exchange Basics



ONC defines overall policy and certain governance requirements

RCE provides oversight and governing approach for the Qualified Health Information Networks (QHINs)

QHINs connect directly to each other to facilitate nationwide interoperability

Each QHIN connects Participants, which connect Subparticipants

Participants and Subparticipants connect to each other through TEFCA Exchange

- Participants contract directly with a QHIN and may choose to also provide connectivity to others (Subparticipants), creating an expanded network of networks
- Participants and Subparticipants sign the same Terms of Participation and can generally participate in TEFCA Exchange in the same manner



**Framework
Agreements**



**Standard
Operating
Procedures**



**Technical
Requirements**



**RCE
Directory**



**Oversight &
Compliance**



Governance

Need the basics? Check out the TEFCA Guide:

https://rce.sequoiaproject.org/wp-content/uploads/2024/10/TEFCA-Guide-September-2024_508.pdf



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Draft TEFCA IAS Exchange Purpose (XP) SOP v3.0



Distinguishing The TEFCA IAS XP SOP vs. TEFCA IAS Provider Requirements SOP

TEFCA IAS XP Implementation SOP

- Defines **how TEFCA IAS exchange happens**
- Covers **queries, responses, and exchange rules**
- Focus: **technical + workflow requirements**
- Example: Use of **T-IAS**, when to respond, identity verification
- Applies to IAS Providers, and IAS responders

TEFCA IAS Provider Requirements SOP

- Defines **how TEFCA IAS Providers must:**
 - Protect individual data
 - Ensure transparency to individuals
 - Handle consent
- Focus: **compliance, privacy, individual rights**
- Example: Privacy notice, consent, breach notification
- Applies to IAS Providers

TEFCA IAS XP Vision and Context



TEFCA Individual Access Services (IAS) Exchange Purpose Changes Under Consideration – February 2026

Vision and Context¹

From the start, the Trusted Exchange Framework and Common Agreement™ (TEFCA™) Individual Access Services (IAS) Exchange Purpose (XP) has focused on giving individuals the power to use network scale to find their health information and get a copy. While the IAS XP is designated as “required response,” responsiveness, especially for demographics-based query, has been suboptimal due to technical variation and policy ambiguities.

The Assistant Secretary for Technology Policy/Office of the National Coordinator for Health IT (ASTP/ONC) and the Recognized Coordinating Entity® (RCE®) are working with the Qualified Health Information Network® (QHIN™) Caucus and the Participant and Subparticipant Caucus to create an approach that will address these issues and lead to a more reliable flow of data in response to IAS Queries. This work benefits from discussion by the IAS Workstream, which included both Caucus members and outside expert volunteers.

