



U.S. House of Representatives

# COMMITTEE ON ETHICS

## EMPLOYEE POST-TRAVEL DISCLOSURE FORM Original Amendment

This form is for disclosing the receipt of travel expenses from private sources for travel taken in connection with official duties. This form does not eliminate the need to report privately-funded travel on the annual *Financial Disclosure Statements* of those employees required to file them. In accordance with House Rule 25, clause 5, you must complete this form and file it with the Clerk of the House, by email at [gifttravelreports@mail.house.gov](mailto:gifttravelreports@mail.house.gov), within 15 days after travel is completed. Please *do not* file this form with the Committee on Ethics.

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.

1. Name of Traveler: Jacquelyn Incerto

2. a. Name of Accompanying Relative: \_\_\_\_\_ OR None

b. Relationship to Traveler:  Spouse  Child  Other (specify): \_\_\_\_\_

3. a. Dates: Departure: 4/18/23 Return: 4/21/23

b. Dates at Personal Expense, if any: \_\_\_\_\_ OR None

4. Departure City: Washington DC Destination: Chicago IL Return City: Washington DC

5. Sponsor(s), Who Paid for the Trip: Health Care Information and Managment Systems Society

6. Describe Meetings and Events Attended:

I attended a number of panel discussions and meetings on topics such as cybersecurity, artificial intelligence, clinical decision making, and the future of health care connectivity.

7. Attached to this form are each of the following, signify that each item is attached by checking the corresponding box:

- a.  a completed *Sponsor Post-Travel Disclosure Form*;
- b.  the *Primary Trip Sponsor Form* completed by the trip sponsor prior to the trip, including all attachments and the *Additional Sponsor Form(s)*;
- c.  page 2 of the completed *Traveler Form* submitted by the employee; and
- d.  the letter from the Committee on Ethics approving my participation on this trip.

8. a.  I represent that I participated in each of the activities reflected in the attached sponsor's agenda.

Signify statement is true by checking the box.

b. If not, explain:

I certify that the information contained on this form is true, complete, and correct to the best of my knowledge.

Signature of Traveler: \_\_\_\_\_ Date: 05/08/2023

I authorized this travel in advance. I have determined that all of the expenses listed on the attached *Sponsor Post-Travel Disclosure Form* were necessary and that the travel was in connection with the employee's official duties and would not create the appearance that the employee is using public office for private gain.

Name of Supervising Member: Michael C. Burgess Date: 5/08/23

Signature of Supervising Member: \_\_\_\_\_



U.S. House of Representatives

# COMMITTEE ON ETHICS

## SPONSOR POST-TRAVEL DISCLOSURE FORM

Original  Amendment

This form must be completed by an officer of any organization that served as the primary trip sponsor in providing travel expenses or reimbursement for travel expenses to House Members, officers, or employees under House Rule 25, clause 5. **A completed copy of the form must be provided to each House Member, officer, or employee who participated on the trip within ten days of their return.** You must answer all questions, and check all boxes, on this form for your submission to comply with House rules and the Committee's travel regulations. Failure to comply with this requirement may result in the denial of future requests to sponsor trips and/or subject the current traveler to disciplinary action or a requirement to repay the trip expenses.

**NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.**

- Sponsor(s) who paid for the trip: Health Information and Management Systems Society (HIMSS)
- Travel Destination(s): Chicago, IL
- Date of Departure: 4/18/23 Date of Return: 4/21/23
- Name(s) of Traveler(s): Jacquelyn Incerto

*Note:* You may list more than one traveler on a form only if *all* information is *identical* for each person listed.

- Actual amount of expenses paid on behalf of, or reimbursed to, each individual named in Question 4:

	Total Transportation Expenses	Total Lodging Expenses	Total Meal Expenses	Total Other Expenses (dollar amount per item and description)
Traveler	\$450 airfare/Uber	\$131/night	Up to \$79/day	X
Accompanying Family Member				

- All expenses connected to the trip were for actual costs incurred and not a *per diem* or lump sum payment. *Signify statement is true by checking box.*

I certify that the information contained in this form is true, complete, and correct to the best of my knowledge.

Signature: Thomas M. Leary Digitally signed by Thomas M. Leary Date: 2023.04.26 10:22:28 -04'00' Date: 04/26/2023

Name: Thomas M. Leary Title: Senior Vice President Government Relations

Organization: Health Information and Management Systems Society (HIMSS)

**I am an officer of the above-named organization. Signify statement is true by checking box.**

Address: 4300 Wilson Boulevard, Arlington, VA 22203-4168

Email: tom.leary@himss.org Telephone: 571-331-2486

*Committee staff may contact the above-named individual if additional information is required.*

If you have questions regarding your completion of this form, please contact the Committee on Ethics at 202-225-7103.



U.S. House of Representatives

# COMMITTEE ON ETHICS

## TRAVELER FORM

This form should be completed by House Members, officers, or employees seeking Committee approval of privately-sponsored travel or reimbursement for travel under House Rule 25, clause 5. The completed form should be submitted directly to the Committee by each invited House Member, officer, or employee, together with the completed and signed trip sponsor form(s) and any attachments. A copy of this form, minus this initial page, will be made available for public inspection. This form and any attachments may be delivered to the Committee at 1015 Longworth or e-mailed to [travel.requests@mail.house.gov](mailto:travel.requests@mail.house.gov).

Your completed request must be submitted to the Committee no less than 30 days before your proposed departure date. Absent exceptional circumstances, permission will not be granted for requests received less than 30 days before the trip commences. You must receive explicit approval from the Committee before you depart on this trip.

Name of Traveler: Jacquelyn Incerto

NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.

I certify that the information contained on both pages of this form is true, complete, and correct to the best of my knowledge.

Signature: Jacquelyn Incerto

Digitally signed by Jacquelyn Incerto  
Date: 2023.03.15 09:07:28 -04'00'

Name of Signatory (if other than traveler): \_\_\_\_\_

For Staff (name of employing Member or Committee): Michael C. Burgess

Office Address: 45 Independence Ave SW, Rayburn House Office Building, Washington, D.C. 20515

Telephone Number: 202-225-7772

Email Address of Contact Person: james.decker@mail.house.gov

Check this box if the sponsoring entity is a media outlet, the purpose of the trip is to make a media appearance sponsored by that entity, *and* these forms are being submitted to the Committee less than 30 days before the trip departure date.

