

# 2025Sep Announcement of Formation of HL7 Consensus Groups



**July 7, 2025**

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 2025 ballot cycle. The candidate standards and other documents described in this announcement are expected to ballot prior to HL7's 2025 September Working Group Meeting (WGM) to be held September 13-19, 2025 in Pittsburgh, PA USA. Comments received from consensus group members will be addressed at that WGM or in regular teleconferences.

## **Consensus Group Enrollment:**

**Consensus Group Sign-Up Open Date: Monday, July 7, 2025**

**Consensus Group Sign-Up Close Date: Thursday, August 7, 2025**

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 8, 2025**

**Ballot Close Date: Monday, September 8, 2025**

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 Update to Ballot Announcement document when it is released.

# Current Ballots

(Jump to [Postponed Ballots](#))

| Family | Ballot Name  | Work Group           | Pjt ID | Ballot Iteration     | Ballot Description  | Last Balloted  | Unique Ballot ID               | Pool enrollment opens | Pool enrollment closes |
|--------|--|----------------------|--------|----------------------|---|--|--------------------------------|-----------------------|------------------------|
| ARDEN  | HL7 Arden Syntax for Medical Logic Systems v3.0  | Arden Syntax         | 1118   | 3rd STU Ballot       | Arden Syntax v3.0 R1 STU2, 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 improvement in v3.0 over v2.10 was the incorporation of FHIR as a standard data model for external data mapping in order to improve shareability of medical logic modules encoded using this standard.   | Since the last ballot of this material in 2024SEP, the following changes have been made: The proposed Arden Syntax v3.0 R1 STU3 is a revision of Arden Syntax v3.0 R1 STU2 to incorporate additional operators for manipulating text and to correct typographical and formatting errors. These changes are outlined in the introductory section of the document. | ARDEN_V3.0_R1_S3_2025SEP       | 2025/07/07            | 2025/08/07             |
| CDA    | HL7 CDA® R2 Implementation Guide: National Health Care Surveys (NHCS), Release 1 STU Release 4 – US Realm        | Public Health        | 1002   | 5th STU Ballot       | This HL7 CDA IG is for representing data from provider systems per the National Center for Health Statistics for the National Ambulatory Medical Care Survey (NAMCS) and the National Hospital Care Survey (NHCS). NAMCS focuses on ambulatory care based on a sample of visits to non-federally employed office-based physicians or federally qualified health centers engaged in direct patient care. NHCS is based on a sample of visits to hospital inpatient, emergency, and outpatient departments. | Since the last ballot of this material in 2019SEP, the following changes have been made: Update the IG to align with USCDI-v3 and related FHIR IG (HL7 FHIR® Implementation Guide: National Health Care Surveys (NHCS), Release 1 STU 2 – US Realm)  | CDAR2_IG_NHCS_R1_S5_2025SEP    | 2025/07/07            | 2025/08/07             |
| CDA    | Reaffirmation of HL7 CDA® R2 Implementation Guide: Healthcare Associated Infection Reports, Release 3 - US Realm | Structured Documents | 1902   | 1st Normative Ballot | This project developed an implementation guide constraining CDA Release 2. The implementation guide supports electronic submission of HAI data to the National Healthcare Safety Network. CDC provided NHSN developers, vocabulary experts and CDA experts to support this project.   |  | REAFF_CDA_IG_HAI_R3_N1_2025SEP | 2025/07/07            | 2025/08/07             |

