2024May Announcement of Formation of HL7 Consensus Groups

March 11, 2024

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 May 2024 ballot cycle. The candidate standards and other documents described in this announcement are expected to ballot prior to HL7's 2024 May Working Group Meeting (WGM) to be held May 18-May 24, 2024 in Dallas, TX 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 ***Affiliates*** as well as Associations as an interest type for balloting (this does not affect membership type).

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. With the 2023 May ballot cycle, Affiliate voting members will also fall into this category.

To accommodate these changes to the ANSI Essential Requirements, all voting members holding Affiliate, Consultant and General Interest membership types 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. Affiliate as a voting interest type is no longer available.

Learn more or review the changes to the HL7 Essential Requirements Section 02.04.06 at www.hl7.org/permalink/?EssentialRequirements.

Consensus Group Enrollment:

Consensus Group Sign-Up Open Date: Monday, March 11, 2024

Consensus Group Sign-Up Close Date: Thursday, April 11, 2024

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, April 12, 2024

Ballot Close Date: Monday, May 13, 2024

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	PI ID	Ballot Iteration	Ballot Description	Last Balloted	Unique Ballot ID	Pool enrollment opens	Pool enrollment closes
ARDEN	Reaffirmation of Health Level Seven Arden Syntax for Medical Logic Systems, Version 2.10	Arden Syntax	1859	1st Normative Ballot	The Arden Syntax for Medical Logic Systems v2.10 is the most recent normative version of this formalism for representing computable clinical knowledge. It has been implemented in the clinical decision support systems of several vendors and a number of health care organizations. It is used to represent the knowledge, such as clinical practice guidelines, that such systems employ in order to create and deliver interventions such as alerts, reminders, data capture forms, order sets and the like.		REAFF_ARDEN_V2.10_N1_2024MAY	2024/03/11	2024/04/11
CDA	HL7 Clinical Document Architecture R2.0 Specification Online Navigation, Edition 1	CDA Management Group	1856	1st Normative Ballot	The new CDA Web Publishing project is to provide easier access to the existing CDA R2.0 specification to improve the usefulness. and accessibility. This project will provide access to the the RIM data types and		CDA_R2.0_Online_E1_N1_2024MAY	2024/03/11	2024/04/11

Family	Ballot Name	Work Group	PI ID	Ballot Iteration	Ballot Description	Last Balloted	Unique Ballot ID	Pool enrollment opens	Pool enrollment closes
	Requesting alternate ballot title "HL7 Clinical Document Architecture R2.0 Online Navigation Edition 2024"				RIM value sets and code systems and the RIM RMIM modeling methodology. The goal is not to add or modify any normative content.				
CDA	HL7 CDA® R2 Implementation Guide: National Healthcare Safety Network (NHSN) Healthcare Associated Infection (HAI) Reports for Long Term Care Facilities (HAI-LTCF-CDA), Release 1- US Realm	Public Health	1511	2nd STU Ballot	This IG specifies standards for submission of Healthcare Associated Infection (HAI) reports to the National Healthcare Safety Network (NHSN) of the Centers for Disease Control and Prevention (CDC) for Long Term Care Facilities (LTCFs). When healthcare enterprises participate in NHSN, they must report to CDC events such as identified MDRO (multidrug-resistant organism) or CDI (C. difficile infection). This standard enables data submission compliant with the requirements defined in this guide.	Since the last ballot of this material in 2019SEP , the following changes have been made: Addition of templates to indicate whether an interpreter is required for the patient, whether an interpreter was used in the encounter, add language communication (aligned with C-CDA) for the patient. These templates will reuse existing templates where possible.	CDAR2_IG_HAI_LTCF_R1_S2_2024MAY	2024/03/11	2024/04/11
CDA	HL7 CDA® R2 Implementation Guide: Healthcare Associated Infection Reports, Release 4, STU 3 - US Realm	Structured Documents	1192	1st STU Ballot	With cooperation from CDC and Healthcare Associated Infections (HAI) software vendors, document will be STU 3 of the HL7 Implementation Guide for CDA® Release 2: Healthcare Associated Infection Reports Edition 4. The IG will continue to support electronic submission of HAI data to the	Since the last ballot of this material in 2022MAY , the following changes have been made: Addition of templates to indicate whether an interpreter is required for the patient, whether an interpreter was used in the encounter, add	CDAR2_IG_HAIRPT_R4_S3_2024MAY	2024/03/11	2024/04/11