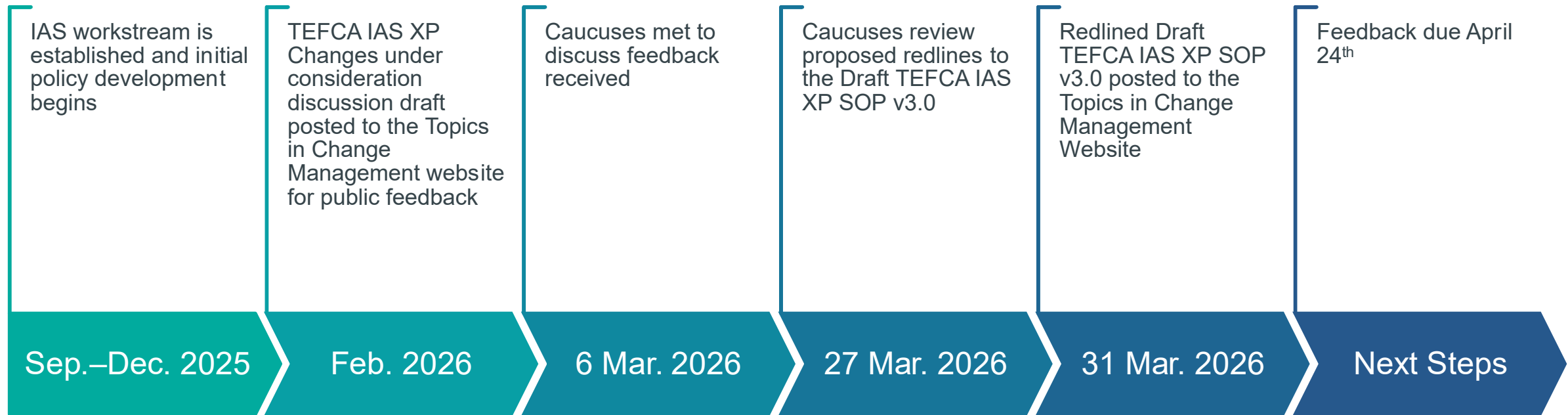
Summary of Changes Under Consideration

Topic	Summary Description of Change(s)
Credential Service Providers (CSP) Verified Demographics	Require CSPs that seek to support TEFCA IAS to increase the amount of demographics data that they must have the capability to IAL2 verify.
Valid IAS Query Requirements	Increase the required IAL2 data elements that must be included within an IAS query for it to be considered valid. An IAL2 verified phone number, or email address would need to be included in a valid IAS query.
Self-Asserted Demographics	Allow individuals to self-assert demographics and for IAS Providers to include self-asserted demographics (e.g., nickname, maiden name, past address) in queries along with IAL2 verified data so that responders can use them to further sharpen patient matching.
Risk Mitigation	Include risk mitigations to support a Covered Entity's HIPAA Breach Notification Rule analysis of “low probability of compromise.”
Matching Response Logic	Establish required response logic largely based on IAL2 verified data that would require a response to a demographics-based query when met.
Response Requirements	Clarify that two different response responsibilities exist in parallel: 1 - Responders must respond when a demographics-based match is achieved; and 2 - FHIR endpoints are also returned when available.
Technical Conformance Issues	Incorporate implementation guidance and feedback received from QHINs, IAS Providers, and network participants.

¹ This document summarizes, at a high level, changes that are currently under consideration to inform the community and provide transparency about ongoing discussions. Pending further work by the Caucuses, ASTP and the RCE will release proposed changes to the relevant SOPs following our Change Management Process. See the existing [QP Implementation SOP: Individual Access Services v2.1](#) for current policy.

- The TEFCA Individual Access Services (IAS) Exchange Purpose (XP) is intended to enable Individuals to use network scale to locate and obtain copies of their health information.
- Although the TEFCA IAS XP is designated as a “required response,” responsiveness can be improved. Challenges stem from technical variation and policy ambiguities.
- ONC and the RCE are working with the QHIN Caucus and the Participant/Subparticipant Caucus to incrementally address these issues and expand choice for individuals using TEFCA IAS to query for their health data.
- Work is informed by discussions had with the TEFCA IAS Workstream, which included caucus members and external expert volunteers, as well as both caucuses and any public feedback received.

Draft TEFCA IAS XP SOP Version 3.0 Timeline



Iterative policy development

TEFCA IAS Summary of Changes Under Consideration



Topic	Summary Description of Change(s)
Credential Service Providers (CSP) Verified Demographics	Require that IAS Providers select CSPs that are capable of IAL2 verifying an increased amount of demographics data.
Valid IAS Query Requirements	Increase the required IAL2 data elements that must be included within an IAS query for it to be considered valid. An IAL2 verified phone number <i>or</i> email address would need to be included in a valid IAS query.
Self-Asserted Demographics	Allow Individuals to self-assert demographics and for IAS Providers to include self-asserted demographics (e.g., nickname, maiden name, past address) in queries along with IAL2 verified data so that responders can use both to further sharpen patient matching.
Demographics Double-Check	Include IAS Provider requirements to perform a patient demographics match comparison using its own algorithm against the demographics returned in the patient discovery response from the Responding Node to support a Covered Entity’s HIPAA Breach Notification Rule analysis of “low probability of compromise.”
Matching Response Logic	Establish required response logic largely based on IAL2 verified data that would require a response to a demographics-based query when met.
Response Requirements	Clarify temporary optionality for response requirement approaches with future goals of a single required approach for response : 1 – Responders with FHIR Endpoints that support credential-based log-in must return its FHIR Endpoint, if conditions are met. 2 - Responders not doing Approach 1 must respond when a) the IAS Provider provides the TEFCA IAS Permission in conjunction with a match per the Matching Response Logic OR b) according to the Responder’s own response policies.
Technical Conformance Issues	Incorporate implementation guidance and feedback received from QHINs, IAS Providers, and network participants.

4.3 Proposed Compliance Dates

<u>SOP Section Number</u>	<u>Compliance Requirement</u>	<u>Applicability</u>	<u>Compliance Date</u>
4.6	Demographics Double Check	TEFCA IAS Providers	August 1, 2026
4.8	Responding Nodes that are not Responding in accordance with Approach 1 MUST Respond in accordance with Approach 2.	QHINs, Participants, Subparticiapants	August 1, 2026
4.8	Responding Nodes MUST Respond in accordance with Approach 2. Responding Nodes with a FHIR Endpoint MUST also continue to Respond in accordance with Approach 1.	QHINs, Participants, Subparticiapants	August 1, 2027



Summary of Changes:

- The SOP adds specific responsibilities for IAS Providers that limit the possibility of a HIPAA breach violation when a provider responds to an IAS query.
- The responsibilities include:
 - » Assessing the likelihood of a false patient match and;
 - » Alerting providers if there is a reasonable chance that the wrong patient's data has been shared.

