

CHARTER
HIT Policy Committee

Authority

The American Recovery and Reinvestment Act of 2009 (ARRA) (Pub. L. 111-5), section 13101, among other provisions, adds a new section 3002 to the Public Health Service Act (PHSA), which establishes the HIT Policy Committee. The HIT Policy Committee is governed by the provisions of the Federal Advisory Committee Act (FACA) (Pub. L. 92-463), as amended, (5 U.S.C. App.), which sets forth standards for the formation and use of federal advisory committees.

Objective and Scope of Activities

The HIT Policy Committee (also referred to as the "Committee") is charged with recommending to the National Coordinator a policy framework for the development and adoption of a nationwide health information technology infrastructure that permits the electronic exchange and use of health information as is consistent with the Federal Health IT Strategic Plan and that includes recommendations on the areas in which standards, implementation specifications, and certification criteria are needed. The HIT Policy Committee is also charged with recommending to the National Coordinator an order of priority for the development, harmonization, and recognition of such standards, specifications, and certification criteria for those areas of HIT policy under its purview as specified in Section 3002.

The Committee shall ensure an opportunity for the participation of outside advisors in the Committee's activities, including individuals with expertise in the development of policies for the electronic exchange and use of health information, including in the areas of health information privacy and security.

Description of Duties

The Committee shall, among other duties, develop and advance recommendations for the following areas: (i) technologies that protect the privacy of health information and promote security in a qualified electronic health record, including for the segmentation and protection from disclosure of specific and sensitive individually

identifiable health information with the goal of minimizing the reluctance of patients to seek care (or disclose information about a condition) because of privacy concerns, in accordance with applicable law, and for the use and disclosure of limited data sets of such information; (ii) a nationwide health information technology infrastructure that allows for the electronic use and accurate exchange of health information; (iii) the utilization of a certified electronic health record for each person in the U.S. by 2014; (iv) technologies that as a part of a qualified electronic health record allow for an accounting of disclosures made by a covered entity (as defined for purposes of regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (HIPAA)) for purposes of treatment, payment, and health care operations (as such terms are defined for purposes of such regulations); (v) the use of certified electronic health records to improve the quality of health care, such as by promoting the coordination of health care and improving continuity of health care among health care providers, by reducing medical errors, by improving population health, by reducing health disparities, by reducing chronic disease, and by advancing research and education; (vi) technologies that allow individually identifiable health information to be rendered unusable, unreadable, or indecipherable to unauthorized individuals when such information is transmitted in the nationwide health information network or physically transported outside of the secured, physical perimeter of a health care provider, health plan, or health care clearinghouse, consistent with the evaluation conducted under section 1809(a) of the Social Security Act; (vii) the use of electronic systems to ensure the comprehensive collection of patient demographic data, including, at a minimum, race, ethnicity, primary language, and gender information; and (viii) technologies that address the needs of children and other vulnerable populations.

Agency or Official to Whom the Committee Reports

The Committee advises the National Coordinator.

Support

The Office of the National Coordinator (ONC) provides management and support services for the Committee.

Estimated Annual Operating Costs and Staff Years

Estimated annual cost for operating the Committee, including compensation and travel expenses for members but excluding staff support, is \$1,200,000. Estimated annual person-years of staff support required are four, at an estimated annual cost of \$400,000.

Designated Federal Officer

The ONC has a full-time Federal employee who will serve as the Designated Federal Officer (DFO), and will attend each Committee meeting and ensure that all procedures follow applicable law and HHS General Administration Manual directives. The DFO will approve and prepare all meeting agendas, call all of the Committee and subcommittee meetings, adjourn any meeting when the DFO determines adjournment to be in the public interest, and chair meetings when directed to do so by the official to whom the Committee reports. The DFO or his/her designee will be present at all meetings of the full committee and subcommittees.

Estimated Number and Frequency of Meetings

Committee meetings may be held up to twelve (12) times per year, at the call of the DFO, who shall also be present at all the meetings and approve the agenda. A quorum is required for any meeting that involves voting on recommendations. A majority of those members appointed to the Committee as of the date of the meeting constitutes a quorum for purposes of voting, but a lesser number of members may meet and hold hearings. Meetings are open to the public except as determined otherwise by the Secretary of the Department of Health and Human Services in accordance with the Government in the Sunshine Act (5 U.S.C. 552b(c)) and the FACA. Notice of all meetings shall be given to the public in accordance with applicable laws.

Duration

Continuing.

Termination

The term of the Committee shall be continuous. The Committee is exempt from section 14 of the FACA pursuant to section 3002(d) of the PHSA.

Membership and Designation

The Committee shall be comprised of the following, including a Chair and Vice Chair, and represent a balance among various sectors of the health care system so that no single sector unduly influences the recommendations of the Committee. Committee members shall be appointed in the following manner:

- 3 members shall be appointed by the Secretary of Health and Human Services, 1 of whom shall be appointed to represent the Department of Health and Human Services and 1 of whom shall be a public health official;
- 1 member shall be appointed by the majority leader of the Senate;
- 1 member shall be appointed by the minority leader of the Senate;
- 1 member shall be appointed by the Speaker of the House of Representatives;
- 1 member shall be appointed by the minority leader of the House of Representatives;
- Such other members as shall be appointed by the President as representatives of other relevant Federal agencies;
- 13 members shall be appointed by the Comptroller General of the United States of whom-
 - 3 members shall be advocates for patients or consumers;
 - 2 members shall represent health care providers, one of which shall be a physician;
 - 1 member shall be from a labor organization representing health care workers;
 - 1 member shall have expertise in health information privacy and security;
 - 1 member shall have expertise in improving the health of vulnerable populations;
 - 1 member shall be from the research community;
 - 1 member shall represent health plans or other third-party payers;

- o 1 member shall represent information technology vendors;
- o 1 member shall represent purchasers or employers; and
- o 1 member shall have expertise in health care quality measurement and reporting.

Non-federal members of the Committee shall be Special Government Employees, unless classified as representatives.

Members shall serve three-year terms, except that the Comptroller General shall designate staggered terms for the members first appointed. Any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of such term. A member may serve after the expiration of the member's term until a successor has been appointed. A vacancy on the Committee shall be filled in the manner in which the original appointment was made. Less than the full Committee may convene to hold hearings to gather information, conduct research, analyze relevant issues and facts in preparation for a meeting, or draft position papers for deliberation by the Committee.

Subcommittees

Subcommittees may be formed, comprised of members of the parent Committee and other experts as appropriate, with the approval of the National Coordinator or his/her designee. The subcommittees must report back to the parent Committee on issues relevant to their work or other priority areas. The subcommittees shall not provide advice directly to the Department, including the National Coordinator. The Department's Committee Management Officer (CMO) will be notified upon establishment of each standing subcommittee and will be provided information on its name, membership, function, and estimated number of meetings.

Recordkeeping

The records of the Committee, established subcommittees, or other subgroups of the Committee, shall be managed in accordance with General Records Schedule 26, Item 2 or other approved agency records disposition schedule. These records shall be available for public inspection and copying, subject to the Freedom of Information Act, 5 U.S.C. 552.

Filing Date

Date

Charles E. Johnson
Acting Secretary