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					National Healthcare Safety Network. This document will add templates to indicate whether an interpreter is required for the patient, whether an interpreter was used in the encounter, add language communication (ali	language communication (aligned with C-CDA) for the patient. These templates will reuse existing templates where possible.			
EHR	Reaffirmation of HL7 EHR Behavioral Health Functional Profile, Release 1	Electronic Health Records	1860	1st Normative Ballot	Reaffirmation of HL7 EHR Behavioral Health Functional Profile, Release 1		REAFF_EHR_BHFP_R1_N1_2024MAY	2024/03/11	2024/04/11
EHR	Reaffirmation of HL7 EHR Child Health Functional Profile, Release 1	Electronic Health Records	1861	1st Normative Ballot	Specifies specific Electronic Health Record System functionality to support Child and Pediatric Health and Healthcare.		REAFF_EHR_CHFP_R1_N1_2024MAY	2024/03/11	2024/04/11
EHR	Reaffirmation of HL7 EHR Clinical Research Functional Profile, Release 1	Electronic Health Records	1862	1st Normative Ballot	Reaffirmation of HL7 EHR Clinical Research Functional Profile, Release 1		REAFF_EHR_CRFP_R1_N1_2024MAY	2024/03/11	2024/04/11
FHIR	HL7 FHIR® Implementation Guide: Pharmaceutical Quality/ Chemistry, Manufacturing and	Biomedical Research and Regulation	1537	1st STU Ballot	This is the US FDA PQ/CMC FHIR IG for submission of ICH CTD Module 3 Quality data by the biopharmaceutical companies to the US Food and Drug Administration(FDA). It defines the FHIR profiles for submitting the		FHIR_IG_PQ_CMC_E1_S1_2024MAY	2024/03/11	2024/04/11

Family	Ballot Name	Work Group	PI ID	Ballot Iteration	Ballot Description	Last Balloted	Unique Ballot ID	Pool enrollment opens	Pool enrollment closes
	Controls (PQ/CMC), Edition 1- US Realm Requesting alternate ballot title "HL7 FHIR® Implementation Guide: Pharmaceutical Quality/ Chemistry, Manufacturing and Controls (PQ/CMC) Submissions to FDA, Edition 1- US Realm"				Pharmaceutical Quality (PQ)/CMC (Chemistry, Manufacturing and Controls) structured data. The IG is intended to be built iteratively, where new ICH CTD section profiles will be added in each iteration.				
FHIR	HL7 FHIR® Implementation Guide: CardX Hypertension Management, Edition 1	Clinical Interoperability Council	1813	1st STU Ballot	The Hypertension Management IG targets a vendor-agnostic set of data exchange standards for interoperable and scalable hypertension management. Three profiles (self-measured blood pressure observation, average self-measured blood pressure observation, and SMBP associated heart rate) are delineated. These will provide meaningful exchange of BP data from and among self-measured BP devices, third-party patient-facing platforms, clinician EHR systems, and personal health record systems.		FHIR_IG_CARDX_HYPERTENSION_E1_S1_2024MAY	2024/03/11	2024/04/11

Family	Ballot Name	Work Group	PI ID	Ballot Iteration	Ballot Description	Last Balloted	Unique Ballot ID	Pool enrollment opens	Pool enrollment closes
FHIR	HL7 FHIR® Implementation Guide: minimal Common Oncology Data Elements (mCODE), Edition 3.0.0 - US Realm	Clinical Interoperability Council	1509	4th STU Ballot	mCODE™ —short for Minimal Common Oncology Data Elements—is an initiative intended to assemble a core set of structured data elements for oncology electronic health records (EHRs). The goal of the mCODE FHIR Implementation Guide (IG) is to facilitate cancer data interoperability and improve overall cancer data quality for patient care and research by establishing a set of elements that would form the basic data that would populate all EHRs for patients with cancer.	Since the last ballot of this material in 2023MAY , the following changes have been made: Since the last ballot of mCODE in May 2023, additions and modifications were made to provide better coverage for pediatric oncology. For more details, see the Release Notes page in the Implementation Guide.	FHIR_IG_MCODE_R1_S4_2024MAY	2024/03/11	2024/04/11
FHIR	HL7 FHIR® Implementation Guide: Quality Measures, Edition 1- US Realm	Clinical Quality Information	1499	6th 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 2024JAN , the following changes have been made: Refactor this IG to make use of published content in the CRMI and Using CQL with FHIR IGs. Apply ballot trackers (as applicable) from January 2024 cycle.	FHIR_IG_QM_E1_S6_2024MAY	2024/03/11	2024/04/11
FHIR	HL7 FHIR® Implementation Guide: Radiation Therapy Treatment Data, Release 1- US Realm	Cross-Group Projects	1745	2nd STU Ballot	The scope of the CodeX Radiation Therapy (RT) IG is to accurately and sufficiently represent all critical information relevant to a patient receiving radiation therapy. The IG represents end of treatment summary,	Since the last ballot of this material in 2022SEP , the following changes have been made: Current version adds profiles to model treatment sessions (Treated Fraction and	FHIR_IG_RTTD_R1_S2_2024MAY	2024/03/11	2024/04/11