| Family | Ballot Name   | Work Group                         | Pjt ID | Ballot Iteration        | Ballot Description  | Last Balloted  | Unique Ballot ID              | Pool enrollment opens | Pool enrollment closes |
|--------|---|------------------------------------|--------|-------------------------|---|--|-------------------------------|-----------------------|------------------------|
| EHR    | HL7 EHR Guidance: Solving the Fax Dilemma, Edition 1    | Electronic Health Records          | 1923   | 1st Comment-Only Ballot | Consider health information in terms of its capture, sharing and end use: as sourced (what the author sees), as retained (by source system), as exchanged (in a message, document, resource), as retained (by receiving system), as consumed (what the end user sees). Many schemes create multiple artifacts, each of which may be at variance the source. How do we ensure our standards-based solutions are at least as capable as fax which creates an identical copy persisting from source to end use?                              |  | EHR_FAX_DILEMMA_E1_O1_2025SEP | 2025/07/07            | 2025/08/07             |
| EHR    | HL7 EHR Guidance: Reducing Clinician Burden, Edition 1  | Electronic Health Records          | 1501   | 2nd Informative Ballot  | Reducing Clinician Burden and burnout is a key objective across the international healthcare community. This document examines the substance, extent and impact of this burden. A survey of the international community was a key component in development of this document and this ballot will gather additional feedback. This document is the product of joint collaboration between the HL7 EHR WG/Reducing Clinician Burden Project and ISO TC215 WG1 under auspices of the ISO/HL7 Cooperation Agreement.                          | Since the last ballot of this material in 2025MAY, the following changes have been made: Provided clarifications and corrections based on ISO and HL7 ballot comments. Updated to conform with ISO Editor recommendations - per Technical Report directives. | HL7_EHR_RCB_R1_I2_2025SEP     | 2025/07/07            | 2025/08/07             |
| FHIR   | HL7 FHIR® Implementation Guide: FHIR to OMOP, Edition 1 | Biomedical Research and Regulation | 1774   | 1st Informative Ballot  | <p>This is the initial version of the FHIR Implementation Guide that details a set of mappings between FHIR resources and OMOP data tables. The profiles that we are mapping from are the International Patient Access versions of:</p> <ul style="list-style-type: none"> <li>Allergy/Intolerance</li> <li>Condition</li> <li>Immunization</li> <li>Observation</li> <li>Patient</li> <li>MedicationRequest/Statement</li> </ul> <p>And US Core R6.1:</p> <ul style="list-style-type: none"> <li>Encounter</li> <li>Procedure</li> </ul> |  | FHIR_IG_OMOP_E1_I1_2025SEP    | 2025/07/07            | 2025/08/07             |

| Family | Ballot Name   | Work Group                         | Pjt ID | Ballot Iteration | Ballot Description  | Last Balloted  | Unique Ballot ID                                      | Pool enrollment opens | Pool enrollment closes |
|--------|---|------------------------------------|--------|------------------|---|--|---|-----------------------|------------------------|
| FHIR   | HL7 FHIR® Implementation Guide: Pharmaceutical Clinical Trial Protocols, Edition 1  | Biomedical Research and Regulation | 1925   | 1st STU Ballot   | Describes FHIR implementation of the ICH M11 Protocol Template and Technical Specification. Provides necessary profiles and extensions to ResearchStudy and explains their use through detailed mapping and examples. There is also background information on the relationship between the M11 standard, the CDISC USDM model, and the FHIR implementation. |  | FHIR_IG_PHARM_RESEARCH_PROT<br>OCOL<br>_E1_S1_2025SEP | 2025/07/07            | 2025/08/07             |
| FHIR   | HL7 FHIR® Implementation Guide: Clinical Study Schedule of Activities, Release 1  | Biomedical Research and Regulation | 1761   | 2nd 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 second release is intended to resolve issues identified by adopters; this includes support for conditional activities, repeating encounters and unscheduled activities.  | Since the last ballot of this material in 2023JAN, the following changes have been made: Additional content in this ballot includes support for conditional activities, repeating encounters and unscheduled activities; and a narrative describing the relation to the Vulcan Utilizing the Digital Protocol (UDP) IG.  | FHIR_IG_VULCAN_SCHEDULE_R1_S<br>2_2025SEP             | 2025/07/07            | 2025/08/07             |
| FHIR   | HL7 FHIR® Implementation Guide: Data Exchange Profiles for 2022 CDC Clinical Practice Guideline for Prescribing Opioids, Edition 1 - US Realm | Clinical Decision Support          | 1917   | 1st STU Ballot   | Defines exchange expectations for systems that implement the 2022 CDC Clinical Practice Guideline for Prescribing Opioids, both in terms of the data required to evaluate whether recommendations are applicable, as well as the data required to represent proposals resulting from those recommendations.   |  | FHIR_IG_CDC-OPIOID-<br>CPG_E1_S1_2025SEP              | 2025/07/07            | 2025/08/07             |
| FHIR   | HL7 FHIR® Implementation Guide: Canonical Resource Management Infrastructure (CRMI), Edition 2  | Clinical Decision Support          | 1757   | 3rd STU Ballot   | The Canonical Resource Management Infrastructure implementation guide defines profiles, operations, capability statements and guidance to facilitate the content management lifecycle for authoring, publishing, distribution, and implementation of FHIR knowledge artifacts such as value sets, profiles, libraries, rules, and measures.                 | Since the last ballot of this material in 2024JAN, the following changes have been made: This ballot will: 1. Separate the notions of publication status and release, allowing more flexibility for systems that host external content. 2. Clarify manifest parameters and manifest library usage throughout. 3. Further simplify and improve profiles to encourage and support downstream use. 4. Alignment of CRMI \$package and NPM/FHIR package support. | FHIR_IG_CRMI_E2_S3_2025SEP                            | 2025/07/07            | 2025/08/07             |