NOTE: You must complete all of the contact information fields above, as Committee staff may need to contact you if additional information is required.

KEEP A COPY OF THIS FORM. Page 2 (but not this page) must be submitted to the Clerk as part of the post-travel disclosure required by House Rule 25. Travel Regulation § 404(d) also requires you to keep a copy of all request forms and supporting paperwork for three subsequent Congresses from the date of travel.

If there are any questions regarding this form, please contact the Committee on Ethics at 202-225-7103 or via e-mail: [travel.requests@mail.house.gov](mailto:travel.requests@mail.house.gov).



U.S. House of Representatives  
COMMITTEE ON ETHICS

TRAVELER FORM

1. Name of Traveler: Jacquelyn Incerto

2. Sponsor(s) who will be paying or providing in-kind support for the trip:  
Health Information Management Systems Society (HIMMS)

3. City and State OR Foreign Country of Travel : Chicago, Illinois

4. a. Date of Departure: 4/18/2023 Date of Return: 4/21/2023

b. Yes  No  Will you be extending the trip at your personal expense?  
If yes, list dates at personal expense: \_\_\_\_\_

5. a. Yes  No  Will you be accompanied by a family member at the sponsor's expense? If yes:

(1) Name of Accompanying Family Member: \_\_\_\_\_

(2) Relationship to Traveler:  Spouse  Child  Other (specify): \_\_\_\_\_

(3) Yes  No  Accompanying Family Member is at least 18 years of age:

6. a. Yes  No  Did the trip sponsor answer "Yes" to Question 8(c) on the *Primary Trip Sponsor Form* (i.e., travel is sponsored by an entity that employs a registered federal lobbyist or a foreign agent)?

b. If yes, and you are requesting lodging for two nights, explain why the second night is warranted:

7. Yes  No  *Primary Trip Sponsor Form* is attached, including agenda, invitee list, and any other attachments and Additional Sponsor Forms.

*NOTE: The agenda should show the traveler's individual schedule, including departure and arrival times and identify the specific events in which the traveler will be participating.*

8. Explain why participation in the trip is connected to the traveler's individual official or representational duties. Staff should include their job title and how the activities on the itinerary relate to their duties.

I am the Senior Health Policy Advisor for Dr. Burgess. Dr. Burgess has been a leader in health IT issues for most of his time in Congress. HIMMS will be presenting on his cybersecurity law that was passed through the omnibus last Congress. I will be co-presenting the presentation as well as attending the cybersecurity sessions throughout the day on Wednesday. Additionally, my boss had the main interoperability provision included in the 21st Century Cures Act of 2016. The sessions on Thursday will be focused on interoperability.

9. Yes  No  Is the traveler aware of any registered federal lobbyists or foreign agents involved planning, organizing, requesting, or arranging the trip?

10. For staff travelers, to be completed by your employing Member:

ADVANCED AUTHORIZATION OF EMPLOYEE TRAVEL

I hereby authorize the individual named above, an employee of the U.S. House of Representatives who works under my direct supervision, to accept expenses for the trip described in this request. I have determined that the above-described travel is in connection with my employee's official duties and that acceptance of these expenses will not create the appearance that the employee is using public office for private gain.

Signature of Employing Member

Date 03/15/2023



## PRIMARY TRIP SPONSOR FORM

This form should be completed by private entities offering to provide travel or reimbursement for travel to House Members, officers, or employees under House Rule 25, clause 5. A completed copy of the form (and any attachments) should be provided to each invited House Member, officer, or employee, who will then forward it to the Committee together with a *Traveler Form* **at least 30 days before the start date of the trip**. The trip sponsor should *NOT* submit the form directly to the Committee. The Committee website ([ethics.house.gov](http://ethics.house.gov)) provides detailed instructions for filling out the form.

**NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001. Failure to comply with the Committee's Travel Regulations may also lead to the denial of permission to sponsor future trips.**

1. Sponsor who will be paying for the trip:  
Healthcare Information and Management Systems Society (HIMSS)
2.  I represent that the trip will not be financed, in whole or in part, by a registered federal lobbyist or foreign agent. Signify that the statement is true by checking box.
3. **Check only one.** I represent that:
  - a.  The primary trip sponsor has not accepted from any other source, funds intended directly or indirectly to finance any aspect of the trip: **OR**
  - b.  The trip is arranged without regard to congressional participation and the primary trip sponsor has accepted funds only from entities that will receive a tangible benefit in exchange for those funds: **OR**
  - c.  The primary trip sponsor has accepted funds from other source(s) intended directly or indirectly to finance all or part of this trip and has enclosed disclosure forms from each of those entities.  
If "c" is checked, list the names of the additional sponsors:  

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4. Provide names and titles of ALL House Members *and* employees you are inviting. For each House invitee, provide an explanation of why the individual was invited (include additional pages if necessary):  
See additional information.
5. Yes  No  Is travel being offered to an accompanying family member of the House invitee(s)?
6. Date of departure: See additional information, Conference starts 4/17 Date of return: See additional information, conference ends 4/21
7. a. City of departure: Washington, DC  
b. Destination(s): Chicago, IL  
c. City of return: Washington, DC
8. **Check only one.** I represent that:
  - a.  The sponsor of the trip is an institution of higher education within the meaning of section 101 of the Higher Education Act of 1965: **OR**
  - b.  The sponsor of the trip does not retain or employ a registered federal lobbyist or foreign agent: **OR**
  - c.  The sponsor employs or retains a registered federal lobbyist or foreign agent, but the trip is for attendance at a one-day event *and* lobbyist / foreign agent involvement in planning, organizing, requesting, or arranging the trip was *de minimis* under the Committee's travel regulations.
9. **Check only one of the following:**
  - a.  I checked 8(a) or (b) above; **OR**
  - b.  I checked 8(c) above but am not offering any lodging; **OR**
  - c.  I checked 8(c) above and am offering lodging and meals for one night; **OR**
  - d.  I checked 8(c) above and am offering lodging and meals for two nights. If you checked this box, explain why the second night of lodging is warranted:



10.  Attached is a detailed agenda of the activities House invitees will be participating in during the travel (i.e., an hourly description of planned activities for trip invitees). *Indicate agenda is attached by checking box.*
11. **Check only one of the following:**
- a.  I represent that a registered federal lobbyist or foreign agent will not accompany House Members or employees on any segment of the trip. *Signify that the statement is true by checking box; OR*
- b.  *Not Applicable.* Trip sponsor is a U.S. institution of higher education.
12. For *each* sponsor required to submit a sponsor form, describe the sponsor's interest in the subject matter of the trip *and* its role in organizing and/or conducting the trip:
- HIMSS develops, organizes and conducts all aspects of the trip and conference. HIMSS23 is the leading healthcare conference, bringing together thought leaders from across the healthcare community, including healthcare providers, IT experts, vendors, and local, state, and federal government representatives.
13. **Answer parts a and b. Answer part c if necessary:**
- a. Mode of travel: Air  Rail  Bus  Car  Other  (specify: \_\_\_\_\_)
- b. Class of travel: Coach  Business  First  Charter  Other  (specify: \_\_\_\_\_)
- c. If travel will be first class, or by chartered or private aircraft, explain why such travel is warranted:
14.  I represent that the expenditures related to local area travel during the trip will be unrelated to personal or recreational activities of the invitee(s). *Signify that the statement is true by checking the box.*
15. **Check only one.** I represent that either:
- a.  The trip involves an event that is arranged or organized *without regard* to congressional participation and that meals provided to congressional participants are similar to those provided to or purchased by other event attendees; **OR**
- b.  The trip involves events that are arranged specifically *with regard* to congressional participation.
- If "b" is checked:
- 1) Detail the cost *per day* of meals (approximate cost may be provided):
- 2) Provide the reason for selecting the location of the event or trip:
16. Name, nightly cost, and reasons for selecting each hotel or other lodging facility:
- Hotel Name: Hilton Chicago City: Chicago, IL Cost Per Night: 131
- Reason(s) for Selecting: See additional information.
- 
- Hotel Name: \_\_\_\_\_ City: \_\_\_\_\_ Cost Per Night: \_\_\_\_\_
- Reason(s) for Selecting: \_\_\_\_\_
- 
- Hotel Name: \_\_\_\_\_ City: \_\_\_\_\_ Cost Per Night: \_\_\_\_\_
- Reason(s) for Selecting: \_\_\_\_\_
17.  I represent that all expenses connected to the trip will be for actual costs incurred and not a per diem or lump sum payment. *Signify that the statement is true by checking the box.*



U.S. House of Representatives

# COMMITTEE ON ETHICS

### 18. Total Expenses for each Participant:

<input type="checkbox"/> Actual Amounts <input checked="" type="checkbox"/> Good Faith Estimates	Total Transportation Expenses per Participant	Total Lodging Expenses per Participant	Total Meal Expenses per Participant
For each Member, Officer, or Employee	\$450 airfare/Uber	See additional information	See additional information
For each Accompanying Family Member			

	Other Expenses (dollar amount per item)	Identify Specific Nature of "Other" Expenses (e.g., taxi, parking, registration fee, etc.)
For each Member, Officer, or Employee	See additional information	See additional information
For each Accompanying Family Member		

**NOTE: Willful or knowing misrepresentations on this form may be subject to criminal prosecution pursuant to 18 U.S.C. § 1001.**

### 19. Check only one:

- a.  I certify that I am an officer of the organization listed below; **OR**
- b.  *Not Applicable.* Trip sponsor is an individual or a U.S. institution of higher education.

### 20. I certify by my signature that

- a. I read and understand the Committee's Travel Regulations;
- b. I am not a registered federal lobbyist or registered foreign agent; and
- c. The information on this form is true, complete, and correct to the best of my knowledge.

Signature: Thomas M. Leary Digitally signed by Thomas M. Leary Date: 2023.03.13 12:07:09 -04'00' Date: 03/13/2023

Name: Thomas M. Leary Title: Senior Vice President, Government Relations

Organization: HIMSS

Address: 4300 Wilson Boulevard, Arlington, VA 22203

Email: tom.leary@himss.org Telephone: (703) 562-8814

## INSTRUCTIONS

Complete the *Primary Trip Sponsor Form* and submit the agenda, invitation list, any attachments, and any *Additional Trip Sponsor Forms* directly to the Travelers.

Written approval from the Committee on Ethics is required before traveling on this trip. The Committee on Ethics will notify the House invitees directly and will not notify the trip sponsors.

**Willful or knowing misrepresentation on this form may be subject to criminal prosecution under 18 U.S.C. § 1001. Signatures must comply with section 104(bb) of the Travel Regulations.**

For questions, please contact the Committee on Ethics at:

1015 Longworth House Office Building  
Washington, D.C. 20515

[ethicscommittee@mail.house.gov](mailto:ethicscommittee@mail.house.gov) | 202-225-7103  
More information and forms available at [ethics.house.gov](http://ethics.house.gov)

Michael Guest, Mississippi  
*Chairman*  
Susan Wild, Pennsylvania  
*Ranking Member*

David P. Joyce, Ohio  
John H. Rutherford, Florida  
Andrew R. Garbarino, New York  
Michelle Fischbach, Minnesota

Veronica Escobar, Texas  
Mark DeSaulnier, California  
Deborah K. Ross, North Carolina  
Glenn F. Ivey, Maryland



ONE HUNDRED EIGHTEENTH CONGRESS

**U.S. House of Representatives**

COMMITTEE ON ETHICS

Thomas A. Rust  
*Staff Director and Chief Counsel*

Kelle A. Strickland  
*Counsel to the Chairman*

David Arrojo  
*Counsel to the Ranking Member*

1015 Longworth House Office Building  
Washington, D.C. 20515-6328  
Telephone: (202) 225-7103  
Facsimile: (202) 225-7392

April 13, 2023

Ms. Jacquelyn Incerto  
Office of the Honorable Michael Burgess  
2161 Rayburn House Office Building  
Washington, DC 20515

Dear Ms. Incerto:

Pursuant to House Rule 25, clause 5(d)(2), the Committee on Ethics hereby approves your proposed trip to Chicago, Illinois, scheduled for April 18 to 21, 2023, sponsored by Healthcare Information and Management Systems Society (HIMSS).