4.6 IAS Provider Breach Mitigation Responsibilities



Key SOP Language

- a) When an IAS Provider receives a successful patient discovery response from a Responding Node, the IAS Provider **MUST** perform a patient demographics match comparison using its own algorithm with both IAL2 verified and self-asserted data in the IAS Provider's system against the demographics returned in the patient discovery response from the Responding Node ("Demographics Double-Check").
 - i. If the Demographics Double-Check does not determine a match between the IAL2 verified and self-asserted data in the IAS Provider's system and the demographics data returned by a Responding Node, the IAS Provider:
 1. **MUST** reject the demographics response from the Responding Node, and
 2. **MUST NOT** retain the patient identifier from the Individual's request, and
 3. **MUST NOT** continue to initiate an IAS Query to that Responding Node and,
 4. **MAY** provide the Individual with the Responding Node's credential-based approach using FHIR OAuth for that Responding Node, if provided by the Responding Node, as defined in the Facilitated FHIR Implementation SOP.

4.6 IAS Provider Breach Mitigation Responsibilities



Key SOP Language Section 4.6, continued.

- ii. When a Demographics Double-Check does not determine a match, the IAS Provider **MUST** notify the QHIN, Participant, or Subparticipant that operates or is associated with the Responding Node that returned the demographics. This can be done directly, or via the QHIN of the Responding Node.

- b) If after viewing the TEFCA Information returned via an IAS Query by an IAS Provider, an Individual notifies the IAS Provider that they believe another Individual's data has been attributed to them, the IAS Provider **MUST**:
 - i. Notify the QHIN, Participant, or Subparticipant associated with the Responding Node that its customer has affirmatively indicated that they have received the wrong person's data. In this scenario, unless the QHIN, Participant, or Subparticipant identifies other breach mitigation factors, it would likely need to follow the HIPAA Breach Notification Rule's requirements for a one-person breach; and
 - ii. Have a process in place to purge the erroneous data.

4.8 Response Requirement Approaches



Summary of Changes:

- To increase responsiveness to IAS queries and clarify that FHIR Endpoints that support credential-based login must be returned, when available, the SOP establishes a phased approach to response requirements.
 - » **Phase 1 (Aug 1, 2026- July 31, 2027)** outlines options for response for Responding Nodes that have FHIR Endpoints that support credential-based login vs. Responding Nodes without FHIR Endpoints that support credential-based login.
 - » **Phase 2 (As of Aug 1, 2027)** expands the requirements and expectations for Responding Nodes with FHIR Endpoints that support credential-based login.

4.8 Response Requirement Approaches



Key SOP Language to establish the phased approach (next slide details each approach):

- a) From August 1, 2026 to July 31, 2027, Response Approach 2a or Respond Approach 2b is optional for Responding Nodes with FHIR Endpoints published in the RCE Directory Service. As of August 1, 2027, all Responding Nodes MUST Respond in accordance with Response Approach 2a or Response Approach 2b. Responding Nodes with a FHIR Endpoint MUST also continue to Respond in accordance with Approach 1.

- b) Responding Nodes MUST indicate which Response Approach it supports in the RCE Directory Service (*per identifiers in the directory*).

4.8 Response Requirement Approaches, continued



- c) **Response Approach 1:** Any Responding Node that 1) receives a valid IAS Query, 2) has a FHIR Endpoint that supports the credential-based log-in flow and is listed in the RCE Directory Service, per the Facilitated FHIR Implementation SOP, and 3) matches the following demographics: verified Given (first) Name or self-asserted first name; verified Family (last) Name; verified Date of Birth, MUST return its FHIR Endpoint that supports credential-based log-in.
- d) **Response Approach 2a:** Any Responding Node that receives a valid T-IAS Query MUST Respond when the following conditions are satisfied:
 - i. The IAS Provider has provided the express documented and informed consent(s) (“TEFCA IAS Permission”) that validates and verifies that the individual has consented to use the Individual Access Service; and
 - ii. A match is determined per the Rules in Section 4.8.2;
- e) **Response Approach 2b:** Any Responding Node that receives a valid T-IAS Query MUST Respond when the Responding Node has determined a match consistent with its response policy, which may include:
 - i. Determining a Response is acceptable based on a match with fewer demographics than the Matching Rules for Responding Nodes in Section 4.8.2; and/or
 - ii. Determining a Response is acceptable without requesting the TEFCA IAS Permission.
- f) For the avoidance of doubt, an IAS Provider’s response policy cannot require a match on more demographics than required by the Response logic rule specified in Section 4.8.2.

Note: The Approach 2a and 2b transaction flow is intended to support demographics-based matching for both document-based IAS Queries and FHIR-based IAS Queries, separate from the FHIR credential-based log-in flow leveraged by Approach 1.

