



Civitas Networks for Health® 2026 Advocacy Agenda and Key Priorities

Civitas represents a diverse national network of organizations that operate and support critical national infrastructure for health. In 2026, we will build on our work from 2025 by continuing to demonstrate how member capabilities improve cost, safety, quality, and upstream drivers of health in the communities they serve.

This advocacy agenda articulates Civitas' shared policy priorities and serves as a framework for engaging with federal policymakers, agencies, partners, and funders. It is grounded in areas of broad alignment across a diverse membership and reflects Civitas' role in translating community-based practice into broader system impact.

Across member types, Civitas is united by the belief that data-enabled, multi-stakeholder collaboration and public-private partnerships within defined regions are essential to building sustainable solutions and a stronger health system. Civitas members demonstrate how locally governed, interoperable infrastructure can support national priorities through measurable progress at the local, state, regional, and national levels.

In the year ahead, Civitas will prioritize advocacy that:

- Strengthens community-based and state-level data infrastructure as a public good
- Aligns federal health policy and investment with existing state, regional, and community-based capabilities
- Advances responsible data use to support care delivery, public health, and upstream drivers of health
- Creates the policy and funding conditions needed for long-term system stewardship

To advance these shared priorities, Civitas will work in partnership with federal agencies and legislators on national policy issues, leveraging the strengths and expertise of Civitas members to translate national priorities into community-level impact.

Key Priorities

Recognizing the diversity of organizations within the Civitas network, the priorities below reflect member-informed focus areas where Civitas will concentrate its advocacy and policy engagement in the year ahead. In advancing these priorities, Civitas aims to balance alignment around shared policy goals with support for member-specific strategies, while continuing to identify opportunities for cross-pollination, collective insight, and shared progress.

All-Payer Claims Databases (APCDs)

APCDs are foundational public infrastructure for health care cost transparency, market oversight, and value-based purchasing. To generate broad recognition and support, Civitas will work with members and partners to:

- **Advance statutory and regulatory solutions to Section 514 ERISA preemption,** consistent with the recommendations of the State All-Payer Claims Data Advisory



Committee (SAPDAC) as well as support access to commercial data governed by the Employee Retirement Income Security Act (ERISA)

- **Engage federal agencies to improve access to, usability, and formatting of Medicare fee-for-service (FFS) data** received by APCDs through existing programs, such as the qualified entity certification program (QECP)
- **Collaborate with APCDs nationwide**, the National Association of Health Data Organizations (NAHDO), and other partners to identify barriers to Medicare Advantage (MA) data access and propose solutions that improve consistency, data quality, and completeness.
- **Elevate the role of APCDs in federal and state health care price transparency policy**, leveraging member expertise with hospital price transparency (HPT), Transparency in Coverage (TIC), and emerging drug pricing initiatives.
- **Assess forthcoming TIC machine-readable files (MRF) implementation guidance and technical specifications for prescription drugs**, to ensure alignment with APCD operations and long-term sustainability.
- **Participate in federal rulemaking and guidance processes related to hospital price transparency** (e.g., HPT MRF proposed rule), including proposed requirements addressing data accuracy and completeness.
- **Support efforts to expand APCD access to key federal data sources**, including claims data maintained by the Indian Health Service (IHS), the Department of Veterans Affairs (VA), and the Federal Employees Health Benefits Program (FEHB), as well as Medicare Advantage (MA) data and Medicare FFS data
- **Work with APCDs, NAHDO, and other Civitas members to improve access to and interoperability of hospital discharge data** and to develop best practice recommendations at the state level.

Health Information Exchanges (HIEs) & Health Data Utilities (HDUs)

HIEs and HDUs are foundational public infrastructure for the portability and usability of health data. These entities enable providers, payers, patients, public health, and federal agencies to securely access and exchange data for a wide range of clinical, administrative, and population health purposes. To advance these capabilities, Civitas will work with members and partners to:

- **Coordinate and document shared, “common denominator” capabilities** that support alignment with federal interoperability initiatives, including the CMS Interoperability Framework, CDC Data Modernization Initiative (DMI) public health functions, and the CSRI HDU Capabilities Model (based on Civitas’ HDU Framework).
- **Support the expansion of Civitas HIEs and HDUs serving as explicit or de facto “CMS Aligned Networks,”** consistent with the agency’s broader Health Technology Ecosystem Initiative vision and efforts to operationalize a federated “network of networks” using existing infrastructure.
- **Engage with CDC to develop guidance, FAQs, case studies, or other resources that encourage public health agencies to leverage HDUs to meet data sharing and public health reporting needs.**
- **Maintain a reference library of state HIE/HDU designations and related statutes, governance models, and capabilities to improve transparency and inform federal and state engagement.**



- **Strengthen Civitas members' participation across the HHS interoperability portfolio by engaging with ASTP/ONC, CMS, CDC, and other federal partners to shape policies that effectively leverage state and/or regionally based intermediaries.**
- **Advance member-informed policy priorities on information blocking**, including issues related to pharmacy and laboratory compliance, excessive EHR onboarding fees, and state delegation for enforcement via the rulemaking process or legislation.
- **Highlight member involvement in federally supported state initiatives, including projects associated with** the Rural Health Transformation Program (RHTP) and provisions of HR1 – One Big Beautiful Bill Act (OBBA), through case studies that demonstrate the role of HIEs and HDUs from planning through implementation.

Quality Improvement Organizations (QIOs)

QIOs are foundational public infrastructure for clinical best-practice implementation, technical assistance, regulatory compliance, and measure development. As the 13th Statement of Work fully gets underway, Civitas will work with QIO members and partners to support broad-reaching QIO capacity and impact by:

- **Engaging federal agencies and policymakers to explore and define a potential QIO role in Medicare Advantage (MA) for technical assistance**, given the program's growth and lack of third-party QI oversight mechanisms.
- **Advocating for sustained and adequate funding for QIO-related programs administered by the Federal Office of Rural Health Policy (FORHP)**, including the Medicare Rural Hospital Flexibility Program (Flex) and Small Rural Hospital Improvement Program (SHIP), recognizing the role these programs play in supporting quality improvement at the state and local levels.
- Positioning QIOs as implementation partners for federal cybersecurity guidance, particularly for rural providers and rural health clinics, leveraging QIOs' technical assistance capabilities under the 13th Statement of Work to support adoption of best practices and strengthen health system resilience.
- **Showcasing QIO-led initiatives and partnerships**, including longstanding rural health expertise and involvement in the Rural Health Transformation Program, through case studies that demonstrate the value of expanded QIO involvement in quality and performance improvement.

Regional Health Improvement Collaboratives (RHICs)

RHICs are foundational public infrastructure for multi-stakeholder health system improvement. RHICs bring together providers, payers, community organizations, public agencies, and other stakeholders to advance shared goals related to value-based care, delivery system transformation, and upstream drivers of health. To strengthen the role of RHICs in national and state policy efforts, Civitas will work with members and partners to:

- **Engage with CMS/CMCS to inform the design and evolution of section 1115 waivers and related demonstrations**, particularly those involving non-clinical service delivery and referral systems that address upstream drivers of health.
- **Showcase the role of RHICs in supporting value-based care and delivery system reform by developing and sharing case studies that highlight RHICs' experience** serving as neutral conveners and integrators across health care, public health, and community-based partners.



- ***Collaborate with RHICs to identify areas of alignment related to Medicare payment policy, including potential Physician Fee Schedule considerations***, in ways that are consistent with members' coding practices, outpatient partnerships, and strategic growth plans