NEW YORK CITY DEPARTMENT OF HEALTH AND MENTAL HYGIENE

May 12, 2025

SUBMITTED VIA: https://www.healthit.gov/isp/ONDEC

The Assistant Secretary for Technology Policy (ASTP)
Department of Health and Human Services (HHS)

Re: Draft United State Core Data for Interoperability (USCDI) version six (v6)

Dear ASTP/HHS,

The New York City Department of Health and Mental Hygiene (NYC DOHMH) appreciates the opportunity to comment on the draft version 6 of the United States Core Data for Interoperability (USCDI v6)

Here are our specific comments:

1. **Removal of Specific Data Elements: In alignment with Executive Order 14168, data elements related to pronouns, sexual orientation, and gender identity have been removed from the Patient Demographic/Information Data Class.**

   The NYC DOHMH opposes the removal of sexual orientation and gender identity (SOGI) data elements from the U.S. Core Data for Interoperability, Draft Version 6. Collecting SOGI data facilitates the provision of culturally competent care and helps providers better meet the unique needs of their patients, leading to more appropriate and effective care. These data also assist public health agencies to identify and address health disparities including higher rates of HIV, mental health issues, and substance use.

   Hence, NYC DOHMH urges the reinstatement into the USCDI V6 of SOGI data elements that were recently removed via the March 2025 Errata update. These data elements are fundamental to the integrity and equity of public health practice, and their removal stands in direct contradiction to USCDI's core objective to ensure consistency, accuracy, and harmonization of health information across health systems in service of interoperability. Removal of these data elements would make Assistant Secretary for Technology Policy (ASTP)'s efforts to improve care coordination, support health IT initiatives and ensure that health care practitioners, payers and partners can share critical patient information efficiently and accurately, less effective.

   Finally, we want to underscore that people who are lesbian, gay, bisexual, transgender, gender non-conforming, non-binary, gender expansive, queer, or intersex may have unique health

care needs. For example, the NYC Health Department recently released a report revealing that LGBTQ+ New Yorkers are more likely to struggle with mental health challenges than those who identify as heterosexual or cisgender. Removing these critical demographic data elements from the USCDI create unnecessary barriers to meaningful healthcare analysis and planning that will be detrimental to the health of marginalized communities across the United States.

2. **Diagnostic Imaging: feedback on what additional work is needed in this space to advance meaningful, secure, and shareable access to images across disparate networks, and we seek examples of real-world evidence of exchange.**

   With respect to diagnostic imaging, we recognize and support the goal of advancing secure, shareable access to imaging data across disparate networks. To meaningfully move toward this objective, several critical steps are needed:

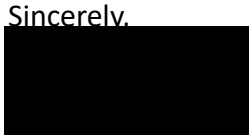
   1. Establishment of a standard, interoperable format for image storage that adheres to national data security and transmission standards.
   2. Ensuring that such formats are accessible without reliance on proprietary or cost-prohibitive software.
   3. Addressing technical barriers that impede integration of external imaging into local electronic medical records (EMRs).

      As an example of a real-world challenge: when attempting to share chest X-ray images taken abroad through the Electronic Disease Notification (EDN) system—where. dcm (DICOM) files are attached to individual records—we encountered significant difficulty integrating these files with our local imaging system (Fuji/Synapse). Despite attempts to decompress and convert the files for upload using -approved software (GIMP), the files could not be processed. Although MicroDICOM was identified as a potential solution, it is not approved for use without a license, and obtaining licenses has proven difficult.

      We respectfully recommend that standards-setting bodies prioritize the harmonization of transfer syntaxes and facilitate access to appropriate, non-proprietary software tools.

We thank you for the opportunity to comment on USCDI v6. The NYC DOHMH remains committed to advancing public health through thoughtful, inclusive, and evidence-based data standards. We look forward to continued collaboration in service of a more interoperable and equitable healthcare system.

Sincerely,



Mamta Parakh

Chief Population Health and Data Officer/Deputy Commissioner

[redacted]

Gretchen Van Wye, PhD, MA
Chief Epidemiologist/Assistant Commissioner