| Family | Ballot Name   | Work Group                        | Pjt ID | Ballot Iteration | Ballot Description   | Last Balloted  | Unique Ballot ID                 | Pool enrollment opens | Pool enrollment closes |
|--------|---|-----------------------------------|--------|------------------|--|--|----------------------------------|-----------------------|------------------------|
| FHIR   | HL7 FHIR® Implementation Guide: Documentation Templates and Payer Rules (DTR), Edition 3 - US Realm | Clinical Decision Support         | 1493   | 3rd STU Ballot   | The Da Vinci Documentation Templates and Rules (DTR) implementation guide provides a mechanism for payers to express their documentation requirements computably in a way that allows clinicians and other EHR users to navigate and quickly specify the needed information in a context-specific way.   | <p>Since the last ballot of this material in 2022MAY, the following changes have been made: This release makes a number of corrections and enhancements based on implementer feedback</p> <p>See <a href="https://build.fhir.org/ig/HL7/davinci-dtr/changehistory.html#release-220">https://build.fhir.org/ig/HL7/davinci-dtr/changehistory.html#release-220</a> for a complete list of substantive changes.</p>   | FHIR_IG_DTR_E3_S3_2025SEP        | 2025/07/07            | 2025/08/07             |
| FHIR   | HL7 Specification: Clinical Quality Language (CQL), Release 2                                       | Clinical Decision Support         | 1887   | 1st STU Ballot   | Clinical Quality Language (CQL) is a high-level, domain-specific language focused on clinical quality and targeted at measure and decision support artifact authors. CQL has matured into a capable and flexible specification for representing clinically-focused logic, and is being used in a broad variety of applications from cohort definition and quality measurement, to clinical decision and cognitive support, computable guidelines, and public health reporting. |  | HL7_CQL_R2_S1_2025SEP            | 2025/07/07            | 2025/08/07             |
| FHIR   | HL7 FHIR® Implementation Guide: CardX Cardiac Implantable Electronic Devices (CIED), Edition 1      | Clinical Interoperability Council | 1918   | 1st STU Ballot   | The CardX Cardiac Implantable Electronic Devices (CIED) Implementation Guide contains FHIR profiles and guidance to exchange information across the entire life cycle of CIED Data use.  |  | FHIR_IG_CARDX_CIED_E1_S1_2025SEP | 2025/07/07            | 2025/08/07             |
| FHIR   | HL7 FHIR® Profile: Quality, Release 1 - US Realm  | Clinical Quality Information      | 1125   | 8th STU Ballot   | The QI Core Implementation Guide defines a set of FHIR profiles with extensions and bindings needed to create interoperable, quality-focused applications. The profiles in this implementation guide derive from and extend the US Core profiles to provide a common foundation for building, sharing, and evaluating knowledge artifacts across quality improvement efforts in the US Realm.  | <p>Since the last ballot of this material in 2024SEP, the following changes have been made: As an HL7 FHIR Implementation Guide, changes to this specification are managed by the sponsoring workgroup, Clinical Quality Information, and incorporated as part of the standard balloting process. The current roadmap follows closely behind the base FHIR roadmap, and the US Core Implementation Guide. This STU update to the QI-Core profiles incorporates updates to the US-Core profiles, version 8.0.0.</p> | FHIR_QICORE_R1_S8_2025SEP        | 2025/07/07            | 2025/08/07             |

