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 January 2023 ballot cycle. The candidate standards and other documents described in this announcement are expected to ballot prior to HL7’s 2023 January Working Group Meeting (WGM) to be held January 15-20 2023 in Henderson NV USA. Comments received from consensus group members will be addressed at that WGM or in regular teleconferences.

**Important News:**

Recent changes to ANSI’s Essential Requirements eliminate Associations as an interest type for balloting (this does not affect membership).

Beginning with the September 2022 ballot cycle, if your organization falls under the Government/Professional Associations/Universities membership category, it will display as General Interest type for purposes of balloting.

ANSI has made several changes to the identification of interest categories such that Consultants and Association voters must identify the interest type they are representing for a particular client, consensus group, or constituency. This change was made because many consultants and non-profit organizations are paid or otherwise represent another interest type and ANSI is of the opinion that those votes should be counted under the interest type they actually represent. For example, a consultant may be hired by a provider to participate in a particular consensus group, and their
vote should be counted under the provider interest type. Likewise, a non-profit association may represent EHR vendors, and votes cast by that non-profit should be counted under the vendor interest type.

To accommodate these changes to the ANSI Essential Requirements, all Consultant and General Interest voting members will need to choose which interest type they are representing for each consensus group they join. These voters may be representing themselves and can still choose Consultant, Government/Non-Profit, or General Interest for any given consensus group.

Learn more or review the notification at [hl7news] ANSI Changes that Affect Balloting.pdf

**Consensus Group Enrollment:**

**Consensus Group Sign-Up Open Date:** Thursday, November 10, 2022

**Consensus Group Sign-Up Close Date:** Thursday, December 8, 2022

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, December 9, 2022

**Ballot Close Date:** Monday, January 9, 2023

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 listed in the Updates to Ballot Announcements document.

**Current Ballots**

(Jump to Postponed Ballots)