Family	Ballot Name	Work Group	PI ID	Ballot Iteration	Ballot Description	Last Balloted	Unique Ballot ID	Pool enrollment opens	Pool enrollment closes
					in-progress summary, and prescription level details of a patient's radiation therapy plan of care. Current version adds profiles to model treatment sessions, captures method of intrafraction verification, and builds on mCODE STU3.	Treatment Session), captures method of intrafraction verification, fixes some errors, and builds on mCODE STU3.			
FHIR	HL7 FHIR® Implementation Guide: Patient Cost Transparency, Release 1 - US Realm Requesting alternate ballot title "HL7 FHIR® Implementation Guide: Patient Cost Transparency, Edition 2 - US Realm"	Financial Management	1514	2nd STU Ballot	This implementation guide defines data exchange methods that support communication of price and cost of healthcare items and services among different stakeholders such as providers, payers, and patients. The goal is to reduce administrative burden for gathering and communicating provider Good Faith Estimates (GFE) directly to patients or to payers who then create and communicate an Advanced Explanation of Benefits (AEOB) to the patient.	Since the last ballot of this material in 2022JAN , the following changes have been made: This ballot builds on the previously published version by adding a Good Faith Estimate (GFE) request workflow, and relevant artifacts, that enables a convening provider to gather a collection of provider estimates across enterprises to be shared together as a comprehensive estimate for a single patient period of care. This version changes the structure of the GFE submission bundle and introduces the GFE summary and the Advanced Explanation of Benefit (AEOB) Summary.	FHIR_IG_DAVINCI_PCT_R1_S2_2024MAY	2024/03/11	2024/04/11

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FHIR	HL7 FHIR® Companion Guide: Social Services and Social Determinants, Edition 1- US Realm	Human and Social Services	1843	1st Informative Ballot	This ballot that is a Companion Guide to the SDOH CC 2.1 IG. The ballot provides an approach to enable an organization using FHIR as a care coordination and care management system to send data to an outside organization that can provide social services to address identified social needs (housing insecurity, food insecurity, financial insecurity), deliver the needed services, and provide information to the care coordinator system so they can monitor and measure the efficacy of the service.		FHIR_CG_SS_SD_E1_I1_2024MAY	2024/03/11	2024/04/11
FHIR	HL7 FHIR® Implementation Guide: DICOM Structured Report, Edition 1	Imaging Integration	1707	1st STU Ballot	DICOM Structured Report (DICOM SR) is a standard for recording clinical imaging observations made regarding a diagnostic or interventional imaging procedure. Non-imaging based Healthcare IT Systems, generally, do not support DICOM SR. This Implementation Guide defines the use of FHIR resources to convey measurements, derived measurements and Qualitative Evaluations extracted from a DICOM SR Measurement Report.		FHIR_IG_DICOM_SR_E1_S1_2024MAY	2024/03/11	2024/04/11

