

# **Amended Charter American Health Information Community**

## **1. Purpose**

On April 27, 2004, the President signed Executive Order 13335 (EO) announcing his commitment to the promotion of health information technology (health IT) to lower costs, reduce medical errors, improve quality of care, and provide better information for patients and physicians. In particular, the President called for widespread adoption of electronic health records (EHRs) and for health information to follow patients throughout their care in a seamless and secure manner.

In the EO, the President enunciated a vision to provide leadership for the development and national implementation of an interoperable health IT infrastructure that: (a) ensures appropriate information to guide medical decisions is available at the time and place of care; (b) improves health care quality, reduces medical errors, and advances the delivery of appropriate, evidence-based medical care; (c) reduces health care costs resulting from inefficiency, medical errors, inappropriate care, and incomplete information; (d) promotes a more effective marketplace, greater competition, and increased choice through the wider availability of accurate information on health care costs, quality, and outcomes; (e) improves the coordination of care and information among hospitals, laboratories, physician offices, and other ambulatory care providers through an effective infrastructure for the secure and authorized exchange of health care information; and (f) ensures patients' individually identifiable health information is secure and protected.

The EO directed the Secretary of the Department Health and Human Services (HHS) to establish within the Office of the Secretary the position of National Health Information Technology Coordinator (National Coordinator).

Recognizing the need for public and private sector collaboration to achieve these goals, the EO charged the National Coordinator, to the extent permitted by law, to coordinate outreach and consultation by the relevant branch agencies (including Federal commissions) with public and private parties of interest, including consumers, providers, payers, and administrators.

As a part of this collaboration, the Secretary of HHS (Secretary) hereby creates the American Health Information Community (AHIC) to: 1) advise the Secretary and recommend specific actions to achieve a common interoperability framework for health IT; and 2) serve as a forum for participation from a broad range of stakeholders to provide input on achieving widespread adoption of interoperable health IT.

## **2. Authority**

42 U.S.C. Sec. 217a, Sec. 222 of the Public Health Service Act, as amended. The AHIC is governed by the provisions of Public Law 92-463, as amended, (5 U.S.C. Appendix 2), which sets forth standards for the formation and use of federal advisory committees.

## **3. Function**

The AHIC shall advise the Secretary concerning efforts to develop information technology standards and achieve interoperability of health IT so the President's health IT goals can be achieved. At the Secretary's request, the AHIC may provide advice on related matters pertaining to health IT.

The AHIC shall operate in a manner that is consistent with the EO, including not assuming or relying upon additional federal resources or spending to accomplish adoption of interoperable health information technology.

The AHIC shall, among other things, advance and develop recommendations for the following issues:

- Protection of health information through appropriate privacy and security practices.
- Ongoing harmonization of industry-wide health IT standards.
- Achievement of an Internet-based nationwide health information network that includes information tools, specialized network functions, and security protections for interoperable health information exchange.
- Acceleration of interoperable EHR and personal health record (PHR) adoption across the broad spectrum of health care providers.
- Compliance certification and inspection processes for EHRs, including infrastructure components through which EHRs interoperate.
- Identification of health IT standards for use by the National Institute for Standards and Technology (NIST) in a Federal Information Processing Standards (FIPS) process relevant to Federal agencies.
- Identification and prioritization of specific breakthrough initiatives for which health IT is valuable, beneficial and feasible, such as adverse drug event reporting, electronic prescribing, lab and claims information sharing, chronic care management, public health, bioterrorism surveillance, and advanced research.
- Policy and technical barriers to breakthrough initiatives.
- Succession of AHIC by a private-sector health information community initiative.

#### **4. Structure**

The AHIC shall not exceed 18 voting members, including the Chair and Vice Chair, and members shall be appointed by the Secretary. Membership shall include officials from HHS and its component agencies, and other appropriate federal agencies, including, but not limited to, the Department of Veterans Affairs, Office of Personnel Management, Department of Commerce, and the Department of Defense. The federal members may be represented by alternates. At least one member shall be an expert on matters pertaining to privacy and security protections of individually identifiable health information. One member shall be designated at-large to represent the general health information technology community. The Secretary shall select other members from persons knowledgeable in the field of health IT, or in fields applicable or related thereto, including physicians, health care providers, patients, payers, purchasers, public health experts, research scientists, and a State official. Non-federal members of the AHIC will be Special Government Employees, unless classified as representatives. The Secretary shall be the Chair and may designate an Acting Chair for any meeting or portion of a meeting, as the Secretary deems appropriate.

Members shall serve two-year terms, except that any member appointed to fill a vacancy for an unexpired term shall be appointed for the remainder of such term. A member may serve for up to 180 days after the expiration of the member's term or until a successor has taken office.

The National Coordinator shall provide management and support services for the AHIC.

Less than the full AHIC may convene to gather information; conduct research; analyze relevant issues and facts in preparation for a meeting; or draft position papers for deliberation by the AHIC. Work groups may be formed to make recommendations to the full AHIC on breakthrough initiatives or other priority areas.

Less than the full AHIC may convene to discuss administrative matters of the AHIC or to receive administrative information from a Federal official or agency.

#### **5. Meetings**

AHIC meetings may be held up to 12 times per year, at the call of the Designated Federal Official (DFO), who shall also be present at all the meetings and approve the agenda. A quorum shall be required for any meeting; the majority of those members appointed to the AHIC as of the date of the meeting shall constitute a quorum. Meetings shall be 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 Federal Advisory Committee Act. Meetings may be closed to the public only after all statutory and regulatory requirements for doing so have been met. The Secretary, or other official to whom the authority has been delegated, shall make such determinations. Notice of all meetings shall be given to the public in accordance

with applicable laws. Meetings will be conducted, and records of the proceedings kept, as required by applicable laws and Departmental policies.

**6. Compensation**

Members who are not full-time Federal employees and serve as representatives shall serve without compensation, but will receive per diem and travel expenses in accordance with Standard Government Travel Regulations. Members who are not full-time Federal employees and serve as Special Government Employees shall be paid at the rate of \$200 per day, plus per diem and travel expenses in accordance with Standard Government Travel Regulations.

**7. Annual Cost Estimate**

Estimated annual cost for operating the AHIC, including compensation and travel expenses for members but excluding staff support, is \$3 million. Estimated annual person-years of staff support required are four, at an estimated annual cost of \$700,000.

**8. Reports**

In the event a portion of a meeting is closed to the public as determined otherwise by the Secretary of HHS, in accordance with the Government in the Sunshine Act (5 U.S.C. 552b(c)) and the Federal Advisory Committee Act, a report shall be prepared which shall contain, at a minimum, a list of members and their business addresses, the committee activities, and recommendations made during the fiscal year. A copy of the report shall be provided to the Department Committee Management Office.

**9. Termination Date**

Unless renewed by appropriate action prior to its expiration, the AHIC shall terminate on July 28, 2009. However, the maximum term of operation for the AHIC shall be five years.

Approved:

\_\_\_\_\_[Feb 2008]\_\_\_\_\_  
Date

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Secretary