| Family | Ballot Name  | Work Group | Pjt ID | Ballot Iteration | Ballot Description  | Last Balloted  | Unique Ballot ID          | Pool enrollment opens | Pool enrollment closes |
|--------|--|------------|--------|------------------|---|--|---------------------------|-----------------------|------------------------|
| FHIR   | HL7 FHIR® Implementation Guide: Personal Health Device (PHD), Release 1<br><br>Requesting alternate ballot title "HL7 FHIR® Implementation Guide: Personal Health Device (PHD), Release 2" | Devices    | 1277   | 5th STU Ballot   | This Implementation Guide (IG) defines the use of FHIR resources to convey measurements and supporting data from communicating Personal Health Devices (PHDs) to receiving systems for electronic medical records, clinical decision support, and medical data archiving for aggregate quality measurement and research purposes. | Since the last ballot of this material in 2024SEP, the following changes have been made: This version includes changes to accommodate new IEEE (ACOM) and Bluetooth (GHS) specifications for PHD devices and specifically to address all comments received during the last ballot in September of 2024. All Jira comments against the current version will be implemented by ballot deadlines. | FHIR_IG_PHD_R1_S5_2025SEP | 2025/07/07            | 2025/08/07             |

| Family | Ballot Name   | Work Group           | Pjt ID | Ballot Iteration | Ballot Description  | Last Balloted  | Unique Ballot ID                 | Pool enrollment opens | Pool enrollment closes |
|--------|---|----------------------|--------|------------------|---|--|----------------------------------|-----------------------|------------------------|
| FHIR   | HL7 FHIR® Implementation Guide: Bulk Data, Edition 3 - US Realm                       | FHIR Infrastructure  | 1497   | 3rd STU Ballot   | Implementation guide intended to be used by developers of backend services (clients) and FHIR Resource Servers (e.g., EHR systems, data warehouses, and other clinical and administrative systems) that aim to interoperate by sharing large FHIR datasets. | <p>Since the last ballot of this material in 2021MAY, the following changes have been made: Added support for organizing output resources in export files by a focal resource such as Patient instead of by resource type.</p> <p>Added support for partial export manifests to enable servers to make some files available prior to all of the files being ready and to split large lists of files across multiple manifests.</p> <p>Removed the “experimental” label from the _typeFilter kickoff parameter since it has been widely implemented, clarified its documentation and approach to boolean logic, and documented the interaction with other filters.</p> <p>Added optional _until parameter on the Bulk Data kickoff request as an analog to the _since parameter to enable users to specify a cutoff modification timestamp for the resources in the response.</p> <p>Added guidance on the use of FHIR Groups with Bulk Export, and added a Group profile to support the creation of characteristic based cohorts using coarse-grained filters to more efficiently export data on sets of patients from a source system.</p> <p>Moved guidance on the use of capability urls from a separate confluence page into the Bulk Data Output File Request section of the IG and added guidance on content encoding.</p> <p>Defined an extension for a server to indicate search parameters in the capability statement that are accessible with the REST API, but not available when using the Bulk Export operation.</p> | FHIR_IG_BULKDATA_E3_S3_2025SEP   | 2025/07/07            | 2025/08/07             |
| FHIR   | HL7 FHIR® Implementation Guide: Coverage Requirements Discovery, Edition 3 - US Realm | Financial Management | 1428   | 4th STU Ballot   | This release makes a number of corrections and enhancements based on implementer feedback   | Since the last ballot of this material in 2022MAY, the following changes have been made: See <a href="https://build.fhir.org/ig/HL7/davinci-crd/history.html#release-220">https://build.fhir.org/ig/HL7/davinci-crd/history.html#release-220</a> for a complete list of substantive changes.   | FHIR_IG_COVREQDISC_E3_S4_2025SEP | 2025/07/07            | 2025/08/07             |