You must complete an Employee Post-Travel Disclosure Form (which your employing Member must also sign) and file it, together with a Sponsor Post-Travel Disclosure Form completed by the trip sponsor, with the Clerk of the House within 15 days after your return from travel. As part of that filing, you are also required to attach a copy of this letter and both the Traveler and Primary Trip Sponsor Forms (including attachments) you previously submitted to the Committee in seeking pre-approval for this trip. If you are required to file an annual Financial Disclosure Statement, you must also report all travel expenses totaling more than \$480 from a single source on the "Travel" schedule of your annual Financial Disclosure Statement covering this calendar year. Finally, Travel Regulation § 404(d) also requires you to keep a copy of all request forms and supporting information provided to the Committee for three subsequent Congresses from the date of travel.

If you have any further questions, please contact the Committee's Office of Advice and Education at extension 5-7103.

Sincerely,

Michael Guest  
Chairman

Susan Wild  
Ranking Member

MG/SW:amr



## **Additional Information**

### **Date of departure**

Monday 4/17- John Harry, Cameryn Blackmore, William Mallison

Tuesday 4/18- Jacquelyn Incerto

Wednesday 4/19- Jay Gulshen

### **Date of return**

Thursday 4/20- John Harry, Cameryn Blackmore, William Mallison

Friday 4/21- Jacquelyn Incerto, Jay Gulshen

### **List of Congressional Invites**

Every congressional invitee to HIMSS23 plays a pivotal role in developing healthcare and health IT policy in the House of Representatives, and we believe they stand to benefit greatly from the educational sessions and speakers presenting at our conference. In addition to the education sessions, the conference provides the opportunity to interact with, and learn about, real-world applications of healthcare technologies, and hear how policy impacts the use of technologies that improve care, expand access, and lower healthcare costs.

#### **House of Representatives Invitees:**

- Rep. Underwood (Will call in virtually)
- Rep. Davis
- Bill Mallison (VA Committee) (Accepted)
- Casey Quinn (Ways and Means Committee) (Accepted)
- Jay Gulshen (Ways and Means Committee) (Accepted)
- Jacquelin Incerto (Rep. Burgess) (Accepted)
- Cameryn Blackmore (Rep. Sewell) (Accepted)
- John Harry (VA Committee) (Accepted)
- Sara Levin (Ways and Means Committee)
- Sam West (Rep. Kelly)
- Parker Chapman (VA Committee)
- Tim Brennen (VA Committee)
- Jack DiMatteo (Rep. Underwood)
- Gordon Holzberg (Rep. Adams)
- Caleb Williamson (Rep. Davis)
- Rachel Dolin (Ways and Means Committee)
- Una Lee (Energy and Commerce Committee)
- Grace Graham (Energy and Commerce Committee)
- Crozer Connor (Rep. Thompson)
- Jackie Weinrich (Rep. Matsui)
- Abe Friedman (Rep. DelBene)

- Kate Schisler (Rep. Beyer)
- Chelsey Rice-Davis (Rep. Schrier)
- Alicia Bissonnette (Rep. Schrier)
- David Michols (Rep. Griffith)
- Amber Ray (Rep. Blunt Rochester)
- Chad Michaels (Rep. Schweikert)

#### **Reason(s) for Selecting Hotels**

HIMSS seeks bids from local hotels and negotiates with hotels adjacent to the convention center and conference center where HIMSS23 is held. Contracts are based on price, location, accessibility, and availability of rooms to accommodate congressional staff.

#### **Total Expenses for each Participant:**

Total lodging expenses per participant (\$131/night)

- John Harry- \$393
- Cameryn Blackmore- \$393
- William Mallison- \$393
- Jacquelyn Incerto-\$393
- Jay Gulshen- \$262

Total meal expenses per participant (up to \$79/day, with receipts sent in for reimbursement)

- John Harry- up to \$237
- Cameryn Blackmore- up to \$237
- William Mallison- up to \$237
- Jacquelyn Incerto- up to \$237
- Jay Gulshen- up to \$158

#### **Other Expenses**

- Government Conference Registration- waived \$925 per individual
  - Staff: William Mallison, Jacquelyn Incerto, Jay Gulshen, John Harry, Cameryn Blackmore
- Staff in town on 4/17 also are offered access to preconference special forums- waived \$400 per individual
  - Staff: John Harry, Cameryn Blackmore
  - Total waived registration for John Harry, Cameryn Blackmore: \$1,325



**Congressional Staff Agenda**  
 Location: McCormick Place Convention Center Chicago  
 April 17-21, 2023  
 Access Full Conference Information here: [HIMSS23](#)  
**All times are Central Time (CT).**

**\*\*Note: All events listed on this agenda are to all conference attendees\*\***

**Monday, April 17<sup>th</sup>, 2023**

8:00 am - 4:30 pm	<b>Pre-conference Healthcare Cybersecurity Forum: The Healthcare Cybersecurity Forum</b> agenda will highlight collaboration, communication and preparedness to evolve the fight against cyberattacks.
5-7:00pm	<b>HIMSS22 Opening Keynote</b> <b>Description:</b> Remarks from Hal Wolf, CEO, HIMSS
	<b>Dinner on your own</b>

**Tuesday, April 18<sup>th</sup>, 2023**

7:15 – 8:15 AM	<b>AI and Cloud technologies are powering the next frontier of care delivery from hospital to home</b> <b>Description:</b> The integration of advanced technologies, including recent advances in AI, is revolutionizing the way healthcare is delivered, enabling a shift from hospital-based care to care anywhere. AI-powered technologies running edge to cloud are enhancing diagnostic and treatment processes, enabling more precise and personalized care. Enabling agile, vendor neutral technologies can help organizations consolidate tech stacks while decreasing OpEx and CapEx. This session will provide valuable insights and perspectives from both technology leaders and consumers on the current and future state of innovation, and how it intersects a changing cloud compute landscape.
9:30 AM – 6:00 PM  (When not at educational sessions or for non-scheduled time)	<b>HIMSS23 Exhibition Hall with live technology demonstrations, presentations, and education sessions</b>  <b>Description:</b> Learn about cutting edge health information technology. Experience thousands of health IT products and services on the HIMSS23 exhibit floor. Features the HIMSS Interoperability Showcase, the Cybersecurity Command Center, Intelligent Health Pavilion, the Healthcare of the Future, and more.
10:00 AM – 6:00 PM  (When not at concurrent educational sessions or for non-scheduled time)	<b>Interoperability Showcase</b>  <b>Description:</b> Explore a health ecosystem where standards-based health IT enables individuals to securely access, contribute to and analyze their own health data. Learn how current health IT products in the market deliver standards-based interoperability and health information exchange with an interactive learning experience.  Hill staff will be provided a list of organizations represented from their district if applicable.
10:30 – 11:30 AM	<b>Congressional Forum: Digital Health Policy in the 118th Congress</b>  <b>Description:</b> The Congressional Forum is a lively panel discussion featuring key House and Senate staffers on the digital health policy landscape and what we can expect from the legislative agenda in 2023. Health information