<table>
<thead>
<tr>
<th>Family</th>
<th>Ballot Name</th>
<th>Work Group</th>
<th>Pjt ID</th>
<th>Ballot Iteration</th>
<th>Ballot Description</th>
<th>Last Balloted</th>
<th>Unique Ballot ID</th>
<th>Pool enrollment opens</th>
<th>Pool enrollment closes</th>
</tr>
</thead>
<tbody>
<tr>
<td>ARDEN</td>
<td>HL7 Arden Syntax for Medical Logic Systems v3.0</td>
<td>Arden Syntax</td>
<td>1118</td>
<td>1st STU Ballot</td>
<td>Arden Syntax v3.0, a knowledge formalism for representing computable medical logic in order to deliver clinical decision support, is the updated successor to the normative Arden Syntax v2.10 in the universal realm. The primary change in v3.0 over v2.10 is incorporation of FHIR as a standard data model for external data mappings in order to improve shareability of medical logic modules encoded using this standard.</td>
<td></td>
<td>ARDEN_V3.0_R1_D1_2023JAN</td>
<td>2022/11/10</td>
<td>2023/12/08</td>
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</table>
| CDA | HL7 CDA® R2 IG: CCDA Templates for Clinical Notes STU Companion Guide, Release 3-US Realm  
Requesting alternate ballot title "HL7 CDA® R2 IG: CCDA Templates for Clinical Notes STU Companion Guide, Release 4-US Realm" | Structured Documents | 1526 | 3rd STU Ballot | The Companion Guide to Consolidated Clinical Document Architecture (C-CDA) provides supplemental guidance to the Health Level Seven (HL7) CDA® R2 IG: C-CDA Templates for Clinical Notes STU Release 2.1 in support Certified Electronic Health Record Technology requirements. Since the last ballot of this material in 2022JAN, the following changes have been made: CDAR2_IG_CCDA_COMPANION_R2_D4_2023JAN  
2022/11/10 2023/12/08 |
|---|---|---|---|---|---|
| FHIR | HL7 FHIR® Implementation Guide: Electronic Medicinal Product Information, Release 1 | Biomedical Research and Regulation | 1773 | 1st STU Ballot | A common international standard for structuring and exchanging ePI is needed. Without such a common standard, the trend toward divergence and fragmentation will continue to occur. In the absence of a common standard, regional/national health authorities are each likely to develop different standards for structured ePI. FHIR is needed to improve interoperability; make it easier to exchange ePI content; and improve the accessibility of ePI content for healthcare practitioners and patients. FHIR_IG_EMEDICINAL_PRODUCT_INFO_R1_D1_2023JAN  
2022/11/10 2023/12/08 |
| FHIR | HL7 FHIR Implementation Guide: ICHOM Breast Cancer PCOM Set, Release 1 | Biomedical Research and Regulation | 1744 | 1st STU Ballot | This FHIR IG is the ICHOM patient-centered outcomes measurement set for breast cancer, including what and when to measure and report. It defines profiles for events, patient reported outcomes, observations, conditions, and reports with maps to SNOMED, LOINC, and ICD-10. Additionally, it provides information about which measurements to collect at which point in time for a patient (at diagnosis, at admission, upon inpatient discharge, 3 months post-treatment, etc.), using workflow constructs. | FHIR_IG_ICHOM_BREAST_CANCER_R1_D1_2023JAN | 2022/11/10 | 2023/12/08 |
| FHIR | HL7 FHIR® Implementation Guide: Retrieval of Real World Data for Clinical Research, Release 1 | Biomedical Research and Regulation | 1762 | 1st STU Ballot | A FHIR Implementation Guide that defines FHIR profiles that can be used to retrieve relevant research data from Real World Data sources – specifically Electronic Health Record (EHR) systems - and ultimately transform that data into a format suitable for submission to pharmaceutical regulatory agencies. | FHIR_IG_VULCAN_RWD_R1_D1_2023JAN | 2022/11/10 | 2023/12/08 |
| FHIR | HL7 FHIR® Implementation Guide: Clinical Study Schedule of Activities, Release 1 | Biomedical Research and Regulation | 1761 | 1st STU Ballot | A set of FHIR Profiles that will allow for a schedule of activities of a clinical study to be represented as FHIR resources. The initial phase of the project will restrict itself to the initial definition of the activities and will be using the Definition resources and the use of the Definition resources to create orders, i.e., order entry. It will also provide some guidance on how to convert from the ODM-XML format to FHIR. | FHIR_IG_VULCAN_SCHEDULE_R1_D1_2023JAN | 2022/11/10 | 2023/12/08 |
| FHIR | HL7 FHIR® Implementation Guide: Potential Drug-Drug Interaction (PDDI) Clinical Decision Support (CDS), Release 1 | Clinical Decision Support | 1405 | 2nd STU Ballot | This implementation guide is targeted at stakeholders who seek to increase the specificity and clinical relevance of potential drug-drug interaction (PDDI) alerts presented through the electronic health record. The approach is service-oriented and uses Web standards, a PDDI minimum information model, and emerging Health Information Technology (HIT) standards including CDS Hooks, Fast Health Interoperability Resources (FHIR), and Clinical Quality Language (CQL). | Since the last ballot of this material in 2020SEP, the following changes have been made: This update incorporates implementation experience from connectathons and pilot projects. | FHIR_IG_PDDI_CDS_R1_D1_2023JAN | 2022/11/10 | 2023/12/08 |
| --- | --- | --- | --- | --- | --- | --- | --- | --- |
| FHIR | HL7 FHIR® Implementation Guide: Breast Cancer Data Radiology Reporting, Release 1 - US Realm | Clinical Interoperability Council | 1363 | 2nd STU Ballot | A diverse community of clinical subject matter experts (Physicians, Nurses and Researchers) are working to define logical models and FHIR Profiles relevant to the diagnosis, Treatment and Research for Breast Cancer. Models will be compatible with emerging HL7 interoperability standards. CIMI, FHIR and CQL compatibility. FHIR Profiles, FHIR Extensions and Implementation Guides will be the final deliverable work-products. | Since the last ballot of this material in 2020MAY, the following changes have been made: This ballot includes standardized and harmonized terminology (SNOMED, LOINC, RadLex) replacing the original locally defined terminology items used in the previous release. The resource hierarchy was updated to implement new US Core requirements. The IG name is changed from Breast Cancer Radiology to Breast Cancer Imaging to be inclusive of imaging modalities other than radiology (Ultrasound, Nuclear Medicine, MRI, etc.) | FHIR_IG_BREA ST_RADIOLOGY_R1_D2_2023JAN | 2022/11/10 | 2023/12/08 |
| FHIR | HL7 FHIR® Implementation Guide: Quality Measures, Release 1 - US Realm | Clinical Quality Information | 1499 | 4th STU Ballot | The project will support existing efforts by health plans, eCQM developers and EHR implementers to express and process eCQMs using FHIR to measure clinical performance. | Since the last ballot of this material in 2021MAY, the following changes have been made: This ballot is updated to be based on QI Core 5.0.0 instead of QI Core 4.1.1. | FHIR_IG_QM_R1_D4_2023JAN | 2022/11/10 | 2023/12/08 |
| FHIR | HL7 FHIR® Implementation Guide: Data Exchange for Quality Measures, Release 1 - US Realm | Clinical Quality Information | 1429 | 5th STU Ballot | 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. | Since the last ballot of this material in 2020SEP, the following changes have been made: | FHIR_IG_QMECHANGE_R1_D4_2023JAN | 2022/11/10 | 2023/12/08 |
This IG is intended to define exchange methods that support communication of risk based coding gaps among different stakeholders such as payers, providers, and government managed care programs. The focus of the IG is to drive accurate and complete documentation of health conditions for members that would lead to more accurate risk-adjusted revenue normalization and reduced administrative burden.

