



RE: TEFCA Individual Access Services (IAS) Exchange Purpose Implementation SOP v3.0

To the Recognized Coordinating Entity and Office of the National Coordinator for Health Information Technology:

On behalf of the CARIN Alliance, we write to raise concerns about the implementation of the Exchange Purpose (XP) Implementation SOP: Individual Access Services (IAS) v3.0. Our members and collaborators have identified several significant challenges since the SOP requirements took effect on October 1, 2026. Many of these concerns were also raised in comment letters regarding the proposed updates to the IAS SOP within the TEFCA framework but were ignored by the RCE.

About the CARIN Alliance

The CARIN Alliance is a nonpartisan, multisector group representing hospitals, physicians, consumers, and caregivers. Convened by more than 70 organizations and patient advocates under the direction of Leavitt Partners, the Alliance unites industry leaders to advance consumer-directed exchange across the United States. Working collaboratively with government leaders, we seek to enable consumers and their authorized caregivers to easily access, use, and share their digital health information when, where, and how they choose.

Specifically, we promote the ability for consumers and their authorized caregivers to gain digital access to their health information via the standards-based APIs required under the 21st Century Cures Act rules, CMS 9115-F, CMS 0057-F, Information Blocking and HTI Rules, and others. We continue to prioritize patients, and caregivers, ability to access their information through the HIPAA Individual Right of Access, including access to that information through consumer-facing applications. With a membership composed of patients and caregiver organizations, health care entities, health information technology vendors and others, the CARIN Alliance is uniquely positioned at the intersection of public and private organizations to advance the development of person-centered, value-driven health care through the adoption of consumer-directed health information exchange.

IAS SOP v3.0 Implementation

The CARIN Alliance joins many of our individual members in expressing concern about widespread outages in TEFCA IAS exchange during the two weeks following the transition to the IAS Exchange Purpose Implementation SOP v3.0. The compliance date was October 1, 2026. Beginning that day and continuing through the date of this letter, to our knowledge, the rate of successful IAS queries through TEFCA dropped precipitously. ***We ask the RCE and ONC to treat this outage as an ongoing critical incident and to take immediate action to restore reliable IAS exchange.*** We also ask the RCE and ONC to conduct a thorough and transparent review of the governance and operational failures that contributed to the outage and to promptly apply the lessons learned to reduce the risk of recurrence.

As discussed below, we are concerned about recurring challenges during transitions between SOP versions, both for IAS and across other exchange purposes. For the current incident, we are particularly concerned about the treatment of ID tokens in this and prior SOP versions. Future changes involving ID tokens should be accompanied by computable artifacts that can be used for conformance testing, rather than relying solely on written definitions. Each version of the TEFCA IAS SOP has required technical interpretations or corrections that were not formally documented or broadly available. This problem could be reduced by requiring new SOP changes to include computable test artifacts, such as simulated ID tokens covering the variations described in the written specification. **The specification should not rely solely on written examples; it should include computable, simulated tokens and supporting technical materials in a public repository or website similar to ONC's Inferno test cases.** This approach would reduce inconsistent interpretations among QHINs and support adequate oversight

and testing before breaking changes take effect within and across networks.

While we hope for a rapid resolution, we also have broader concerns about the transition from SOP versions 2.0 and 2.1 to v3.0. These include insufficient transition time; limited coordination among the QHINs and by the RCE; inadequate testing among QHINs and between QHINs and credential service providers (CSPs); and uneven QHIN readiness. After two weeks, we understand that some QHINs have not fully resolved the issue. We appreciate the efforts of QHINs that self-organized to address the problem. We also understand that, during the 12 days following the incident, the RCE held two meetings with the QHINs, with the first occurring six days after the incident began. Given the severity and national scope of the disruption, this response cadence was insufficient. Daily stand-up calls involving all affected parties until the production issue is resolved are standard practice for software incidents, particularly those affecting dozens of entities and millions of consumers.

Although affected members have provided the ONC and the RCE with additional technical feedback regarding the updated token policies and variations in how QHINs have applied the SOP, we want to underscore the broader lack of testing, transparency, remediation, and notice. ONC and the RCE are responsible, under applicable law and the Common Agreement, for coordinating among regulated entities and TEFCA-related parties, including QHINs, Participants, Subparticipants, data holders, consumers, and other interested parties. The limited coordination before the compliance deadline, followed by insufficient communication and action after issues were identified, is therefore concerning. In our view, these are activities the RCE should lead.

In addition, nondisclosure agreements required for some governance activities are counterproductive to timely issue resolution and should be discontinued for work within the TEFCA ecosystem. Consumer-facing applications and CSPs lacked visibility into when QHINs made updates, what changes were made, and which QHINs had not completed them. CSPs also lacked timely information about decisions affecting identity tokens, limiting their ability to update their services. Consumers who rely on these applications to access their health information likewise received insufficient information. A network of networks such as TEFCA requires transparency into the RCE's discussions, plans, and roadmap items—especially production issues that affect Participants, Subparticipants, ancillary service providers, consumers, providers, payers, and vendors.

