

notice is hereby given that the Federal Accounting Standards Advisory Board (FASAB) has issued an exposure draft, *Interpretation: Items Held for Remanufacture*.

The proposed Interpretation would clarify the principles governing the classification, valuation and reporting of items that are in the process of major overhaul or remanufacture for sale or for internal use. The Exposure Draft is available on the FASAB home page <http://www.fasab.gov/exposure.html>. Copies can be obtained by contacting FASAB at (202) 512-7350. Respondents are encouraged to comment on any party of the exposure draft.

Written comments are requested by October 16, 2006, and should be sent to: Wendy M. Comes, Executive Director, Federal Accounting Standards Advisory Board, 441 G Street, NW., Suite 6814, Mail Stop 6K17V, Washington, DC 20548.

**FOR FURTHER INFORMATION CONTACT:**

Wendy Comes, Executive Director, 441 G Street, NW., Washington, DC 20548, or call (202) 512-7350.

**Authority:** Federal Advisory Committee Act, Pub. L. 92-463.

Dated: August 1, 2006.

**Charles Jackson,**

*Federal Register Liaison Officer.*

[FR Doc. 06-6677 Filed 8-3-06; 8:45 am]

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## FEDERAL RESERVE SYSTEM

### Formations of, Acquisitions by, and Mergers of Bank Holding Companies

The companies listed in this notice have applied to the Board for approval, pursuant to the Bank Holding Company Act of 1956 (12 U.S.C. 1841 *et seq.*) (BHC Act), Regulation Y (12 CFR Part 225), and all other applicable statutes and regulations to become a bank holding company and/or to acquire the assets or the ownership of, control of, or the power to vote shares of a bank or bank holding company and all of the banks and nonbanking companies owned by the bank holding company, including the companies listed below.

The applications listed below, as well as other related filings required by the Board, are available for immediate inspection at the Federal Reserve Bank indicated. The application also will be available for inspection at the offices of the Board of Governors. Interested persons may express their views in writing on the standards enumerated in the BHC Act (12 U.S.C. 1842(c)). If the proposal also involves the acquisition of a nonbanking company, the review also

includes whether the acquisition of the nonbanking company complies with the standards in section 4 of the BHC Act (12 U.S.C. 1843). Unless otherwise noted, nonbanking activities will be conducted throughout the United States. Additional information on all bank holding companies may be obtained from the National Information Center website at [www.ffiec.gov/nic/](http://www.ffiec.gov/nic/).

Unless otherwise noted, comments regarding each of these applications must be received at the Reserve Bank indicated or the offices of the Board of Governors not later than August 31, 2006.

**A. Federal Reserve Bank of Atlanta** (Andre Anderson, Vice President) 1000 Peachtree Street, N.E., Atlanta, Georgia 30309:

1. *Piedmont Community Bank Group, Inc.*, Gray, Georgia; to become a bank holding company by acquiring 100 percent of the voting shares of Piedmont Community Bank, Gray, Georgia.

Board of Governors of the Federal Reserve System, August 1, 2006.

**Robert deV. Frierson,**

*Deputy Secretary of the Board.*

[FR Doc. E6-12608 Filed 8-3-06; 8:45 am]

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## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Notice of Availability: Secretarial Recognition of Certain Certification Commission for Healthcare Information Technology (CCHIT) Functionality, Interoperability, Security and Reliability Criteria for Ambulatory Electronic Health Records

**AGENCY:** Office of the Secretary, HHS.

**Authority:** EO 13335 ("Incentives for the Use of Health Information Technology and Establishing the Position of the National Health Information Technology Coordinator") and Pub. L. 109-149 ("Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2006").

**SUMMARY:** By this document we are informing the public of the Secretary's recognition of certain Certification Commission for Healthcare Information Technology (CCHIT) criteria for ambulatory EHR functionality, interoperability, security and reliability standards. This list of recognized criteria is available by clicking the applicable link at <http://www.hhs.gov/healthit>.

The CCHIT was created in 2004 by an industry coalition of the American Health Information Management Association (AHIMA), the Health

Information and Management Systems Society (HIMSS) and the National Alliance for Health Information Technology. CCHIT's mission is to accelerate the adoption of HIT by creating an efficient, credible and sustainable product certification program.

During the three comment cycles that generated the ambulatory EHR criteria that the Secretary has recognized, CCHIT received over 1500 comments from a wide range of stakeholders. Further outreach was achieved through the establishment of several large Town Hall presentations with attendances in the range of 500-1000 at Healthcare Information Management Systems Society (HIMSS) conferences as well as at more than thirty smaller presentations to a variety of associations, organizations and the press gatherings.

CCHIT grouped its ambulatory EHR certification criteria recommendations into three groups, "functionality," "interoperability" and "security/reliability." For ease of understanding, the Secretary broke the security and reliability recommendations into separate categories. Definitions of these categories, and an example that illuminates the various functions of each category are as follows:

1. Functionality criteria identify minimum required and provisional product features for documenting and managing a typical patient encounter. For example, a physician needs to be able to access his/her patient's laboratory test results, so an example of a functional requirement is that an EHR would need to provide the capability of displaying laboratory test results.

2. Interoperability criteria establish standards for how products interact with other products within and across care settings. For example, to ensure interoperability, the physician EHR noted above would need to be able to receive laboratory test results from another physician's (within care settings) as well as from laboratory systems (across care settings).

