Health Level Seven International® invites you to take part in the formation of consensus groups for balloting HL7 candidate standards and documents prior to the upcoming September 2020 ballot cycle. The candidate standards and other documents described in this announcement are expected to ballot prior to HL7's September 2020 Virtual Working Group Meeting (WGM). Comments received from consensus group members will be addressed at that WGM or in regular teleconferences.

**Consensus Group Sign-Up Open Date: Monday, July 13, 2020**

**Consensus Group Sign-Up Close Date: Thursday, August 13, 2020**

Important Note: Consensus group signup closes when ballot voting begins.

Consensus group enrollment will be available from a date at least four weeks preceding the ballot vote opening date and will continue until the opening of voting. While the exact dates are dependent upon individual ballot open and close dates, in general the consensus group signup period dates are as follows:

**Ballot Open Date: Friday, August 14, 2020**

**Ballot Close Date: Monday, September 14, 2020**

Exceptions for a specific ballot are listed with that ballot description.

Please be aware that these dates may not be accurate for all consensus groups. To sign up, point your browser to [the Ballot Desktop](#). Important Note: Consensus group signup will close when ballot voting begins. This is also the final date non-members can sign up for Non-Member Participation in the ballot.

**Ballot Listing**

This section details the candidate/draft standards and other documents for this ballot cycle. Please note that the following details about specific items are subject to review by the HL7 Technical Steering Committee:
• Approval of all projects initiating any ballot item
• Approval of titles for new candidate and draft standards and other documents
• Approval of new candidate Standards for Trial Use
• Approval of ballot level for those items moving to Normative ballot

Any changes from the initial details in this announcement will be identified in the ballot announcement document released when this ballot cycle opens.