Immediate Suggested Actions

As noted in this letter and in previous communications with ONC and the RCE, CARIN is focused on facilitating consumer access to health information. We remain optimistic that TEFCA can reduce patient burden and expand consumers' access to and use of their data. However, when disruptions persist, consumers bear the consequences. Problems such as those experienced during the transition to SOP v3.0 may deter organizations from becoming IAS Providers (IASPs) and discourage consumers from continuing to use IAS services. We ask ONC and the RCE to take the following actions:

1. **Establish a defined warning period.** Create a temporary, clearly bounded warning period—for example, 30 days—during which signature checks remain in force while specified token-format errors are logged and flagged rather than rejected. Define which errors qualify for warning treatment, which errors continue to require rejection, who may authorize the temporary policy, and the conditions for ending it. During this period, Responding Nodes should also accept tokens that conform to the immediately preceding SOP version.
2. **Publish QHIN readiness information.** Publish each QHIN's and each major Responding Node's SOP conformance status in advance of each compliance date, and target remediation date for any party that is not yet conformant.
3. **Set and enforce remediation deadlines.** Require written remediation timelines from QHINs and

Responding Nodes, use the RCE's compliance and enforcement processes under the Common Agreement when deadlines are missed, and *define consequences for failing to meet a compliance date*.

4. **Require coordinated end-to-end testing.** Require end-to-end testing across all QHINs, CSPs, IAS Providers, and major Responding Nodes (including EHR vendors), using a non-production environment, before future SOP requirements take effect.
5. **Establish incident coordination and clearer error responses.** During SOP transitions and production incidents, convene daily calls with all affected parties, maintain a shared status page, and standardize error responses so implementers can distinguish IAS token rejections from general failures.
6. **Resolve ambiguous SOP language.** Clarify provisions that implementers interpret differently, including whether the token version claim is a SHOULD or a requirement and how verified email and phone demographic data are treated.
7. **Eliminate unnecessary nondisclosure restrictions.** Given the interdependencies within and across networks and the number of organizations supporting TECA infrastructure, eliminate nondisclosure requirements that impede coordination and incident response. The CMS Health Technology Ecosystem (HTE) does not require nondisclosure agreements, and TECA should follow a similarly transparent approach.
8. **Engage CSPs before changes take effect.** Engage credential service providers, including CLEAR, ID.me, and Persona, before future SOP changes take effect rather than after the compliance date.
9. **Publish computable testing artifacts.** Accompany each revised or new SOP technical requirement with computable testing artifacts that all affected parties can use for conformance testing.
10. **Strengthen the technical architecture and testing leadership.** Ensure that the ONC or the RCE promptly adds technical architects and testers with demonstrated expertise in FHIR, digital identity, cross-network architecture, and conformance testing. If the RCE cannot establish these capabilities promptly, ONC should evaluate whether changes to the RCE's responsibilities, staffing, or designation are necessary, including whether a new RCE is needed.
11. **Limit the number of QHINs on TECA.** Expanding from 11 to 13 QHINs creates too many primary network nodes to coordinate detailed technical changes efficiently and consistently. TECA's reliability is also constrained by the performance of its least prepared QHIN. ONC should consider limiting the number of participating QHINs and strengthening minimum qualification standards, including requirements for transaction volume and unique connections to organizations that are not otherwise reachable through another QHIN.
12. **Coordinate with the CMS Health Technology Ecosystem.** Increase RCE participation in CMS HTE discussions concerning digital identity, federation, tokens, and FHIR API-related topics, and establish a formal mechanism to coordinate relevant decisions between the CMS HTE and TECA.
13. **Ensure a smooth transition for the January 1, 2027 requirements.** The next set of SOP updates takes effect January 1, 2027. The measures above, particularly coordinated testing, published readiness information, and incident coordination, should be in place well before that date so that these updates are applied and adopted smoothly across the network.
14. **Protect record-location rates under the new matching requirements.** In addition to the new token format, SOP v3.0 introduces new matching approaches, including the Demographics Double-Check. Before these requirements take full effect, the RCE should establish baseline match and record-location rates, publish guidance or reference thresholds for matching and double-check algorithms, and monitor and report these rates by QHIN after each transition, in case there are any significant changes in match rates.

In addition to these immediate actions, we request greater transparency and coordination regarding SOP development, testing, transition readiness, and implementation decisions. Limited visibility into readiness, implementation feedback, and divergent execution across SOPs is a structural challenge for TECA. Although affinity groups such as the QHIN Caucus remain valuable, limited visibility outside those groups creates operational



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Creating Access to Real-time Information Now through Consumer-Directed Exchange

risk. We encourage ONC and the RCE to publish relevant decisions and provide more consistent engagement from the Governing Council.

We request that ONC and the RCE provide a written public response within 10 business days outlining the immediate steps being taken to restore reliable IAS exchange, the party responsible for each action, and the anticipated completion date.

Conclusion

As noted in previous letters, the CARIN Alliance supports the need for and promise of TECCA and remains committed to its success. Our objective is to clearly describe the issues our members have observed since October 1, 2026, and to recommend constructive changes that will strengthen TECCA. We are committed to collaborating to advance consumer choice, privacy, and access.

If you have questions regarding this letter, please contact David Lee (david.lee@leavittpartners.com), who leads our Policy Workgroup.

Sincerely,

Ryan Howells, Leavitt Partners
On behalf of the CARIN Alliance