| Family | Ballot Name   | Work Group             | Pjt ID | Ballot Iteration | Ballot Description   | Last Balloted   | Unique Ballot ID                | Pool enrollment opens | Pool enrollment closes |
|--------|---|------------------------|--------|------------------|--|---|---------------------------------|-----------------------|------------------------|
| FHIR   | HL7 FHIR® Implementation Guide: Prior-Authorization Support (PAS), Release 2 - US Realm   | Financial Management   | 1490   | 1st STU Ballot   | This implementation guide strives to enable direct submission of prior authorization requests from EHR systems using a standard already widely supported by most EHRs - FHIR. To meet regulatory requirements, these FHIR interfaces will communicate with an intermediary who, when necessary, can convert the FHIR requests to the corresponding X12 instances prior to passing the requests to the payer.   | Since the last ballot of this material in 2022MAY, the following changes have been made: Updates based on STU feedback including substantive changes to the Claim and ClaimResponse profiles.   | FHIR_IG_PAS_E2_S2_2025SEP       | 2025/07/07            | 2025/08/07             |
| FHIR   | HL7 FHIR® Implementation Guide: Real Time Location Services (RTLS), Release 1<br><br>Requesting alternate ballot title "HL7 FHIR® Implementation Guide: Real Time Location Services (RTLS), Release 2"  | Patient Administration | 1769   | 2nd STU Ballot   | This IG provides a standard for the exchange of real time patient, device, and/or provider location data collected by Real Time Location Systems (RTLS). This data is used by EHRs or other interested parties to automate patient/provider/device assignment workflows, ensure patient monitoring, support staff safety, and improve patient care. This ballot version will support workflows of tracking tag location updates, enrollment, and unenrollment, and auxiliary functions for staff duress workflows. | Since the last ballot of this material in 2023MAY, the following changes have been made: We are updating the IG to bring auxiliary function (button press) into scope, namely for a staff duress workflow. This will allow systems to capture and act on emergency signals from badges assigned to staff. We are also descoping FHIR Subscriptions from the IG and converting the IG to R4 to simplify adoption for implementers. | FHIR_IG_RTLS_R1_S2_2025SEP      | 2025/07/07            | 2025/08/07             |
| FHIR   | HL7 FHIR® Implementation Guide: Advance Directives Interoperability (ADI), Release 1 - US Realm<br><br>Requesting alternate ballot title "HL7 FHIR(R) Implementation Guide: Advance Healthcare Directives Interoperability (ADI), Release 1 - US Realm" | Patient Empowerment    | 1652   | 2nd STU Ballot   | The Advance Healthcare Directive Interoperability (ADI) FHIR Implementation Guide (IG) explains how to represent, exchange, and verify a person's goals, preferences and priorities for care experience and treatment interventions regarding future medical care. It also explains how to represent a person's designation of one or more healthcare agents who can make care decisions for the person if the person is unable to communicate.  | Since the last ballot of this material in 2022JAN, the following changes have been made: Refinement of ADI w/FHIR STU1 person-authored document management as well as addition of portable medical order content and specific requirements for implementers to the IG.  | FHIR_IG_PACIO_ADI_R1_S2_2025SEP | 2025/07/07            | 2025/08/07             |

| Family | Ballot Name   | Work Group | Pjt ID | Ballot Iteration | Ballot Description  | Last Balloted   | Unique Ballot ID               | Pool enrollment opens | Pool enrollment closes |
|--------|---|------------|--------|------------------|---|---|--------------------------------|-----------------------|------------------------|
| FHIR   | HL7 FHIR® Implementation Guide: Medication Risk Evaluation and Mitigation Strategies (REMS), Edition 1-US Realm | Pharmacy   | 1847   | 2nd STU Ballot   | This IG provides guidance on the use of FHIR to facilitate interactions between providers,REMS Administrators, and Pharmacies during treatment of a patient using a REMS medication. A REMS is a drug safety program that the U.S. FDA requires for certain medications with serious safety concerns. The IG includes use of CDS Hooks and SMART app launch for notifications and data exchange associated with REMS enrollment and related activities as recommended NCPDP SCRIPT connections. | Since the last ballot of this material in 2024MAY, the following changes have been made: This Medication REMS IG has changed for STU2 to include several enhancements. The first includes support for Prescriber Intermediaries. The Prescriber Intermediary sits between the EHR system and the REMS Administrator, forwarding CDS Hooks requests to the correct REMS Administrator for a given medication. The Prescriber Intermediary will also be capable of hosting a shared SMART on FHIR application using the methods for retrieving and rendering forms as described in the DaVinci DTR IG. A new out-of-band method of checking the REMS ETASU (Elements to Assure Safe Use) has been added via a \$rems-etasu FHIR Operation. A method for automatically registering new endpoints within the intermediary using Structured Product Labelling (SPL) is also described. Finally, the use case has been expanded to make use of an NCPDP SCRIPT workflow involving Pharmacy systems. | FHIR_IG_MED_REMS_E1_S2_2025SEP | 2025/07/07            | 2025/08/07             |