	<p>and technology played a central role in our response and recovery during the COVID-19 pandemic, but as the Public Health Emergency winds down, hear about what policy developments will continue, what still need to be addressed, and what may be on the chopping block. This session will look at the pressing issues facing lawmakers and what opportunities exist with a divided Congress to pass meaning legislation that will advance the U.S. health system transformation.</p>
<p>12:00 – 1:00 PM</p>	<p><b>Concurrent Education Sessions:</b>  <b>HIPAA Administrative Simplification Standards Adoption and Testing</b>  <b>Description:</b> This session will review the legal requirements for the adoption of standards under HIPAA Administrative Simplification, the requirements for operating rules, and the process for obtaining an exception for testing.</p> <p>OR</p> <p><b>Engendering Care Continuity Through Proactive Data Sharing and Enhanced Cybersecurity</b>  <b>Description:</b> Increasing digitalization has improved accessibility and care quality in Singapore, particularly so during the COVID-19 pandemic. To continue reaping the benefits of digitalized healthcare, we want to better tap on health data to enhance patient care, for instance, by establishing a Health Information Bill (HIB) to enable the safe and secure collection, storage, access, and sharing of patient health data between healthcare providers, as a critical pillar for Singapore’s broader agenda to focus on preventive health, the “Healthier SG” initiative. Through the HIB, we aim to better support care continuity via a multi-pronged approach, so as to foster trust with the public and healthcare professionals. This includes (i) a requirement for licensed healthcare providers to contribute summarized set of health data into a centralized national repository, (ii) facilitating proactive sharing of health data between providers within the healthcare ecosystem, and (iii) ensuring appropriate cybersecurity and data governance measures to ensure safe and secure storage and sharing of data within IT systems and connected medical devices. To do so effectively, we have started to develop a set of Healthcare Cybersecurity Essentials, support and training packages as well as Cybersecurity Labelling scheme for Medical Devices to help our healthcare providers..</p>
<p>1:00 – 2:00 PM</p>	<p><b>Concurrent Education Sessions:</b>  <b>ONC TEFCA Update From the RCE</b>  <b>Description:</b> In 2018, the Office of the National Coordinator for Health Information Technology (ONC) announced a vision for a single on-ramp for nationwide connectivity for health information exchange. In 2019, ONC awarded The Sequoia Project, and sub-contractors including Carequality, a cooperative agreement to serve as the Recognized Coordinating Entity (RCE) to help achieve that vision of a “network of networks.” The RCE is responsible for developing, updating, implementing, and maintaining the Common Agreement component of the Trusted Exchange Framework and Common Agreement (TEFCA). The Common Agreement will create the baseline technical and legal requirements for health information networks to share electronic health information and is part of the 21st Century Cures Act (Cures Act). The speakers will review the current scope and requirements of the TEFCA and the progress made by the RCE in collaboration with ONC, to include the Common Agreement and the Qualified Health Information Network (QHIN) Tech</p>
	<p>OR</p> <p><b>Seeing is Believing: Inside the World’s Biggest Virtual Hospital</b>  <b>Description:</b> Going far beyond a virtual ward or emergency room to offer an</p>

	entire hospital remotely, this session will give you a virtual tour of this incredible facility that is already proving to be a game-changer for health equity, access and outcomes and has ambitions to support underserved populations in the developing world.
3:00 – 4:00 PM	<p><b>Concurrent Education Sessions:</b>  <b>A Confusing Muddle: Health Policy Post-Dobbs</b>  <b>Description:</b> The Supreme Court’s decision in Dobbs v. Jackson Women’s Health Organization threw the healthcare industry into confusion. What information will remain private? What technology solutions are creating risks to data? What care can be delivered and where? All of the healthcare system— including those of us in the digital space— is struggling with how to answer these questions in a constantly shifting landscape. Despite those challenges, identifying current policy positions and new developments can begin to shape an approach while understanding operational impacts. The operational policies include (i) protecting privacy, (ii) responding to law enforcement investigations, (iii) complying with the information blocking regulations that call for enabling connections with new solutions that may not have sufficient security, and (iv) ethical and legal decisions on what care to provide. Taking a proactive approach to setting internal policies with an eye on the broader policy landscape will better position healthcare organizations to chart a difficult course.</p> <p>OR</p> <p><b>Leveraging the Wisdom of Crowds to Measure Healthcare Quality</b>  <b>Description:</b> Patient experience is recognized as a critical component of healthcare quality and experience is increasingly incorporated into quality assessments, reporting, and payments. However, the experience data used is typically limited to survey ratings. While this information is useful for benchmarking, it is limited in breadth and nuance. Conversely, rich patient experience data exists in online platforms like Yelp and Reddit, where patients share rich narratives on their experiences with providers and on living with chronic conditions. These narratives can be leveraged to expand our understanding of quality and our reporting of experience. This panel will present two studies. The first study uses online patient ratings and reviews of home healthcare providers to identify opportunities for expanding current reports of patient experience by incorporating patient-generated reviews into quality reports. The second study uses patient narratives from several online sources to identify themes in patient experience and what matters to patients for patients living with Rheumatoid Arthritis. Results suggest opportunities for new quality measurement domains tied to key themes in patient experience. Both studies demonstrate how rich patient narrative data can be incorporated into the existing quality measurement and reporting structure.</p>
7:00-9:00 PM	<p><b>Global Public Policy Dinner</b>  <b>Description:</b> Remarks from Tom Leary, Senior Vice President, Government Relations, HIMSS  *No alcohol will be served to staff</p>