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FHIR	HL7 FHIR® Implementation Guide: FHIRcast, Release 1 Requesting alternate ballot title "HL7 FHIR® Implementation Guide: FHIRcast, Edition 1.4"	Infrastructure and Messaging	1392	5th STU Ballot	HL7 FHIRcast enables simple, http and FHIR-based context synchronization so that multiple health it applications show the same clinical content to the same user at the same time.	Since the last ballot of this material in 2022MAY , the following changes have been made: FHIRcast STU3 clarifies context synchronization, notably by removing support for web hooks and focusing on web sockets as the communication method, and by enabling specific exchange of clinical content via the DiagnosticReport-update event. This event is designed to exchange and surface machine-generated imaging findings to the clinician in their workflow. Due to substantial changes during the ballot reconciliation process of the previously published STU3 ballot content, this is a re-ballot of that version of FHIRcast.	FHIR_IG_FHIRCast_R1_S5_2024MAY	2024/03/11	2024/04/11
FHIR	HL7 FHIR® Implementation Guide: Medication Risk Evaluation and	Pharmacy	1847	1st STU Ballot	This US Realm FHIR IG provides guidance on the use of FHIR to facilitate interactions between providers and REMS Administrators during		FHIR_IG_MED_REMS_E1_S1_2024MAY	2024/03/11	2024/04/11

Family	Ballot Name	Work Group	PI ID	Ballot Iteration	Ballot Description	Last Balloted	Unique Ballot ID	Pool enrollment opens	Pool enrollment closes
	Mitigation Strategies (REMS), Edition 1-US Realm				treatment of a patient using a REMS medication. A Risk Evaluation and Mitigation Strategies (REMS) is a drug safety program that the U.S. FDA requires for certain medications with serious safety concerns. IG includes use of CDS Hooks and SMART app launch for notifications and data exchange associated with REMS enrollment and related activities.				
FHIR	HL7 FHIR® Implementation Guide: Prescription Drug Monitoring Program (PDMP), Edition 1 - US Realm	Pharmacy	1817	1st STU Ballot	This is a US Realm FHIR Implementation Guide to support PDMP clients (prescribers, pharmacies, etc.) requesting a patient's dispensing records from PDMPs using FHIR. 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.		FHIR_IG_PDMP_E1_S1_2024MAY	2024/03/11	2024/04/11
FHIR	HL7 FHIR® Implementation Guide: Medicolegal Death Investigation (MDI), Release 1 - US Realm	Public Health	1737	2nd STU Ballot	Medical examiner and coroner (ME/C) departments are piloting FHIR based data exchange between their Medicolegal Death Investigation (MDI) systems	Since the last ballot of this material in 2022MAY , the following changes have been made: This version of the MDI ID reflects refactoring of content driven by the harmonization of vital records FHIR Implementation Guides.	FHIR_IG_MDI_R1_S2_2024MAY	2024/03/11	2024/04/11

Family	Ballot Name	Work Group	PI ID	Ballot Iteration	Ballot Description	Last Balloted	Unique Ballot ID	Pool enrollment opens	Pool enrollment closes
					and jurisdictional vital records systems, forensic laboratories, and other reporting workflows. This current ballot reflects content changes driven by the harmonization of vital records FHIR Implementation Guides.	This IG introduces a dependency on the Vital Records Death Reporting STU3-draft FHIR IG and on Vital Records Common Library STU2-draft FHIR IG. Much of the MDI STU1.1 content was a reiteration of VRDR content due limitations of VRDR STU2, and now MDI simply references VRDR STU3 content. The purpose of this build is to enable software development that targets the harmonized MDI IG. The following profile, previously in MDI, now profiles VRDR: ObservationMDICauseOfDeathPart1. The following profiles, previously in MDI, now point to VRDR: ObservationContributingCauseOfDeathPart2, ObservationDeathDate, ObservationHowDeathInjuryOccurred, ObservationMannerOfDeath, ObservationDecedentPregnancy, ObservationTobaccoUseContributedToDeath, ObservationAutopsyPerformedIndicator, ProcedureDeathCertification, LocationDeath, and LocationInjury.			

Family	Ballot Name	Work Group	PI ID	Ballot Iteration	Ballot Description	Last Balloted	Unique Ballot ID	Pool enrollment opens	Pool enrollment closes
						The following valuesets, previously in MDI, now come found VRDR: ValueSetCertifierTypes, ValueSetContributoryTobaccoUse, ValueSetDateEstablishmentApproach, ValueSetDeathPregnancyStatus, ValueSetMannerOfDeath, ValueSetPlaceOfDeath, and ValueSetTransportationIncidentRole The following valuesets, previously in MDI, now come found VRDR: ValueSetYesNoUnknown and ValueSetYesNoUnknownNotApplicable The following CodeSystems, previously in MDI are now found in VRDR: CodeSystemDeathPregnancyStatus, CodeSystemLocalComponentCodes. Many references that previously pointed to US Core now point to VRCL.			
FHIR	HL7 FHIR® Implementation Guide: Vital Records	Public Health	1475	3rd STU Ballot	This FHIR IG aims to provide for a consistent FHIR representation supporting the exchange of death	Since the last ballot of this material in 2021SEP , the following changes have been	FHIR_IG_VRDR_R1_S3_2024MAY	2024/03/11	2024/04/11