Since the last ballot of this material in 2022JAN, the following changes have been made:

STU1 was focused on defining standard exchange format of risk adjustment coding gaps from payers to providers.

This STU2 ballot focuses on the communication from providers back to payers. It adds functionalities to support the workflow that allow providers and certified risk adjustment coders to review and remediate the risk adjustment coding gap reports provided by the payer. Providers and certified coders may close gaps, invalidate gaps, or discover new condition category during medical record review. The added functionalities allow them to provide the updated coding gap reports along with supporting clinical evaluation evidence back to payers.

This ballot also introduces digital...
Condition Category (dCC). It describes how to specify dCCs using Clinical Quality Language (CQL) through an example and provides a transition strategy for moving toward the pathway of taking a more automated process of generating risk adjustment coding gap reports by evaluating dCCs against clinical data.

<p>| FHIR | HL7 FHIR® Implementation Guide: US-Core, Release 4.1.0 - US Realm Requesting alternate ballot title &quot;HL7 FHIR® Implementation Guide: US-Core, Release 5.1.0 - US Realm&quot; | Cross-Group Projects | 1372 | 5th STU Ballot | The US Core Implementation Guide is based on FHIR Version R4 and defines the minimum conformance requirements for accessing patient data. The Argonaut pilot implementations, ONC 2015 Edition Common Clinical Data Set (CCDS), and ONC U.S. Core Data for Interoperability (USCDI) v3 provided the requirements for this guide. This ballot will address issues logged since the Summer 2022 STU 5.0.1 update. | Since the last ballot of this material in 2022JAN, the following changes have been made: Key issues to resolve this release: New USCDI v3 design Defined generic assessment and screening framework Reworked Imaging, Lab, other clinical observations | FHIR_US_CORE_R5.1.0_D5_2023JAN | 2022/11/10 | 2023/12/08 |</p>
<table>
<thead>
<tr>
<th>FHIR</th>
<th>HL7 FHIR® Implementation Guide: Record Lifecycle Event (RLE), Release 1 - US Realm</th>
<th>Electronic Health Records</th>
<th>1768</th>
<th>1st Informative Ballot</th>
<th>This IG describes how an EHR/HIT system (software) manages entries in a persistent electronic health record (data) using HL7 Fast Health Interoperable Resources (FHIR). This approach is based on the Record Infrastructure Sections of ISO/HL7 10781 Electronic Health Record System Functional Model (EHR-S FM) Release 2/2.1 and ISO/HL7 16527 Personal Health Record System Functional Model R2 and ISO 21089-2018 Trusted End-to-End Information Flows.</th>
<th>FHIR_IG_EHRS_RLE_R1_I1_2023JAN</th>
<th>2022/11/10</th>
<th>2023/12/08</th>
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| FHIR | HL7 FHIR® IG: SMART Application Launch Framework, Release 2 | FHIR Infrastructure | 1341 | 3rd STU Ballot | SMART App Launch 2.0.0 defines a framework for launching user-facing applications in the context of a FHIR-enabled health data system (e.g., Electronic Health Record system, Patient Portal, or Beneficiary Portal). The framework provides options for context discovery (e.g., understanding which patient has been selected in the surrounding environment), fine-grained authorization (e.g., requesting access to specific resource types or specific categories of data), single-sign-on and UI integration. Since the last ballot of this material in 2021MAY, the following changes have been made:  
- Allow for more detailed fhirContext when launching apps  
- Allow PractitionerRole for fhirUser  
- Document absolute URL requirement for smart-configuration links  
- Remove note on dynamic ports in redirect_uri  
- Add experimental support for SMART App State Persistence | HL7_FHIR_IG_SMART_APP_LAUNCH_R2_D3_2023JAN | 2022/11/10 | 2023/12/08 |
| FHIR | HL7 FHIR® Implementation Guide: Risk Based Contract Member Identification, Release 1 - US Realm | Financial Management | 1517 | 2nd STU Ballot | Exchanging member lists for use cases such as risk adjustment, DEQM are complex and time consuming and needs to be simplified. This IG defines the mechanisms (protocols), data structures and value sets to be used for exchanging Member Attribution Lists. The STU2 update adds a generic export operation, patient list profile, member add and member remove operations to facilitate member attribution list exchange between payers and providers. | Since the last ballot of this material in 2020FEB, the following changes have been made: The STU2 update involves defining an atr-export operation, patient-list profile to be used by multiple DaVinci IGs. In addition the IG adds member-add, member-remove operations and creation of the ATR resources capabilities to support modification of the attribution (patient list) by either provider or payer. | FHIR_IG_RISK_CONTRACT_R1_D2_2023JAN | 2022/11/10 2023/12/08 |