Currently known changes will be available in the Updates to Ballot Announcements document when it becomes available.
<table>
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<tr>
<th>Family</th>
<th>Ballot Name</th>
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<tr>
<td>CDA</td>
<td>HL7 CDA R2 Implementation Guide: Dental Data Exchange, Release 1 - US Realm</td>
<td>Payer/Provider Information Exchange Work Group</td>
<td>1553</td>
<td>1st STU Ballot</td>
<td>Based on the C-CDA 2.1 Referral Note and Consultation Note document templates, this guide defines templates and supporting guidance for a Dental Referral Note and Dental Consultation Note enabling computable data exchange both amongst dental providers, and between medical and dental providers.</td>
<td>NULL</td>
<td>CDAR2_IG_DENTAL_R1_D1_2020SEP</td>
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<td>FHIR</td>
<td>HL7 FHIR® IG: Pharmacy; Prescription Drug Monitoring Program (PDMP), Release 1 - US Realm</td>
<td>Pharmacy</td>
<td>1393</td>
<td>1st STU Ballot</td>
<td>Prescription Drug Monitoring Programs (PDMPs) are databases deployed in each US State to track controlled substance prescriptions in a state. PDMPs provide health authorities timely information about prescribing and patient behaviors. Full Background on PDMPs is provided by CDC (<a href="https://www.cdc.gov/drugoverdose/pdmp/states.html">https://www.cdc.gov/drugoverdose/pdmp/states.html</a>). PDMPs primarily exchange information with an EHR using a non-HL7 standard (NCPDP).</td>
<td>Since the last ballot of this material in 2018MAY, the following changes have been made: This project update will upgrade the PDMP mappings to FHIR R4, add American Society for Automation in Pharmacy (ASAP) mappings, upgrade the MedicationDispense/MedicationAdministration profiles to FHIR R4, and remove any Medication List guidance from the guide, and any profiles, that are superseded by US Core. This project will not enhance US Core profiles, nor provide additional guidance on profiles that belong in US Core. Any relevant lessons for US Core will be logged as trackers for a future US Core release.</td>
<td>FHIR_IG_MED_PDMP_R1_D1_2020SEP</td>
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<td>FHIR</td>
<td>HL7 FHIR® Implementation Guide: Data Exchange for Quality Measures, Release 1 - US Realm</td>
<td>Clinica l Quality Information</td>
<td>1429</td>
<td>4th STU Ballot</td>
<td>This IG provides a mechanism for healthcare providers and data aggregators to exchange quality measure information using subscription, query, and push methods in support of quality reporting and improvement, including gaps in care.</td>
<td>Since the last ballot of this material in 2020FEB, the following changes have been made: This ballot includes new content developed to address data exchange for gaps in care based on electronic clinical quality measures. Other content has been reconciled from the February 2020 ballot and published. Comments on this ballot are limited to the new Gaps in Care content.</td>
<td>FHIR_IG_QMEXCHANGE_R1_D4_2020SEP</td>
<td>7/14/2020</td>
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<td>FHIR</td>
<td>HL7 FHIR® Implementation Guide: Dental Data Exchange, Release 1 - US Realm</td>
<td>Payer/Provider Information Exchange Work Group</td>
<td>1553</td>
<td>1st STU Ballot</td>
<td>Based on the FHIR US Core v3.1.0 implementation guide and the C-CDA on FHIR v2.0.0, this guide defines profiles and supporting guidance needed to exchange data in support of a Dental Referral and a response after completion of a Dental Consultation. These profiles are intended to enable computable data exchange both amongst dental providers, and between medical and dental providers.</td>
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<td>FHIR_IG_DENTAL_R1_D1_2020SEP</td>
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<td>FHIR</td>
<td>HL7 FHIR® Implementation Guide: DME Orders, Release 1- US Realm</td>
<td>Order Observers and</td>
<td>1496</td>
<td>2nd STU Ballot</td>
<td>Focus is on a FHIR standard for creating, exchanging and tracking post-acute orders/referrals for Durable Medical Equipment (DME) and Home Health Services.</td>
<td>Since the last ballot of this material in 2020MAY, the following changes have been made: The intent is to expand the IG to support other types of post-acute orders/referrals (e.g. Imaging) with future versions.</td>
<td>FHIR_IG_DME_R1_D2__2020SEP</td>
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<td>FHIR</td>
<td>HL7 FHIR® Implementation Guide: Health Record Exchange (HRex) Framework, Release 1- US Realm</td>
<td>Clinical Interoperability Council</td>
<td>1494</td>
<td>2nd STU Ballot</td>
<td>A FHIR implementation guide that defines a set of shared profiles, conformance expectations and narrative guidance used as a foundation for Da Vinci implementation guides.</td>
<td>Since the last ballot of this material in 2019SEP, the following changes have been made: Added and improved guidance on different exchange mechanisms, added guidance on security policy, created guidance on patient/coverage resolution and revamped the implementation guide to be easier to read.</td>
<td>FHIR_IG_HRex_R1_D2__2020SEP</td>
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<td>FHIR</td>
<td>HL7 FHIR®</td>
<td>Structured Documents</td>
<td>1192</td>
<td>3rd STU Ballot</td>
<td>With cooperation from CDC and Healthcare Associated Infections (HAI) software vendors, document will be STU Release 3 of the HL7 FHIR® Release 4: Healthcare Associated Infection Report Release 1. The implementation guide will continue to support electronic submission of HAI data to the National Healthcare Safety Network. Changes include two new COVID-19 data elements in existing forms, several new data elements in existing forms, and a move of most of the vocabulary to VSAC.</td>