Family	Ballot Name	Work Group	PI ID	Ballot Iteration	Ballot Description	Last Balloted	Unique Ballot ID	Pool enrollment opens	Pool enrollment closes
	Death Reporting (VRDR), Release 1 - US Realm				reports. The STU2 version is in production use by NCHS and a growing set of jurisdictions. The STU3 balloted version of this IG is part of an effort to harmonize and reduce redundancy across vital records IGs by consolidating common content in VRCL and enabling reuse of VRDR content by reference in MDI. transition of stakeholders from STU2 to STU3 is of paramount importance.	made: Content that is broadly reused within vital records has been moved to VRCL STU2. The remaining content has been updated to include those elements by reference. Modest use case enhancements have been incorporated including the ability to exchange coded industry and occupation data, and linkage from a maternal death to a related birth or fetal death report. Some unnecessary content constraints have been eliminated to enable reuse of profiles in the STU2 ballot of MDI.			
HL7	HL7/IHE Specification: Service-oriented Device Point-of-care Interoperability (SDPi) Technical Framework, Edition 1	Devices	1767	2nd STU Ballot	The joint HL7-IHE Gemini SDPi specification provides for service-oriented device-to-device plug-and-trust interoperability around an acute point of care (e.g., operating rooms and ICU beds), as well as gateways for healthcare enterprise system integration (e.g., EMRs) using IHE device profiles based on IEEE 11073 and HL7 V2 standards, as well as HL7 FHIR. In addition to core interoperability	Since the last ballot of this material in 2024JAN , the following changes have been made: This draft of the Gemini SDPi specification includes 2024 January ballot comment resolutions, as well as additional updates to the specification based on project team activities (See Gemini	HL7_IHE_SDPI_E1_S2_2024MAY	2024/03/11	2024/04/11

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					capabilities, the specification also supports medical device reporting and alerting, & (future) control.	SDPi Release 1.3 change log for details)			
HL7	Reaffirmation of HL7 Cross-Paradigm Specification: FHIRPath, Release 1	Implementable Technology Specifications	1874	1st Normative Ballot	FHIRPath is a path based navigation and extraction language, somewhat like XPath. Operations are expressed in terms of the logical content of hierarchical data models, and support traversal, selection and filtering of data.		REAFF_FHIRPATH_R1_N1_2024MAY	2024/03/11	2024/04/11
V3	Retire HL7 Version 3 Standard: Regulated Studies - Annotated ECG, Release 1 Requesting alternate ballot title "Re-affirm HL7 Version 3 Standard: Regulated Studies - Annotated ECG, Release 1"	Biomedical Research and Regulation	1864	1st Comment-Only Ballot	These ECG data are typically collected to support the evaluation of drug-induced QT/QTc interval prolongation (ECG measurements to assess the heart's electrical properties) and proarrhythmic (new or more frequent occurrences of an irregular heartbeat) potential as described in the International Council for Harmonisation (ICH) E14 guideline		RETIRE_V3_aECG_R1_O1_2024MAY	2024/03/11	2024/04/11
V3	Retire HL7 Version 3 Implementation Guide: Context-Aware Knowledge Retrieval Application (Infobutton), Release 4	Clinical Decision Support	1866	1st Comment-Only Ballot	The Context-Aware Knowledge Retrieval (Infobutton) specifications provide a standard mechanism for clinical information systems to request context-specific clinical knowledge form online resources. This has become a widely adopted approach to help		RETIRE_V3_IG_INFOBUTTON_R4_O1_2024MAY	2024/03/11	2024/04/11