| FHIR | HL7 FHIR® Implementation Guide: Human Services Directory, Release 1 - US Realm | Human and Social Services | 1760 | 1st STU Ballot | FHIR IG for Human Services Directories describes considerations for accessing directories of social services. The IG will specify methods of aligning FHIR resources containing "provider" directory information with HSDS, a standard for human service directories used to exchange information about the services and locations where they are offered. The Guide specifies RESTful methods for accessing data from HSDS-compliant directories, in alignment with the Human Service Data API protocols (HSDA). | FHIR_IG_HUMAN_SERVICES_DIRECTORY_R1_2023JAN | 2022/11/10 2023/12/08 |
| FHIR | HL7 FHIR® Implementation Guide: LOINC – IVD Test Code (LIVD) Mapping, Release 1 | Orders and Observations | 1335 | 3rd STU Ballot | The LOINC-IVD Test Code Mapping (LIVD) Implementation Guide provides suggested mappings by a manufacturer of the IVD test codes used by their device(s) to most likely LOINC codes. Based on context of specimen, test result, and other considerations, the IVD Test Code may map to a different LOINC code. The implementation guide describes the FHIR resources necessary to publish a catalog of one or more devices and their IVD Test Code mappings that may be specific to one or more manufacturers. | Since the last ballot of this material in 2021JAN, the following changes have been made: - Documentation of use of ITC (instrument - test kit combination) identifiers and DeviceDefinition.hasPart extension and FHIR R5 search parameter for .hasPart - Improved guidance on use of result value set - Relax some constraints on ConceptMap elements - Clarifying device definition elements to be aligned with UDI pattern - Adding examples | FHIR_IG_LIVD_R1_D3_2023JAN | 2022/11/10 | 2023/12/08 |
An International Patient Summary (IPS) document is an electronic health record extract containing essential healthcare information about a subject of care. It is specifically aimed at supporting the use case scenario for ‘unplanned, cross border care’, but it is not limited to it. It is intended to be international, i.e., to provide generic solutions for global application beyond a particular region or country.

