

## **ASTP/ONC HTI-4 Final Rule Updates Standards for Prescribing, Prior Authorization, and Data Sharing**

On July 31, 2025, the Assistant Secretary of Technology Policy and the Office of the National Coordinator (ASTP/ONC) issued the Health Data, Technology, and Interoperability: Electronic Prescribing, Real-Time Prescription Benefit and Electronic Prior Authorization (HTI-4) [Final Rule](#), updating certification criteria and standards for health information technology. Released alongside the annual Hospital Inpatient Prospective Payment System (IPPS) [Final Rule](#), these updates represent the latest step in advancing interoperability, reducing administrative burden, and improving the integration of clinical and administrative data across the healthcare system. The finalized provisions will go into effect on October 1, 2025. Certified health IT developers, providers, and payers will be required to adopt these standards to maintain compliance and remain eligible for federal programs tied to certification.

### **Core Policy Objectives**

The HTI-4 Final Rule prioritizes three major goals:

1. Streamlining prescribing and prescription benefit workflows by modernizing standards for electronic prescribing and enabling real-time access to prescription cost information.
2. Improving prior authorization processes through certified APIs that automate information exchange between providers and payers, significantly reducing delays and manual effort.
3. Enhancing clinical decision-making by embedding decision support results and event notifications directly into provider workflows within EHRs.

### **Major Provisions of the HTI-4 Final Rule**

#### **1. Electronic Prescribing Enhancements**

- Updates certification requirements to improve secure, standards-based exchange of prescription data.



- Aims to ensure seamless communication between prescribers, pharmacies, intermediaries, and payers, supporting both clinical accuracy and administrative efficiency.

## **2. Real-Time Prescription Benefit Verification**

- Establishes a new certification criterion for real-time access to prescription drug cost information.
- Enables providers and patients to compare drug prices and alternatives during the point of care, empowering informed treatment decisions and lowering out-of-pocket costs.

## **3. Electronic Prior Authorization Improvements**

- Introduces Prior Authorization APIs with three key functions:
  - Providers can request payer coverage requirements electronically.
  - Certified health IT systems can assemble and navigate payer-specific documentation needs.
  - Providers can submit prior authorization requests and receive status updates directly within their health IT system.
- These provisions aim to cut down the time-consuming, manual processes that frequently delay patient care.

## **4. Clinical Decision Support and API Standards**

- Requires health IT systems to integrate CDS outputs into provider workflows, ensuring decision aids are timely and actionable.
- Establishes notification mechanisms so that providers are alerted when data updates or clinically relevant events occur.
- Adopts new API standards and implementation specifications to strengthen the exchange of clinical and administrative data across payers, providers, and patients.
- Includes adoption of standards for formulary and provider directory data, supporting more complete and accessible information sharing.

## **Alignment with Federal and Industry Initiatives**

**American Medical Informatics Association**

6218 Georgia Avenue NW, Suite #1, PMB 3077, Washington, DC 20011

[www.AMIA.org](http://www.AMIA.org) | 301.657.1291



These updates reinforce CMS's recent voluntary initiatives to modernize and simplify electronic prior authorization processes, as well as to advance data access, interoperability, and transparency across the healthcare ecosystem. Since June, CMS has engaged industry stakeholders through pledges aimed at reducing provider burden and improving patient access to care. The HTI-4 Final Rule brings those voluntary efforts into a regulatory framework, ensuring consistent adoption across certified health IT systems.

## **Broader Impact**

By attempting to address long-standing pain points such as manual prior authorization, fragmented prescription workflows, and limited transparency in drug costs, the HTI-4 Final Rule aims to ensure:

- Enhanced provider efficiency by automating high-burden administrative processes.
- Improved patient experience through faster access to medications and services.
- Strengthen interoperability across the health system by mandating consistent standards for APIs and data exchange.
- Support value-based care by making actionable clinical and financial data available at the point of care.

## **AMIA Recommendations Incorporated in HTI-4**

**1. Real-Time Prescription Benefit Transparency** – AMIA emphasized in HTI-2 comments that prescription benefit information should mirror the same out-of-pocket cost that the pharmacy views and provide accurate, patient-specific costs. HTI-4 delivers on this by finalizing the real-time prescription benefit criterion based on NCPDP RTPB standard version 13, enabling point-of-care cost comparisons.

**2. Electronic Prior Authorization** – AMIA supported proposals for prior authorization APIs to reduce administrative burden. HTI-4 finalizes three certification criteria for electronic prior authorization using HL7 FHIR standards from the Da Vinci Project.

**3. Standards Updates** – AMIA supported updated vocabulary standards (SNOMED CT, LOINC) mentioned in the HTI-1 comment letter. HTI-4 includes updates to RxNorm as a minimum standard code set and incorporates NCPDP SCRIPT version 2023011.