Family	Ballot Name	Work Group	PI ID	Ballot Iteration	Ballot Description	Last Balloted	Unique Ballot ID	Pool enrollment opens	Pool enrollment closes
	Requesting alternate ballot title "Reaffirmation of HL7 Version 3 Implementation Guide: Context-Aware Knowledge Retrieval Application (Infobutton), Release 4"				clinicians and patients answer their clinical questions that arise in the course of care. These kinds of knowledge retrieval tools have been generally known as "Infobuttons."				
V3	Retire HL7 Version 3 Standard: Context-Aware Retrieval Application (Infobutton); Knowledge Request, Release 2 Requesting alternate ballot title "Reaffirmation of HL7 Version 3 Standard: Context-Aware Retrieval Application (Infobutton); Knowledge Request, Release 2"	Clinical Decision Support	1865	1st Comment-Only Ballot	The Context-Aware Knowledge Retrieval (Infobutton) specifications provide a standard mechanism for clinical information systems to request context-specific clinical knowledge form online resources. This has become a widely adopted approach to help clinicians and patients answer their clinical questions that arise in the course of care. These kinds of knowledge retrieval tools have been generally known as "Infobuttons."		RETIRE_V3_INFOBUTTON_R2_O1_2024MAY	2024/03/11	2024/04/11

Family	Ballot Name	Work Group	PI ID	Ballot Iteration	Ballot Description	Last Balloted	Unique Ballot ID	Pool enrollment opens	Pool enrollment closes
V3	Reaffirmation of HL7 Version 3 Standard: XML Implementation Technology Specification - V3 Structures for Wire Format Compatible Release 1 Data Types, Release 1	Implementable Technology Specifications	1832	1st Normative Ballot	The ITS Structures for Wire Format Compatible Release 1 Data Types specification, referred to as R2b, intends to be mostly wire-backwards-compatible to existing ITS Structures R1.1 but conformant (directly or indirectly) to abstract datatypes R2 and ISO harmonized datatypes.		REAFF_V3_XMLITS_V3STRUCT4WFCR1DT_R1_N1_2024MAY	2024/03/11	2024/04/11
V3	Reaffirmation of: HL7 Version 3 Standard: XML Implementation Technology Specification - Wire Format Compatible Release 1 Data Types, Release 1	Implementable Technology Specifications	1831	1st Normative Ballot	This is the Wire Format Compatible Release 1 Data Types (XML ITS R2B) for datatypes. It implements a subset of the Abstract Data Types R2 with a wire format that is mostly backwards compatible with ITS R1.		REAFF_V3_XMLITS_WFCR1DATATYPES_R1_N1_2024MAY	2024/03/11	2024/04/11
V3	Retire HL7 Version 3 Standard: Transport Specification - MLLP, Release 2 Requesting alternate ballot title "Reaffirmation of: HL7 Version 3 Standard: Transport	Implementable Technology Specifications	1735	1st Comment-Only Ballot	The MLLP (Minimum Lower Level Protocol) is a transport specification for the exchange of content, standards based messaging such as HL7 V2, within or between computer systems.		RETIRE_V3_MLLP_R2_O1_2024MAY	2024/03/11	2024/04/11

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	Specification - MLLP, Release 2"								
V3	Reaffirmation of HL7 Version 3 Domain Analysis Model: Specimen, Release 2	Orders and Observations	1292	1st Informative Ballot	This specification is the second release of a Domain Analysis Model for Specimen, documenting the conceptual information requirements for use cases provided by Clinical Genomics, Anatomic Pathology and Public Health Laboratories, the harmonization with the Biomedical Research Integrated Domain Group (BRIDG) model as well as the business needs of the current v2, v3 and FHIR specimen models.		REAFF_V3_DAM_SPEC_R2_I1_2024MAY	2024/03/11	2024/04/11
V3	Retire HL7 Version 3 Standard: Clinical Statement Pattern, Release 1	Orders and Observations	1863	1st Comment-Only Ballot	The Clinical Statement model is designed to be used within multiple HL7 Version 3 domain models. Clinical Statement is intended to facilitate the consistent design of communications that convey clinical information to meet specific use cases. In most cases Clinical Statement will be refined for use within the model using the Clinical Statement.		RETIRE_V3_CSP_R1_O1_2024MAY	2024/03/11	2024/04/11
V3	Retire HL7 Version 3 Standard: Patient Administration;	Patient Administration	1827	1st Comment-Only Ballot	Withdrawal of v3 standard as per TSC recommendations		RETIRE_V3_PA_PATREG_R1_O1_2024MAY	2024/03/11	2024/04/11