Since the last ballot of this material in 2019SEP, the following changes have been made:
- Addition of Bundle Profile http://build.fhir.org/ig/HL7/fhir-ips/StructureDefinition-Bundle-uv-ips.html
- Addition of MedicationRequest Profile http://build.fhir.org/ig/HL7/fhir-ips/StructureDefinition-MedicationRequest-uv-ips.html
- Addition of a $summary operation (Github Branch: https://github.com/HL7/fhir-ips/pull/17)
- Reduction of Must Support (Github Branch: https://github.com/HL7/fhir-ips/pull/22)
- Additional narrative guidance (Github Branch: https://github.com/HL7/fhir-ips/pull/27)
- Terminology Updates (Github Branch: https://github.com/HL7/fhir-ips/pull/30)
- Publication clean-up (Github Branch: FHIR_IG_IPS_R1_D4_2023JAN 2022/11/10 2023/12/08)
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<tr>
<td><strong>FHIR</strong></td>
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<td></td>
<td>HL7 FHIR® Implementation Guide: Multiple Chronic Conditions (MCC) Dynamic Electronic Care Plan, Release 1 - US Realm</td>
<td>Patient Care</td>
<td>1618</td>
<td>1st STU Ballot</td>
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<td>The implementation guide represents clinical and social data elements within the FHIR Care Plan Resource. It defines the FHIR resource relationships necessary to support care planning, and reuses or defines FHIR queries to achieve an aggregated view within the Care Plan structure. The intent is to facilitate pulling data from all systems where patients receive care, incorporating patient provided data. It provides an EHR agnostic, holistic view of care and a solution to the interoperability concerns among EHRs to write back or pull data into their EHRs.</td>
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<td>FHIR_IG_MCC_R1_D1_2023JAN</td>
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<td><strong>FHIR</strong></td>
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<td></td>
<td>HL7 FHIR® Implementation Guide: Bidirectional Services eReferrals (BSeR), Release 1 - US Realm</td>
<td>Public Health</td>
<td>1423</td>
<td>3rd STU Ballot</td>
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<tr>
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<td>The Bidirectional Services eReferrals (BSeR) FHIR IG provides guidance on FHIR Resources and US Core IG profiles for use in exchanging a referral request and specific program data from a clinical provider to a typically extra-clinical program service provider, such as a diabetes prevention program, a smoking quitline, or a hypertension management training program and provides for the return of feedback information from the service program to the referring provider. Since the last ballot of this material in 2019MAY, the following changes have been made: This release addresses pilot implementation and FHIR Connectathon implementer feedback. The major changes are an update to latest version of US Core and re-working of nested Bundle structures.</td>
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<td>FHIR_IG_BSeR_R1_D2_2023JAN</td>
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<td>2022/11/10</td>
<td>2023/12/08</td>
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<tr>
<td>HL7</td>
<td>HL7 Domain Analysis Model: Patient Centered Care Team, Release 2</td>
<td>Learning Health Systems</td>
<td>1699</td>
<td>1st Informative Ballot</td>
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<tr>
<td>HL7</td>
<td>HL7 Cross Paradigm Implementation Guide: Unique Device Identifier (UDI), Release 1</td>
<td>Orders and Observations</td>
<td>1238</td>
<td>1st Informative Ballot</td>
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<tr>
<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>2nd STU Ballot</td>
</tr>
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### V2X-Related

**HL7 Version 2 Implementation Guide: v2-to-FHIR, Release 1**

Orders and Observations

1481

2nd STU Ballot

This is the first release of a set of HL7 v2 messages segments, data types, and vocabulary mappings to HL7 FHIR at the most granular level known to be used in production systems. This will be expanded over time to cover all known components in production use. These mappings can be used as a knowledge source to understand what HL7 v2 data is represented where in HL7 FHIR it is meant to be represented, and/or input into mapping tools that can convert v2 messages real-time into FHIR resources.

Since the last ballot of this material in 2020SEP, the following changes have been made: All material is new and subject to review.

V2_IG_V2-2-FHIR_R1_D2_2023JAN

2022/11/10 2023/12/08

### V3

**Withdraw HL7 Version 3 Standard: Master File/Registry Infrastructure, Release 1**

Infrastructure and Messaging

1798

1st Comment-Only Ballot

Withdrawal of V3 Master File/Registry Infrastructure

WITHDRAW_V3_MFRI_R1_2023JAN

2022/11/10 2023/12/08

**Withdraw HL7 Version 3 Standard: Abstract Transport Specification, Release 1**

Infrastructure and Messaging

1793

1st Comment-Only Ballot

Withdrawal of V3 Abstract Transport Specification

WITHDRAW_V3_TR_AB_R1_2023JAN

2022/11/04 2023/12/08

**Withdraw HL7 Version 3 Standard: Common Product Model (CPM) CMETs, Release 4**

Orders and Observations

1782

1st Comment-Only Ballot

Withdrawal of Standard.

WITHDRAW_V3_CPM_CMET_R4_O1_2023JAN

2022/11/10 2023/12/08
| V3 | Withdrawal of HL7 Version 3 Standard: Patient Administration CMETs, Release 2 | Patient Administration | 1674 | 2nd Comment-Only Ballot | Withdrawal of HL7 Version 3 Standard: Patient Administration CMETs, Release 1 - as the standard is no longer in known use. | WITHDRAW_V3_PA_CMET_R1_O1_2023JAN | 2022/11/10 | 2023/12/08 |

For more information on ballot procedure, such as general guidelines, and voting, see [Ballot Procedures and Guidelines](#).

[NonMember Participation in HL7 Ballots Instructions](#)

For Help, see [Balloting Help](#)