

# White House Office of Science and Technology Policy Seeking Information on Strengthening Community Health Through Technology

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In a request for information issued on January 5, 2022, the White House Office of Science and Technology Policy (OSTP) announced that it is seeking input from stakeholders across the healthcare spectrum on how digital health technologies are being—or may be—used to improve community health, individual wellness and health equity. Comments must be submitted to the OSTP by 5 pm on February 28, 2022.

## IN-DEPTH

On January 5, 2022, the White House Office of Science and Technology Policy (OSTP) issued a request for information (RFI) on how digital health technologies are used or could be used in the future to improve community health, individual wellness and health equity. The RFI solicits stakeholders from across the spectrum to provide information about a wide range of issues, from examples of successful use cases in the United States and abroad to perspectives on training needs and barriers.

This RFI is part of a larger effort of the Biden administration to promote and prioritize equity in policymaking. When President Biden took the oath of office back in January 2021, addressing the COVID-19 pandemic was a top priority; this continues to be the case today. But the pandemic also has brought into stark relief the social and racial disparities in healthcare as well as in many other aspects of American life. In response and as one of his first actions, President Biden signed Executive Order (EO) 13985, “[Advancing Racial Equity and Support for Underserved Communities through the Federal Government](#).” This EO directed the entire federal government to “pursue a comprehensive approach to advancing equity for all.”

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While this directive to use the lens of equity for policymaking is being implemented throughout the federal government, the Department of Health and Human Services (HHS) has been especially active in this area and has made addressing healthcare disparities a critical component of numerous major regulations, RFIs and other guidance documents that were released in 2021.

The prioritization of addressing health equity is also reflected in the strategic plans and mission statements of various HHS agencies:

- In January 2022, the Centers for Medicare and Medicaid Services listed health equity as a top priority in a [strategic vision document](#). The agency stated that “Medicare will advance health equity by addressing health disparities that underlie our health system.”
- In June 2021, the National Institutes of Health released a report affirming the agency’s commitment to addressing structural racism in the biomedical research enterprise. The agency released a framework for developing robust health equity research and supporting diversity, equity and inclusion in funded research and in the biomedical workforce. (For a discussion, see [https://www.cell.com/action/showPdf?pii=S0092-8674\(21\)00631-0](https://www.cell.com/action/showPdf?pii=S0092-8674(21)00631-0) ).
- In May 2021, HHS and the Office of the Assistant Secretary for Planning and Evaluation (ASPE) released a [report](#) outlining approaches to health equity measurement within Medicare value-based purchasing and other quality programs. Currently, federal health programs do not include measures to evaluate health equity, and as a first step to developing appropriate measures ASPE contracted with the RAND Corporation to identify appropriate health equity measurement approaches.
- [In April 2021, Dr. Rochelle Walensky, director of the Centers for Disease Control and Prevention \(CDC\), declared racism a serious public-health threat. During her remarks, she highlighted several new efforts the CDC is leading to accelerate its work to address racism as a fundamental driver of racial and ethnic health inequities.](#)
- [In April 2021, leadership from the Agency for Healthcare Research and Quality \(AHRQ\) published a blog post outlining how the agency will internally evaluate the agency to improve diversity and inclusion in the workplace and examine how AHRQ can promote diversity in the health services research field. AHRQ is also evaluating policies to support funding for communities underrepresented in health research and support grant applications that incorporate health equity into the proposal.](#)
- In March 2021, the national coordinator from the Office of the National Coordinator for Health Information Technology, Micky Tripathi, made remarks about how the ONC will weave health-equity principles into all regulatory action. He summarized ONC’s new approach of “health equity by design.” The agency will proactively consider how certain requirements and policies will impact health equity prior to implementation.

As we enter the second year of the Biden administration, we anticipate that there will be continued efforts in this area.

## **Impetus for OSTP RFI**

The RFI notes that despite significant investment into digital health over many years, the COVID-19

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pandemic uncovered “substantial limitation in the U.S. healthcare systems, including profound disparities in healthcare and associated poorer health outcomes within certain communities.” Noting that part of OSTP’s mission is to maximize the benefits of science and technology for all Americans, OSTP issued the RFI to gain information and perspective on how digital health can be used to improve community health, individual wellness and health equity. The RFI is part of a broader agenda dedicated to “Community Connected Health,” which OSTP describes as “an effort that will explore and act upon how innovation in science and technology can lower the barriers to access quality healthcare and lead healthier lives by meeting people where they are in their communities.”

## Specific Topics

The RFI seeks information, impressions, descriptions and comments in relation to eight specific topics. It should be noted that the RFI defines “digital health technologies” broadly to include “any tool or set of tools that improve health or enable better healthcare delivery by connecting people with other people, with data, or with health information.” The eight topics are:

1. **Successful models within the United States:** The RFI requests information and comments about how successful models have worked, including information about organization or technology features that support success, examples of user protections (such as privacy best practices), examples of positive user experiences and descriptions of potentially successful models.
2. **Barriers:** The RFI requests information and comments about barriers for individuals and organizations to adopt digital health in community settings, such as cost, training, reimbursement, community or organizational buy-in, and training. The RFI specifically notes interest in understanding the impediments to user comfort, such as concerns about privacy, security and discrimination.
3. **Trends from the pandemic:** The RFI requests impressions or data on how the use of digital health by individuals and community-based organizations has changed during the pandemic, including impressions on how permanent these trends may be.
4. **User experience:** The RFI requests descriptions of how developers and community-based providers and stakeholders consider and evaluate user experience, with particular interest in descriptions of ways user experience-based barriers can be overcome.
5. **Tool and training needs:** The RFI requests information about technology, infrastructure and training needs for community-based providers.
6. **Proposed government actions:** The RFI requests ideas on opportunities for federal government support to improve digital health-based community health transformation and when the opportunity could be implemented (immediately, or over the next five or 10 years).
7. **Health equity:** The RFI requests information about how digital health has been, or could be, used in community-based settings to reduce health disparities or achieve health equity. The RFI also solicits concerns about how digital health impacts health equity.
8. **International models:** Similar to the request for information about successful US models, this topic seeks information about successful foreign models, particularly from low- or middle-income countries. The RFI encourages suggestions about how these models could be applied

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in the United States.

## Conclusion

The federal government's relationship with digital health tools has been difficult. Broad policy goals related to, for example, insurance coverage, value-based care and cost, have generally dominated healthcare policy, leaving digital health and its potential for fundamentally altering (and improving) care delivery subservient to these policy goals. This is largely as it should be, but it does hamstring some digital health potential. It is not surprising that this RFI is presented in the context of one of those broad policy issues: health equity. And while this RFI provides an opportunity for digital health stakeholders to make their case, it also must be understood for what it is: a request for information on how digital health can serve a broader policy goal that itself may not be the best vehicle to showcase the many benefits digital health has to offer.

Regardless, this RFI provides digital health stakeholders with the opportunity to make the case for digital health tools, identify solutions to barriers to adoption that the federal government can correct, and describe the benefits digital health can provide to all.

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