Family	Ballot Name	Work Group	PI ID	Ballot Iteration	Ballot Description	Last Balloted	Unique Ballot ID	Pool enrollment opens	Pool enrollment closes
	Patient Registry, Release 1								
V3	Retire HL7 Version 3 Standard: Personnel Management, Release 1	Patient Administration	1828	1st Comment-Only Ballot	Withdrawal of v3 standard as per TSC recommendation.		RETIRE_V3_PM_R1_O1_2024MAY	2024/03/11	2024/04/11
V3	Retire HL7 Version 3 Standard: Scheduling, Release 2	Patient Administration	1829	1st Comment-Only Ballot	Withdrawal of v3 standard as per TSC recommendation		RETIRE_V3_SCR2_R2_O1_2024MAY	2024/03/11	2024/04/11
V3	Reaffirmation of HL7 Version 3 Standard: Privacy, Access and Security Services; Security Labeling Service, Release 1	Security	1826	1st Normative Ballot	Reaffirming the HL7 Security Labeling Service will ensure continued ANSI normative status of a foundational conceptual security architecture standard used for implementing access control systems that enforce security labels representing privacy and security policies. Security labels are a component of the DS4P and DPROV CDA IGs, FHIR Core Security Labels, FHIR Safety Checklist, FHIR Consent, and FHIR DS4P IG, V2 security labels, DaVinci IG privacy/security, and USCDI security labels.		REAFF_V3_PASS_SLS_R1_N1_2024MAY	2024/03/11	2024/04/11
V3	Reaffirmation of HL7 Healthcare Privacy and Security	Security	1825	1st Normative Ballot	Reaffirming the HL7 Privacy and Security Healthcare Classification will ensure continued ANSI normative status		REAFF_V3_PRIVSECCLASSSYS_R1	2024/03/11	2024/04/11

Family	Ballot Name	Work Group	PI ID	Ballot Iteration	Ballot Description	Last Balloted	Unique Ballot ID	Pool enrollment opens	Pool enrollment closes
	Classification System, Release 1				of a foundational standard upon which the following depend: HL7 Implementation Guide: Data Segmentation for Privacy (DS4P), Data Provenance CDA IG, HL7 Version 2.8 Security Labeling Guidance, FHIR DS4P IG , FHIR Core Security Labels, FHIR Implementer's Safety Checklist, DaVinci HRex Security/Privacy referenced by other DaVinci IGs, USCDI Level 1 & 2 Security Labels.		_N1_2024MAY		
V3	Retire HL7 Version 3 Standard: Security and Privacy Ontology, Release 1	Security	1824	1st Comment-Only Ballot	The Security and Privacy Ontology represents the concepts from HL7 privacy and security standards as of its original publication date, September 2013. It was reaffirmed in 2018. No further updates are planned. The Security Work Group would like to withdraw this standard.		RETIRE_V3_SECPRONT_R1_O1_2024MAY	2024/03/11	2024/04/11
V3	Retire HL7 Version 3 Standard: Event Publish & Subscribe Service Interface, Release 1 - US Realm	Services Oriented Architecture	1867	1st Comment-Only Ballot	The Event Publish and Subscribe Service complements existing HL7 SOA services by providing a Service Functional Model (SFM) for services, components and systems to subscribe to clinical events of interest and receive notice when new data is available.		RETIRE_V3_EPSSRVINT_R1_O1_2024MAY	2024/03/11	2024/04/11

Family	Ballot Name	Work Group	PI ID	Ballot Iteration	Ballot Description	Last Balloted	Unique Ballot ID	Pool enrollment opens	Pool enrollment closes
V3	Retire HL7 Version 3 Standard: Unified Communication Service Interface, Release 1 - US Realm	Services Oriented Architecture	1868	1st Comment-Only Ballot	The Unified Communication Service complements existing SOA services by providing a Service Functional Model (SFM) for delivering alerts, recommendations, and other notifications using a variety of transport mechanisms including email, SMS, VOIP or other communication channels. The service provides for message routing and/or escalation to ensure that when the intended recipients are not available, appropriate surrogates can be notified in a timely manner.		RETIRE_V3_UCSRVINT_R1_O1_2024MAY	2024/03/11	2024/04/11

Postponed_Ballots

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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

For Help, see Balloting Help