<td>Since the last ballot of this material in 2019MAY, the following changes have been made: New COVID-19 data elements in several existing forms (Questionnaires) Several other new data elements in existing forms (Questionnaires) Plans to move most of the vocabulary from value sets that currently exist in the IG to VSAC.</td>
<td>FHIR_IG_HAI_R1_D3_2020SEP</td>
<td>7/14/2020</td>
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<td>FHIR</td>
<td>HL7 FHIR®</td>
<td>Mobile Health</td>
<td>1599</td>
<td>2nd STU Ballot</td>
<td>Mobile apps and devices provide their own APIs and methods for collecting device data that can be communicated to EHR, PHR and research endpoints. Much of this data can readily converted to FHIR resources. The purpose of this implementation guide is document the functional requirements that can be used to assess devices, applications, and FHIR profiles to ensure that the essential data needed for clinical, patient and research uses is present in communications between applications.</td>
<td>Since the last ballot of this material in 2020MAY, the following changes have been made: Reconciliation from May 2020 ballot.</td>
<td>FHIR_IG_mHEALTH_ADE_R1_D2_2020SEP</td>
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<td>FHIR</td>
<td>HL7 FHIR®</td>
<td>Orders and Observations</td>
<td>1010</td>
<td>1st STU Ballot</td>
<td>An order catalog exposes a collection of items that practitioners can order/select to support healthcare delivery. These items represent services, products, devices or knowledge artifacts (examples: order sets, CDS content, lab tests, medications, medical devices). Each item specifies its purpose, describes how it should be ordered and/or used, and characterizes expected outcomes. This universal realm IG specifies methods/artifacts to enable catalog sharing across practitioners/organizations.</td>
<td>NULL</td>
<td>FHIR_IG_ORDSVCCAT_R1_D1_2020SEP</td>
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<td>FHIR</td>
<td>HL7 FHIR® Implementation Guide: Potential Drug-Drug Interaction (PDDI) Clinical Decision Support (CDS), Release 1</td>
<td>Clinical Decision Support</td>
<td>1405</td>
<td>1st STU Ballot</td>
<td>This implementation guide specifies a knowledge representation format for potential drug-drug interaction (PDDI) clinical decision support (CDS) logic and CDS services for PDDI with electronic health record (EHR) systems. Specifically, the implementation guide will specify: 1) How to represent PDDI logic in CQL and evidence in computational format using the FHIR Clinical Reasoning module. 2) How to use CDS Hooks as a mechanism for EHRs to request PDDI CDS from CDS services.</td>
<td>Since the last ballot of this material in 2018SEP, the following changes have been made: Substantive changes have been made to address comments in the previous ballot and especially to account for changes to the underlying CDS Hooks and CQL specifications.</td>
<td>FHIR_IG_PDDI_CDS_R1_D1_2020SEP</td>
<td>7/14/2020</td>
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<td>FHIR</td>
<td>HL7 FHIR® Implementation Guide: Single Institutional Review Board Project (sIRB), Release 1-US Realm</td>
<td>Biomedical Research and Regulation</td>
<td>1540</td>
<td>1st Informativ Ballot</td>
<td>The implementation guide outlines the document structure and exchange process for on a multi-site study between clinical sites, coordinating centers and IRBs. This guide currently covers the data elements and electronic exchange process for a Determination Letter, Study Protocol and Consent Form.</td>
<td>NULL</td>
<td>FHIR_IG_SIRB_R1_I1_2020SEP</td>
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<td>FHIR</td>
<td>HL7 FHIR® Implementation Guide: SMART Web Messaging, Release 1</td>
<td>FHIR Infrastructure</td>
<td>1597</td>
<td>1st STU Ballot</td>
<td>SMART Web Messaging enables tight UI integration between EHRs and embedded SMART apps via HTML5's Web Messaging. Use SMART Web Messaging to push unsigned orders, note snippets, risk scores or UI suggestions directly to the clinician's EHR session. Built on the browser's javascript window.postMessage function, SMART Web Messaging is a simple, native API for health apps embedded within the user's workflow.</td>
<td>NULL</td>
<td>FHIR_IG_SMARTWEB_MSG_R1_D1_2020SEP</td>
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<td>FHIR</td>
<td>HL7 FHIR® Implementation Guide: Vital Signs, Release 1-US Realm</td>
<td>Orders and Observations</td>
<td>1541</td>
<td>1st STU Ballot</td>
<td>FHIR profiles and implementation guides for all of vital signs including all qualifying observations (patient position, body location, device, method, etc.) and coded value sets, building on the FHIR Vital Signs profile currently in place.</td>
<td>NULL</td>
<td>FHIR_IG_VITALSIGNS_R_D1_2020SEP</td>
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<td>HL7</td>
<td>HL7 Cross Paradigm Specification: Health Service Reference Architecture (HL7-HSRA), Release 1</td>
<td>Services Oriented Architecture</td>
<td>1407</td>
<td>1st Informativ e Ballot</td>
<td>The objective of the HL7 Health Service Reference Architecture (HL7-HSRA) is to support the design of medium/large scale eHealth architectures based on HL7 services and standards. This document organizes HL7 Service Functional Models as a basis for a formalized Enterprise Service Architecture.</td>
<td>NULL</td>
<td>HL7_HSRA_R1_11_2020SEP</td>
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<td>HL7</td>
<td>HL7 Cross-Paradigm Specification: CDS Hooks, Release 1</td>
<td>Clinical Decision Support</td>
<td>1234</td>
<td>2nd STU Ballot</td>