**Wednesday, March 16<sup>th</sup>, 2022**

7:00 – 8:30 AM	<p><b>HIMSS Global Public Policy Breakfast</b></p> <p><b>Description:</b> This event brings together health information and technology thought leaders, policy advocates and members of the HIMSS leadership team for a networking breakfast. Featuring a fireside chat with Representative Lauren Underwood and Tom Leary, Senior Vice President, Government Relations, HIMSS.*</p>
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	*Pending
8:30 – 9:30 AM	<p><b>Keynote: Healthcare Disruption: Accelerated Opportunities for Care Delivery Alternatives</b></p> <p><b>Description:</b> The pandemic has forever changed all aspects of the healthcare ecosystem. With this change, additional influencers such as inflation, supply chain issues, workforce challenges and mergers and acquisitions have all placed undue burdens on healthcare delivery. While non-traditional services and stakeholders—such as retail clinics, hospital @ home programs, and virtual care— have increased market share, collaborative opportunities have emerged for traditional healthcare settings to evolve how and where healthcare is delivered. This keynote panel of healthcare executives will address various perspectives on the future of care delivery.</p>
10:00 – 11:00 AM	<p><b>Concurrent Education Sessions:</b></p> <p><b>Implementing the Cybersecurity Framework in Support of Safe Harbor</b>  <b>Description:</b> On January 5, 2021, the HIPAA Safe Harbor Bill, H.R. 7898, was signed into law amending the HITECH Act to require consideration of “certain recognized security practices ... when making certain determinations, and for other purposes.” This presentation explains how healthcare organizations can receive these considerations leveraging the national Framework for Improving Critical Infrastructure Cybersecurity (commonly known as the NIST Cybersecurity Framework) and HHS’ new public-private sector guidance on implementing the NIST Cybersecurity Framework in the industry to avoid any additional burden of proof for compliance or heightened regulatory scrutiny, which typically results in various fines and penalties, should a breach occur.</p> <p>OR</p> <p><b>Public-Private Data Modernization for 21st-Century Health Transformation - Townhall Discussion</b>  <b>Description:</b> Turning data into actionable information is essential to a timely response to a public health emergency. The CDC, state and local stakeholders envision a modernized public health system that meets the evolving needs of the community. The session will inform health IT stakeholders and non-government organizations about plans to modernize and interoperate public health data and information systems. Leaders from the Centers for Disease Control and Prevention (CDC) and STLT public health agencies and Industry will illuminate opportunities to deliver a modern, responsive public health data infrastructure to advance the bi-directional exchange of information and improve health equity and overall health outcomes.</p>
11:30 AM – 12:30 PM	<p><b>API-based CDS Platforms: Technology, UX, and Policy Issues</b>  <b>Description:</b> This panel discussion will highlight key issues from that one confronts when planning and executing platforms for clinical decision support that work in concert with EHRs. The panelists will highlight the interplay between technology, user experience, and policy. The discussion will be backward looking—how we defined and resolved issues—and forward looking—what we need from vendors and policy makers.</p>
1:00 - 2:15 PM	<b>HIMSS Staff Led Tour of the Interoperability Showcase</b> on areas of interest to federal policymakers
2:30 – 3:30 PM	<p><b>Concurrent Education Sessions:</b></p> <p><b>Data for Health Equity: Improving Maternal Health Outcomes Through Interoperability</b>  <b>Description:</b> Health IT solutions designed through the lens of health equity are</p>

	<p>increasingly recognized as an integral part of addressing the maternal health crisis in the U.S. These solutions have implications for payment reform programs, federal and state-based policies, and research. However, many of these initiatives require the ability to collect and exchange data at the point of care in a standardized manner. This session will define the high-level data use cases for maternal health outcomes and summarize the findings from an environmental scan and analysis of the specifications available for maternal health. Based on these findings, the speakers will propose recommendations that address gaps in data standards to support care provision, care coordination, and care transitions in the context of improving maternal health outcomes.</p> <p>OR</p> <p><b>Striving for 21st Century Public Health: Data Modernization Opportunities and Challenges</b></p> <p><b>Description:</b> Modernization of public health data systems requires State, Territorial, Local and Tribal (STLT) Health Agencies to prioritize Digitization of the public health infrastructure including cloud-based services; Standardization supporting greater interoperability across the spectrum of care; and Innovation, supporting the transformation of STLTs to support meaningful use, preparedness, and health equity. In a 21st Century digital health leaning environment, STLTs must be equipped to analyze and share electronically transmissible visualized data and insights to support a plethora of health threats and equity related issues. This session will feature US state and tribal health leaders who will discuss public health data modernization challenges and opportunities.</p>
4:00 – 5:00 PM	<p><b>Concurrent Education Sessions:</b></p> <p><b>Long COVID: Using Private Healthcare Claims to Study Post-COVID Conditions</b></p> <p><b>Description:</b> Post-COVID conditions make up a wide range of health problems that may occur four weeks or more after infection with the virus that causes COVID-19. Post-COVID conditions are known by various terms, including long COVID and post-acute sequelae of COVID-19 (PASC). Post-COVID conditions have become an issue of growing national concern, with one expert calling them the “pandemic after the pandemic.” Two recent studies from a national, independent nonprofit organization dedicated to bringing transparency to healthcare costs and health insurance information have used private healthcare claims data to study large numbers of COVID-19 patients for the prevalence and characteristics of post-COVID conditions. The first study identified patients who had a post-COVID condition commonly reported on in the literature 30 days or more after their index date of first diagnosis with COVID-19. At that time, researchers were limited by the lack of a specific ICD-10 diagnosis code for post-COVID conditions. Afterward, such a code (ICD-10 code U09.9) became effective. In the second study, that code was used to bring even greater clarity to the long COVID population. This session will present results and conclusions from both studies and point to next steps in the organization’s research on post-COVID conditions.</p>
	<p><b>Dinner on your own</b></p>