3. Security and reliability criteria are designed to help the security inspector assess a product's ability to protect, manage and audit access to sensitive patient data. For clarity, we have broken these criteria into the two separate categories, security and reliability.

a. Security<sup>1</sup> addresses the appropriate access to data by appropriate parties and the protection of data from improper manipulation. For example, laboratory test results should be accessible to a

<sup>1</sup> HHS notes that the requirements of the HIPAA Security Rule continue to be applicable.

treating physician, but inaccessible to a clerical employee who does not need such access to accomplish their job. Security also involves ensuring that data have not been altered or tampered with.

b. Reliability goes to the accessibility and consistency with which data is retrieved and displayed. For example, the physician should be able to easily and consistently access laboratory test results through some consistent display mechanism that can be counted on to be available whenever it is needed.

At HHS' request, the CCHIT-recommended ambulatory EHR certification criteria were presented to the American Health Information Community (AHIC) on May 16, 2006. After consideration, the AHIC recommended that the Secretary recognize CCHIT identified ambulatory EHR certification criteria that CCHIT recommended for use in 2006. This recommendation informed the Secretary's decision to recognize these criteria.

The Secretary also based his decision to recognize these criteria on the need for such criteria in the Departments recently published final rules for exceptions to the physician self-referral law and safe harbors to the Anti-kickback statute for electronic prescribing and EHR arrangements (RIN #0938-AN69 and 0991-AB36 respectively). These rules are premised on:

1. HHS having recognized one or more EHR certifying bodies, and
2. HHS having recognized criteria for the certification of EHRs.

A separate notice of availability has been published in the **Federal Register** to notify the public about the availability of a certification Guidance Document that provides interim guidance on the recognition of certification bodies. This document is also available at <http://www.hhs.gov/healthit>. The CCHIT criteria that the Secretary has recognized serve to establish the initial EHR certification criteria that are referenced in the final physician self-referral law and Anti-kickback statute rules.

The Secretary also based his decision to recognize the CCHIT criteria on a belief that providers will be more willing to invest in health IT if there is a way of ensuring that the products would perform as advertised. Stories abound about providers making large investments in EHRs only to discover that they do not meet their functionality, interoperability security and/or reliability needs. Certification could respond to investment fears generated by stories about failed investments. A reduction of such fears

could further the Department's goal of higher rates of sustained health IT adoption and interoperability.

Finally, the Secretary's decision to recognize these criteria was informed by the fact that the criteria have been validated through prototype testing. Any criteria not fully validated by the Pilot Test (fewer than 10% fell in this category) were not considered for recognition.

In light of the consensus basis, HHS reliance, industry impact and demonstrated utility of the CCHIT criteria for functionality, interoperability, security and reliability, the Secretary has recognized these criteria. He has delegated authority to ONC to coordinate and oversee the incorporation of these criteria in relevant activities among Federal agencies and other partner organizations, as appropriate.

**FOR FURTHER INFORMATION CONTACT:** John W. Loonsk, M.D. at (202) 205-0242.

Dated: August 1, 2006.

**Karen Bell,**

*Acting Deputy National Coordinator for Health IT.*

[FR Doc. 06-6690 Filed 8-1-06; 1:25 p.m.]

**BILLING CODE 4150-24-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Notice of Availability: Office of the National Coordinator for Health Information Technology (ONC) Interim Guidance Regarding the Recognition of Certification Bodies

**AGENCY:** Office of the Secretary, HHS.

**Authority:** EO 13335 ("Incentives for the Use of Health Information Technology and Establishing the Position of the National Health Information Technology Coordinator") and Pub. L. 109-149 ("Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2006).

**SUMMARY:** This notice provides the public with information about the availability of a Certification Guidance Document (CGD) at <http://www.hhs.gov/healthit>. The CGD explains the factors that ONC will use to determine whether or not to recommend to the Secretary of the Department of Health and Human Services (the Secretary) that he recognize a body for certification. Once recognized, that body will have Recognized Certification Body (RCB) status. The CGD will serve as guide for ONC as it evaluates applications for RCB status and seeks to provide all of the information a body would need to apply for and obtain such status. By publishing the CGD, HHS will ensure a

transparent and open process as a basis for these recommendations.

To encourage a more widespread adoption of interoperable health information technology, the Department of Health and Human Services (HHS) published two final rules in August 2006 regarding certain arrangements involving the donation of interoperable electronic health records (EHR) technology to physicians and other health care practitioners or entities. The first, published by the Centers for Medicare & Medicaid Services (CMS), promulgated an exception to the physician self-referral prohibition. The second, published by the Office of Inspector General (OIG), established a safe harbor under the anti-kickback statute. In order for the donation of EHR technology to be protected under the exception and safe harbor provisions of these rules, the technology must be interoperable. The exception and safe harbor provide that EHR software will be "deemed to be interoperable if a certifying body recognized by the Secretary has certified the software no more than 12 months prior to the date it is provided to the [physician/recipient]." Both rules become effective 60 days after publication.

The Department will utilize notice and comment rulemaking to formalize and finalize the policies and procedures that will govern whether ONC will recommend to the Secretary a body for RCB status. In the meantime, this guidance document identifies the factors to be considered by the Secretary in granting such recognition. In addition, the guidance sets forth an interim procedure that certifying bodies should follow in obtaining recognition by the Secretary. Until such time as the Department formalizes the procedure, a certifying body will be considered "recognized by the Secretary" if it has become an RCB in accordance with the interim guidance. The guidance document seeks to reduce uncertainty about key aspects of the certification body recognition process.

**DATES:** Public comment may be submitted on or before October 3, 2006. Comments may be submitted via e-mail to [RCB-comments@hhs.gov](mailto:RCB-comments@hhs.gov) or in written form to the address below.

**ADDRESSES:** Steven Posnack, Program Analyst, Department of Health and Human Services, Office of the National Coordinator for Health Information Technology, 330 C Street, SW., Switzer Building, Room 4090, Washington, DC 20201.

Please refer to this guidance document when submitting comments.