<td>This specification describes a &quot;hook&quot;-based pattern for invoking decision support from within a clinician's EHR workflow. The API supports: synchronous, workflow-triggered CDS calls returning information and suggestions and launching a user-facing SMART app when CDS requires additional interaction.</td>
<td>NULL</td>
<td>HL7_XPARADIGM_CDS_HOOKS_R1_D2_2020SEP</td>
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<td>HL7 Domain Analysis Model: Birth Defects, Release 1 - US Realm</td>
<td>Public Health</td>
<td>1532</td>
<td>1st STU Ballot</td>
<td>The Birth Defects Reporting Domain Analysis Model (DAM) will extend the existing Vital Records DAM to include new content related to the reporting of birth defects in newborns and children. Where possible content common to both DAMs will be reused.</td>
<td>NULL</td>
<td>HL7_DAM_BD_R1_D1_2020SEP</td>
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<td>HL7</td>
<td>HL7 Domain Analysis Model: Unique Device Identifier (UDI) Implementation Guidance, Release 1</td>
<td>Orderers and Observers</td>
<td>1238</td>
<td>5th Informativ e Ballot</td>
<td>HL7 embarked on an effort to ensure the UDI string, at a minimum, is represented in V2, V3, and FHIR such that implementation guide and profile developers can provide the necessary guidance for the specific use cases of how to apply the standards. This resulted in a white paper, dated November 13, 2014, published by HL7 as ‘Harmonization Pattern for Unique Device Identifiers’. HL7 needs to develop further guidance as well, in coordination with other parties, to ensure there is clarity when to c</td>
<td>Since the last ballot of this material in 2020MAY, the following changes have been made: Changes to the UDI DAM are based on comments received in the May 2020 Ballot cycle. Specifically, the revised content includes additional use cases and corresponding revisions to the diagrams.</td>
<td>HL7_DAM_UDI_IG_RE Q_R1_I5_2020SEP</td>
<td>7/14/2020</td>
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<td>HL7</td>
<td>HL7 Guidance: Reducing Clinician Burden, Release 1</td>
<td>Electronic Health Records</td>
<td>1501</td>
<td>1st Comment-Only Ballot</td>
<td>Drawing from a wide range of reference sources the HL7 EHR WG &quot;Reducing Clinician Burden&quot; Project has endeavored to understand and document the substance, impact and extent of clinician burden (and how it contributes to burnout). This “comment only” ballot seeks further input – from the international HL7 Community – to guide forward efforts. HL7 can play a vital role... so what are key strategies and actions HL7 and other SDOs might take to address/reduce clinician burden?</td>
<td>NULL</td>
<td>HL7_RCB_R1_O1_2020SEP</td>
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<td>HL7</td>
<td>HL7 Implementation Guide: CDS Solutions, Release 1</td>
<td>Arden Syntax</td>
<td>1175</td>
<td>1st Informativ e Ballot</td>
<td>A proliferation of health information technology standards related to clinical decision support (CDS) has increased uncertainty regarding the implementation of CDS. This implementation guide will review how standards in this space, with a focus on HL7 standards, can be brought together and used to implement both an overall CDS strategy as well as specific kinds of CDS.</td>
<td>NULL</td>
<td>HL7_CDS_SOLUTIONS _R1_I1_2020SEP</td>
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<td>HL7</td>
<td>HL7 Informative Document: Sharing with Protections (SwP), Release 1</td>
<td>Security</td>
<td>1566</td>
<td>1st Informativ e Ballot</td>
<td>The &quot;Share with Protections (SwP) paper extends the concepts of Data Segmentation for Privacy (DS4P) by providing standards-based technology supporting business requirements and technical solutions for enhanced data sharing by enabling Receivers to manage local policy-aware access control. SwP may enable policy domains to move from explicit patient consent to implicit patient consent, which could ease the burden on patients and their information custodian to enable information exchange.</td>
<td>NULL</td>
<td>HL7_WP_SWP_R1_1_2020SEP</td>
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<td>V251</td>
<td>HL7 Version 2.5.1 Implementation Guide: Laboratory Results Interface (LRI), Release 1 STU</td>
<td>Order s and Observation s</td>
<td>1294</td>
<td>5th STU Ballot</td>
<td>This project aims to create a complete, cohesive Laboratory Results Interface Implementation Guide, covering use cases of newborn screening, clinical genomics, reporting to public health.</td>
<td>Since the last ballot of this material in 2017MAY, the following changes have been made: Main driver is the addition of required data elements under CARES Act (HHS lab reporting guidance) as a profile component. Depending on time constraints will also include STU comments received (some include NAAACR use case, which may no make this cycle)</td>
<td>V251_IG_LRI_R1_D5_2020SEP</td>
<td>7/14/2020</td>
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<td>V2X-Relate d</td>
<td>HL7 Version 2 Implementation Guide: v2-to-FHIR, Release 1</td>
<td>Order s and Observation s</td>
<td>1481</td>
<td>1st STU Ballot</td>
<td>The v2-to-FHIR IG provides HL7 agreed to mappings from HL7 v2 messages to HL7 FHIR components. It also includes the profile definitions for ConceptMap and Bundle to capture the v2 message, segment, data type, and vocabulary mappings to HL7 FHIR components, as well the equivalent FHIR message. The focus is on any HL7 v2 element that is actually used by at least one implementer, with an initial focus on an ADT, Order, Result, and Immunization message.</td>
<td>NULL</td>
<td>V2_IG_V2-2-FHIR_R1_D1_2020SEP</td>
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For more information on ballot procedure, such as general guidelines, and voting, see [Ballot Procedures and Guidelines](#).

[NonMember Participation in HL7 Ballots Instructions (pdf, 236.9 kb)](#)

For Help, see [Balloting Help](#).