Summary of Changes:

- The SOP introduces specifications for a TEFCA IAS Permission. The TEFCA IAS Permission is a requirement for IAS Providers that is detailed in **Section 7** of the current IAS Provider Requirement SOP.
- This SOP introduces additional requirements for the content of the TEFCA IAS Permission and specifications for how to include it in a TEFCA IAS Query.

4.8.1 TEFCA IAS Permission



- a) For a document-based transaction, the TEFCA IAS Permission **MUST** make it explicit that the IAS Query is a Query for, at least, all of the Individual's Required Information that is maintained by Responding Nodes in the RCE Directory.
- b) IAS Providers **MUST** make it clear in the TEFCA IAS Permission that the TEFCA IAS Permission is in effect until it is revoked by the Individual, per Section 8 of the IAS Provider Requirements SOP.
- c) IAS Providers **SHOULD** include an assertion in the IAS Query that they have the TEFCA IAS Permission. If an IAS Provider includes the TEFCA IAS Permission assertion, it **MUST** assert the TEFCA IAS Permission using the flow described in QTF Patient Discovery *Alternate Flow 2: Initiating Node asserts an Instance Access Consent Policy or Access Consent Policy*.

If the Responding Node indicates in the RCE Directory Service that it requires a TEFCA IAS Permission per Approach 2a, then the Responding Node **MUST** retrieve and store the asserted TEFCA IAS Permission using the flow described in QTF Patient Discovery *Alternate Flow 2: Initiating Node asserts an Instance Access Consent Policy or Access Consent Policy*.

4.8.2 Matching Rules for Responding Nodes



Summary of SOP Updates: Added in response rules for when a Responding Node has determined a match on a demographic attributes, using their own matching algorithm.

- a) **Rule 1: Seven or Greater IAL2 Response Rule:** If all three “primary attributes” along with any four “secondary attributes” are matched then a Response is required.
 - » Primary Attributes (must match **all** 3): Given (first) Name; Family (last) Name; Date of Birth.
 - » Secondary Attributes (match **any** 4 other verified demographics). Other verified demographics may include: Middle Name/Middle Initial; Suffix; City; State; Zip; Mobile phone number; E-mail; Street Address with house number; Social Security (SSN); SSN4: last four of the SSN; State ID/Driver’s License Number.

- b) **Rule 2: First Name Variation Response Rule:** If Rule 1 is met, except that Given (first) Name is matched through self-asserted data (i.e., the self-asserted nickname sent in the Query matches the first name in the Responding Node’s system), then a Response is required.

- c) **Rule 3: Address Variation Response Rule:** If Rule 1 is met, except that Street address with house number is matched through self-asserted data (i.e., the self-asserted street address sent in the Query matches the street address in the Responding Node’s system), then a Response is required.



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Topics in Change Management

Topics in Change Management



TOPIC AREA	TIMELINE	DRAFTS UNDER CONSIDERATION	APPROVED VERSION	NEXT STEPS
Treatment Exchange Purpose and Know Your Participant (KYP)	Spring 2026	<u>Changes Under Consideration</u>	forthcoming	We're requesting feedback from the caucuses.
Individual Access Services Exchange Purpose	Spring 2026	<u>Draft IAS Exchange Purpose SOP v3.0 (clean)</u> <u>Draft IAS Exchange Purpose SOP v3.0 (redlined from v2.1)</u>	forthcoming	Submit feedback to <u>rce@sequoiaproject.org</u> by April 24, 2026. Caucuses preparing to vote.
Consequences for QHIN Non-Compliance	Spring 2026	<u>Draft Consequences for QHIN Non-Compliance SOP v1.0</u>	forthcoming	Caucuses preparing to vote.



Next Steps

- Publish the redlined SOP to the Topics in Change Management webpage for public access.
- Review the proposed updates during the RCE Monthly Informational Call – May 19
- Collect feedback from Caucus members.
- Collect public comments.
- Hold a Joint Caucus Meeting to review feedback and discuss proposed revisions.
- Receive and address any outstanding “showstopper” comments from the Caucuses.
- Conduct a final vote.



Subscribe to the Topics in Change Management Website for the latest updates:
<https://rce.sequoiaproject.org/tefca-topics-in-change-management/>

RCE Resource Library

TEFCA is a multifaceted, living framework that enables seamless and secure nationwide exchange of health information.

GETTING STARTED



Below is a guide to the Common Agreement, Standard Operating Procedures (SOPs), technical documents, and other resources that make up TEFCA's rules of the road. Start your journey to next generation interoperability here.

<https://rce.sequoiaproject.org/tefca-and-rce-resources/>

Additional Resources:

<https://www.healthit.gov/tefca>

All Events Registration and Recordings:

<https://rce.sequoiaproject.org/community-engagement/>

**Next RCE Monthly
Information Call**

May 19, 2026 | 12:00-1:00pm ET



Questions & Answers

For more information:
rce.sequoiaproject.org