**Thursday, August 12<sup>th</sup>, 2021**

8:00-9:15am	<p><b>HIMSS Staff Led Tour of the Cybersecurity Command Center</b></p> <p><b>Description:</b> Experience cutting-edge technologies and learn how to best prepare your organization for risk assessments, build bulletproof incident response plans and more. Participate in engaging, interactive, hands-on activities and attend education sessions to enhance your knowledge on today’s biggest cyber issues.</p>
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9:45 – 10:00 AM	<p><b>How Many Layers of Security Are Enough to Stop a Cyber Attack?</b>  <b>Description:</b> Technology can help you defend against cyberattacks, but no single technology is enough. Protect patient data and prevent a crippling cyber event by developing levels to your risk mitigation strategies. Learn how to build cyber resiliency and mitigate the risk of cybercrime and downtime with security and disaster recovery solutions.</p>
10:00 – 11:00 AM	<p><b>Concurrent Education Sessions</b>  <b>Global Advancements in the International Patient Summary</b>  <b>Description:</b> The International Patient Summary (IPS) is a standard for sharing essential health information developed through a cross standards development organizations (SDOs) initiative and supported by global programs for digital health, such as the Global Digital Health Partnership (GDHP). The IPS is one of the first Fast Healthcare Interoperability Resources (FHIR) document standards and establishes how structured data can be shared worldwide using controlled vocabularies and terminologies. This session will review progress globally on the adoption and implementation of the IPS. This will include IPS examples, open-source tools to visualize IPS documents and initial demonstrations of patient-mediated exchange. In addition, this session will review the recently updated IPS FHIR standard and how it relates to other national and international standards for health information.</p> <p>OR</p> <p><b>The Intersection of Health Equity and Technology</b>  <b>Description:</b> Health IT can be a valuable tool to help enable critical health equity efforts. As part of the Administration’s pursuit of a comprehensive approach to advancing health equity for all, HHS’ Office of the National Coordinator for Health Information Technology (ONC) is working to advance the use and interoperability of equity and social determinants of health (SDOH) data while operationalizing the concept of “health equity by design” through collaborative efforts.</p>
11:30 – 12:30 PM	<p><b>Concurrent Education Sessions:</b></p> <p><b>HIE and State Medicaid Partnerships: New Sustainability for Technology Funding</b>  <b>Description:</b> The Medicaid Enterprise System (MES) funding and Streamlined Modular Certification (SMC) process replaced expiring HITECH funding on September 30, 2022. This shift impacts health IT funding and long-term financial sustainability for every HIE serving Medicaid programs. In the wake of this funding change, HIEs and their Medicaid program counterparts seek strategies to address new budget constraints while continually advancing IT capabilities and building financial sustainability. Unfortunately, the shift to MES funding comes at a time when HIEs are also evolving into health data utilities (HDUs) to better support state Medicaid programs, public health, at-risk entities, and health equity initiatives. There are new rules. HIEs and state Medicaid programs are both trying to figure them out as they go. This session provides attendees a valuable opportunity to learn from other HIEs how to navigate the new rules of MES funding and SMC process without cutting back on key HIE services. Two leading HIEs demonstrate how they worked collaboratively with Medicaid programs and technology partners to march health IT forward and ensure future financial support in a post-HITECH environment.</p> <p>OR</p>
	<p><b>Securing TEFCA: Security Practices Promoting Nationwide Health Information Exchange</b>  <b>Description:</b> This session describes security considerations for the Trusted Exchange Framework and Common Agreement (TEFCA). TEFCA security</p>



	<p>includes the governance of the TEFCA network, security requirements for Qualified Health Information Networks (QHINs), and flow-down requirements from the Common Agreement which affect Participants, Subparticipants, and Individual Access Service providers. Additionally, the QHIN Technical Framework (QTF) includes important technical security provisions for enabling secure and trusted connectivity services between QHINs.</p>
1:00 PM – 2:00 PM	<p><b>Directing the Future of Healthcare Connectivity</b>  <b>Description:</b> As part of our work to improve access to care, reduce clinician burden, &amp; support interoperability, CMS is conducting research on how a national directory could impact healthcare, and improve interoperability &amp; data exchange. As part of this effort, an RFI seeking input on the concept of CMS creating a directory with information on healthcare providers &amp; services (“National Directory of Healthcare”) was released. Join members of the Office of Burden Reduction &amp; Health Informatics to hear what we have learned from the RFI, &amp; how interoperability standards could be leveraged to alleviate challenges associated with current fragmented provider directories. This session will also provide a historical context of where we’ve been with capturing and sharing similar data, previous directory efforts, as well as industry efforts with HL7 FHIR. We welcome feedback during this session on how a national directory could work &amp; how this could fill gaps in practice or services.</p>
2:30 – 3:30 PM	<p><b>Global Health Policy Connection</b>  <b>Description:</b> Join policymakers, industry leaders, academics, and civil society organizations from around the world to discuss current privacy policy issues and explore potential solutions. This event is focused on establishing a global framework for privacy policy that is effective, transparent, and equitable.</p>
4:00PM - 5:00 PM	<p><b>Concurrent Education Sessions:</b></p> <p><b>Data and Information: Social Determinants of Health/Health Equity</b>  <b>Description:</b> Alameda County’s whole person care pilot—Alameda County Care Connect, a 6-year, \$177 million effort authorized under California’s Medi-Cal 2020 Medicaid waiver—sought to improve the way health is delivered in local safety net by investing resources in new services, systems, and critically, the people who engage in the painstaking work of implementing change. Alameda County Care Connect focused on the small steps with a designated backbone structure, and ultimately closed many gaps in the safety net and improved care for the most vulnerable residents who previously endured episodic, fragmented cycles of healthcare service. Recognizing the importance of shared data systems, a significant portion of the whole person care pilot resources were dedicated to developing a countywide Social Health Information Exchange (SHIE), an interoperable platform nationally recognized for integrating client data from dozens of sources. The SHIE has proven to be extremely valuable for closing gaps in the safety net and accelerating care by connecting information across silos to better serve consumers. The SHIE identifies trends, develop reports, and respond quickly to partner queries, using County resources and dollars toward a system that benefits many organizations including Medicaid managed care plans, hospitals, jails, housing/homelessness providers, and behavioral health service providers.</p> <p>OR</p> <p><b>Improved Patient Care Enabled by Real-Time Interoperable Clinical Decision Support</b>  <b>Description:</b> Intermountain Healthcare, a HIMSS Triple Stage 7 Organization, has developed and implemented a real-time interoperability platform to deliver Clinical Decision Support applications. It is expected to change the model of care, allow for better clinical decisions, and reduce costs while saving lives. An OMG BPM+ environment is built into the FHIR-based interoperability platform allowing</p>