| Family | Ballot Name   | Work Group    | Pjt ID | Ballot Iteration | Ballot Description   | Last Balloted  | Unique Ballot ID                       | Pool enrollment opens | Pool enrollment closes |
|--------|---|---------------|--------|------------------|--|--|--|-----------------------|------------------------|
| FHIR   | <p>HL7 FHIR® Implementation Guide: Making EHR Data More Available for Research and Public Health (MedMorph); Cancer Use Case, Edition 1- US Realm</p> <p>Requesting alternate ballot title "HL7 FHIR® Implementation Guide: Central Cancer Registry Reporting Content IG, Release 2 – US Realm"</p> | Public Health | 1611   | 2nd STU Ballot   | The Central Cancer Registry Reporting Content IG specifies how the FHIR Standard is leveraged to enable health care organizations to implement Central Cancer Reporting Use Cases.   | <p>Since the last ballot of this material in 2022JAN, the following changes have been made: Align with US Core IG 6.1</p> <p>Align with mCODE IG 4.0</p> <p>Align with Cancer Pathology IG 1.0</p> <p>Include feedback from testing</p> <p>Start decoupling from MedMorph RA IG</p>  | FHIR_IG_CANCER_REG_E1_S2_2025 SEP      | 2025/07/07            | 2025/08/07             |
| FHIR   | <p>HL7 FHIR® Guidance: Making EHR Data More Available for Research and Public Health (MedMorph) Surveys Use Case, Release 1- US Realm</p> <p>Requesting alternate ballot title "HL7 FHIR® Implementation Guide: National Health Care Surveys (NHCS), Release 1 STU 2 – US Realm"</p>                | Public Health | 1002   | 2nd STU Ballot   | This HL7 FHIR IG is for representing data from provider systems per the National Center for Health Statistics for the National Ambulatory Medical Care Survey (NAMCS) and the National Hospital Care Survey (NHCS). NAMCS focuses on ambulatory care based on a sample of visits to non-federally employed office-based physicians or federally qualified health centers engaged in direct patient care. NHCS is based on a sample of visits to hospital inpatient, emergency, and outpatient departments. | <p>Since the last ballot of this material in 2022JAN, the following changes have been made: Update the IG to align with USCDI-v3 and related CDA IG (HL7 CDA® R2 Implementation Guide: National Health Care Surveys (NHCS), Release 1 STU 4 – US Realm)</p> <p>Remove dependency on the MedMorph reference architecture.</p> | FHIR_IG_MEDMORPH_SURVEYS_R1_S2_2025SEP | 2025/07/07            | 2025/08/07             |