	<p>clinicians and developers to work together to define and modify care models; we anticipate an enhanced ability to deploy and maintain healthcare applications. Realizing that data latency issues in traditional FHIR servers rendered them unsuitable for the routine delivery of clinical decisions, the platform uses a Publication/Subscription messaging service to trigger data collection and decision support behaviors; reads from and writes to the Cerner EHR through FHIR wrappers; and accesses machine learning-derived tools to compute disease likelihoods. It consumes a variety of clinical data including radiographic interpretations generated by a convolutional neural network developed at Stanford University, reducing the wait for image interpretation to 3 seconds. The use of FHIR for data access makes the model and clinician experience portable regardless of the EHR; the use of BPM+ accelerates the delivery of novel decision support systems. The presenters designed and built the interoperability platform.</p>
	<b>Dinner on your own</b>

**Friday, August 13<sup>th</sup>, 2021**

8:30 – 10:15 AM	<p><b>Concurrent Education Sessions:</b>  <b>Keynote: Are More Turbulent Times Ahead for Healthcare? An Economic Outlook (Part One)</b>  <b>Description:</b> Healthcare's reach is not only global, but local, with a focus on patient centrality, growth, and integration, all while aiming to achieve meaningful outcomes. Clinical effectiveness is a journey and not a destination amid the realization that healthcare is a capital-intensive undertaking, regardless of where care is delivered. Balancing financial health against operating losses, debt management, mergers and acquisitions, and myriad other market forces is a team sport. With the Federal Reserve determined to quickly rein in inflation, recession looks increasingly likely. But is it inevitable? What would have to happen to avoid a downturn? Business leaders, consumers, and workers alike are voicing deep anxiety and uncertainty about the future. If a recession occurs, how severe and long is it likely to be? Join Mark Zandi, Moody's Analytics Chief Economist, as he discusses how the next few years will unfold.</p> <p>OR</p> <p><b>Keynote: Winning the Game of Life (Part Two)</b>  <b>Description:</b> NFL player Damar Hamlin collapsed during a televised Monday Night Football game. Trainers and medical personnel attended to Hamlin for nineteen minutes on the field. He spent the days that followed in critical condition in the intensive care unit at University of Cincinnati Medical Center. Damar will share his personal story of the near-death medical emergency and how it has impacted his life and provided unexpected opportunities. Damar's experience also puts a spotlight on the people that jumped in to help—and prompted a national campaign to promote CPR training.</p>
10:30 – 11:30 AM	<p><b>Connecting Kentucky Technology Systems to Address Social Determinants of Health</b>  <b>Description:</b> The Commonwealth of Kentucky connected two state-wide technology systems to enable information flow bidirectionally to help citizens of the Commonwealth overcome social barriers impeding their health. This presentation will discuss the deployment of a resource engine utilized to help citizens gain access to needed social services, the use of a state-based health information exchange to aid healthcare delivery, and how a technology connection between the two allows data to flow bidirectionally. Case studies will showcase the opportunities for utilization, statistics on current usage and advances made in helping serve Kentucky citizens.</p>

<p>11:45 PM – 12:00 PM</p>	<p><b>Navigating the SHIEcosystem: Colorado’s Community-Driven Approach to Social-Health Information Exchange</b>  <b>Description:</b> While the technology to exchange and manage information about social needs, referrals and resources in support of whole-person care has long existed, these systems have often been implemented in silos, creating a national patchwork of social care platforms with varying levels of interoperability. Colorado is a geographically and demographically diverse state. The structure of our social care system, and Coloradans’ social needs themselves, vary significantly from the Eastern Plains to the Front Range, to the Western Slope. As a result, Colorado’s landscape of social care networks comprises a variety of platforms and structures. To better facilitate statewide data sharing and care coordination, the Colorado Office of eHealth Innovation (OeHI) has developed an approach to social-health information exchange (SHIE) that focuses on interoperability and harnesses the power of community-driven infrastructure development. The objective of our work is to leverage existing partnerships and infrastructure across Colorado to build a “network of networks” or SHIEcosystem - an interoperated network of technology platforms and the care providers who use them. Through the SHIEcosystem, we hope to improve our state’s ability to “prescribe programs, not pills,” meet communities where they are to build momentum and buy-in, and to improve health equity for all Coloradans.</p>
<p>12:00 – 1:00 PM</p>	<p><b>Social Determinants of Monoclonal Antibody Treatment and Effectiveness for COVID-19</b>  <b>Description:</b> Over the course of the COVID-19 pandemic in the United States, the risks of infection, hospitalization, and death have been higher in non-white racial and Hispanic ethnic groups. Race and ethnicity often serve as proxies for complex social determinants of health (SDOH) such as healthcare access and occupational exposure to severe acute respiratory syndrome coronavirus 2 (SARS-CoV-2). Prevalence of chronic conditions associated with severe COVID-19 is also higher in racial and ethnic minority groups. Because of these observations, there has been heightened interest in understanding the distribution and effectiveness of COVID-19 treatments in these groups. In this session, findings of neutralizing monoclonal antibody (nMAb) treatment distribution and effectiveness in historically disadvantaged populations from a consortium study of diverse health systems will be presented. We found significant differences in the composition of treated vs. non-treated patients according to SDOH factors. However, medical factors were more predictive of severe COVID-19 than SDOH characteristics and nMAb treatment benefited all racial subgroups with lower rates of hospitalization and death. This session will conclude with health system learnings about increasing outreach and uptake of COVID-19 interventions in historically disadvantaged populations to promote equitable distribution.</p>
<p>1:15 – 2:30 PM</p>	<p><b>Keynote: Resilience in the Face of Uncertainty</b>  <b>Description:</b> The world is changing faster than we ever imagined. Leaders and teams must dig deep within themselves to break through and find opportunity in uncertain times. Before becoming a best-selling author, playing basketball at the White House, having beers with Prince Harry, or living out other dreams, Ben Nemtin suffered from crippling depression. After committing to a series of positive life changes, he had a shift in perspective that changed his outlook on life and opened himself up to endless possibility. From there he committed to following his buried dreams and helping others through acts of service. The rest is history. Ben’s message of radical possibility combined with his “5 Steps to Make the Impossible Possible” not only inspires but will equip you with tools to tackle the seemingly insurmountable. His system of achieving impossible goals demystifies daunting tasks by turning ‘pipe dreams’ into ‘projects’ and creates inspiration through action and accountability.</p>