| Family | Ballot Name  | Work Group    | Pjt ID | Ballot Iteration       | Ballot Description  | Last Balloted   | Unique Ballot ID                         | Pool enrollment opens | Pool enrollment closes |
|--------|--|---------------|--------|------------------------|---|---|--|-----------------------|------------------------|
| FHIR   | HL7 FHIR® Implementation Guide: Public Health Profiles Library, Release 1 - US Realm<br><br>Requesting alternate ballot title "HL7 FHIR® Implementation Guide: Public Health Profiles Library, Release 2 - US Realm" | Public Health | 1763   | 2nd STU Ballot         | This library defines a US Realm specific framework that defines common elements for public health implementation guides. It is currently aligned with the USCDI+ Public Health Case Reporting use case, and longer-term scope will include analysis and inclusion of data elements for other Public Health use cases.   | Since the last ballot of this material in 2022SEP, the following changes have been made: Align with USCDI+ Public Health Case Reporting use case and update dependency on US Core to 6.1.0. | FHIR_IG_PH_COMMON_LIBRARY_R1_S2_2025SEP  | 2025/07/07            | 2025/08/07             |
| FHIR   | HL7 FHIR® Implementation Guide: Respiratory Virus Hospitalization Surveillance Network (RESP-NET), Edition 1 – US Realm  | Public Health | 1802   | 2nd STU Ballot         | This guide leverages existing health data and exchange standards (e.g., Electronic Case Reporting (eCR) FHIR IG) to provide the profiles and necessary extensions required for patient-level data exchange on persons hospitalized with respiratory viruses to public health surveillance partners in the Respiratory Virus Hospitalization Surveillance Network (RESP-NET).  | Since the last ballot of this material in 2024JAN, the following changes have been made: Align with US Core 6.1 Start Decoupling from MedMorph RA IG  | FHIR_IG_RESP_NET_E1_S2_2025SEP           | 2025/07/07            | 2025/08/07             |
| FHIR   | HL7 Informative Document: Use of FHIR Query & Response Paradigm for Public Health Data Exchange, Edition 1- US Realm   | Public Health | 1928   | 1st Informative Ballot | The Helios FHIR Accelerator is exploring how to leverage FHIR APIs to provide public health programs with improved data access. As the Accelerator team explores and tests potential solutions using FHIR Query, it will be critical to document their learnings and describe implementation methodology so that public health programs, HIT vendors and data contributors can understand how to support a wide variety of use cases with a standardized approach and set of technical tools. |   | HL7_FHIR_QUERY_RESPONSE_PH_E1_I1_2025SEP | 2025/07/07            | 2025/08/07             |

| Family | Ballot Name   | Work Group                | Pjt ID | Ballot Iteration     | Ballot Description   | Last Balloted  | Unique Ballot ID               | Pool enrollment opens | Pool enrollment closes |
|--------|---|---------------------------|--------|----------------------|--|--|--------------------------------|-----------------------|------------------------|
| HL7    | HL7 Specification: CDS Hooks, Release 1   | Clinical Decision Support | 1234   | 1st Normative Ballot | The HL7 CDS Hooks Implementation Guide describes a "hook"-based pattern for invoking decision support from within a clinician's workflow. The API supports: Synchronous, workflow-triggered CDS calls returning information and suggestions, as well as Launching a user-facing SMART app when CDS requires additional interaction   | Since the last ballot of this material in 2020SEP, the following changes have been made: This ballot focuses on taking existing trial-use content normative, as well as introduces new trial-use content for improved pre-fetch capabilities. In addition, this release incorporates stakeholder feedback, resulting in numerous corrections, clarifications, and minor enhancements throughout. | HL7_CDS_HOOKS_R1_N1_2025SEP    | 2025/07/07            | 2025/08/07             |
| HL7    | Reaffirmation of HL7 Cross-Paradigm Specification: Clinical Quality Language, Release 1                           | Clinical Decision Support | 1937   | 1st Normative Ballot | Clinical Quality Language (CQL) is a high-level, domain-specific language focused on clinical quality and targeted at measure and decision support artifact authors. CQL has matured into a capable and flexible specification for representing clinically-focused logic, and is being used in a broad variety of applications from cohort definition and quality measurement, to clinical decision and cognitive support, computable guidelines, and public health reporting. |  | REAFF_HL7_CQLANG_R1_N1_2025SEP | 2025/07/07            | 2025/08/07             |
| V3     | Reaffirmation of HL7 Version 3 Standard: Refinement, Constraint and Localization to Version 3 Messages, Release 2 | Conformance               | 1586   | 2nd Normative Ballot | This specification provides the rules and documentation requirements for HL7 v3 conformance artifacts. A goal is to provide specifiers and implementers the mechanisms to define requirements in a clear and precise manner.   | Since the last ballot of this material in 2020SEP, the following changes have been made: No changes, only a reaffirmation of the current document.   | REAFF_V3_RCLR2_N1_2025SEP      | 2025/07/07            | 2025/08/07             |

**Postponed Ballots**

(Jump to [Current Ballots](#))

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](#)