

**THE SECRETARY OF HEALTH AND HUMAN SERVICES  
WASHINGTON, D.C. 20201**

**CHARTER**

**NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS**

**PURPOSE**

Collection, analysis and dissemination of health and health-related information is a crucial aspect of the responsibilities of the Department of Health and Human Services. The Department also plays a national leadership role in health data standards and health information privacy policy, and is charged with the responsibility for implementation of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act of 1996. In addition, the Department engages in cooperative efforts with other countries and the international community to foster health data standards, comparability and cross-national research.

The National Committee on Vital and Health Statistics is the Department's statutory public advisory body on health data, statistics and national health information policy. This Committee shall serve as a national forum on health data and information systems. It is intended to serve as a forum for the collaboration of interested parties to accelerate the evolution of public and private health information systems toward more uniform, shared data standards, operating within a framework protecting privacy and security. The Committee shall encourage the evolution of a shared, public/private national health information infrastructure that will promote the availability of valid, credible, timely and comparable health data. With sensitivity to policy considerations and priorities, the Committee will provide scientific-technical advice and guidance regarding the design and operation of health statistics and information systems and services and on coordination of health data requirements. The Committee also shall assist and advise the Department in the implementation of the Administrative Simplification provisions of the Health Insurance Portability and Accountability Act, and shall inform decision making about data policy by HHS, states, local governments and the private sector.

**AUTHORITY**

42 U.S.C. 242k(k), Section 306(k) of the Public Health Service Act, as amended; Public Law 108-173 Medicare Prescription Drug Improvement and Modernization Act of 2003, Subsection (e). The Committee is governed by provisions of Public Law 92-463, as amended, (5 U.S.C. App. 2), which sets forth standards for the formation and use of advisory committees.

**FUNCTION**

It shall be the function of the Committee to assist and advise the Secretary through the Department of Health and Human Services Data Council, on health data, statistics, privacy, national health information policy, and the Department's strategy to best address those issues.

Specifically, the Committee shall advise the Department in the following matters:

(A) Monitor the nation's health data needs and current approaches to meeting those needs; identify emerging health data issues, including methodologies and technologies of information systems, databases, and networking that could improve the ability to meet those needs.

(B) Identify strategies and opportunities to achieve long-term consensus on common health data standards that will promote (i) the availability of valid, credible, and timely health information, and (ii) multiple uses of data collected once; recommend actions the federal government can take to promote such a consensus.

(C) Make recommendations regarding health terminology, definitions, classifications, and guidelines.

(D) Study and identify privacy, security, and access measures to protect individually identifiable health information in an environment of electronic networking and multiple uses of data.

(E) Identify strategies and opportunities for evolution from single-purpose, narrowly focused, categorical health data collection strategies to more multi-purpose, integrated, shared data collection strategies.

(F) Identify statistical, information system and network design issues bearing on health and health services data which are of national or international interest; identify strategies and opportunities to facilitate interoperability and networking.

(G) Advise the Department on health data collection needs and strategies; review and monitor the Department's data and information systems to identify needs, opportunities, and problems; consider the likely effects of emerging health information technologies on the Department's data and systems, and impact of the Department's information policies and systems on the development of emerging technologies.

(H) Stimulate the study of health data and information systems issues by other organizations and agencies, whenever possible.

(I) Review and comment on findings and proposals developed by other organizations and agencies with respect to health data and information systems and make recommendations for their adoption or implementation.

(J) Assist and advise the Secretary in complying with the requirements imposed under Part C of Title XI of the Social Security Act;

(K) Study the issues related to the adoption of uniform data standards for patient medical record information and the electronic interchange of such information, and report to the Secretary not later than August 21 2000 recommendations and legislative proposals for

such standards and electronic exchange;

(L) Advise the Secretary and the Congress on the status of the implementation of Part C of Title XI of the Social Security Act;

(M) Submit to the Congress and make public, not later than one year after the enactment of the Health Insurance Portability and Accountability Act, and annually thereafter, a report regarding the implementation of Part C of Title XI of the Social Security Act. Such report shall address the following subjects, to the extent that the Committee determines appropriate:

- The extent to which persons required to comply with Part C of the Act are cooperating in implementing the standards adopted under such part;
- The extent to which such entities are meeting the security standards adopted under such part and the types of penalties assessed for noncompliance with such standards.
- Whether the federal and State Governments are receiving information of sufficient quality to meet their responsibilities under such part.
- Any problems that exist with respect to implementation of such part.
- The extent to which timetables under such part are being met.

(N) Assist and advise the Secretary in the development of such reports as the Secretary or Congress may require.

In these matters, the Committee shall consult with all components of the Department, other federal entities, and non-federal organizations, as appropriate. To avoid unnecessary duplication of efforts, the Committee shall coordinate from time to time with the American Health Information Community, a Federally chartered advisory committee that was formed to provide advice concerning efforts to develop information technology standards, achieve interoperability of electronic health records (EHRs) and assure that the privacy and security of those records are protected.

### STRUCTURE

The Committee shall consist of 18 members, including the Chair. The members of the Committee shall be appointed from among persons who have distinguished themselves in the fields of health statistics, electronic interchange of health care information, privacy and security of electronic information, population-based public health, purchasing or financing health care services, integrated computerized health information systems, health services research, consumer interests in health information, health data standards, epidemiology, and the provision of health

services. Members of the Committee shall be appointed for terms of up to four years. The Secretary shall appoint one of the members to serve a two year, renewable term as the Chair.

Of the members of the Committee, one shall be appointed by the Speaker of the House of Representatives after consultation with the minority leader of the House of Representatives; one shall be appointed by the President pro tempore of the Senate after consultation with the minority leader of the Senate, and 16 shall be appointed by the Secretary.

Membership terms of more than two years are contingent upon the renewal of the Committee by appropriate action prior to its termination. Any member appointed to fill a vacancy occurring prior to the expiration of the term for which his or her predecessor was appointed shall be appointed only for the remainder of such term. A member may serve 180 days after the expiration of that member's term if a successor has not taken office.

Standing and ad hoc subcommittees and working groups may be established to address specific issues and to provide the Committee with background study and proposals for consideration and action. The Chair shall appoint members to the subcommittees and designate a Chair for each subcommittee from the full Committee. The subcommittees shall make their recommendations to the parent Committee for deliberation. Timely notification of the subcommittees, including charges and membership, shall be made in writing to the Department Committee Management Officer by the Executive Secretary of the Committee. The HHS Data Council, through the Assistant Secretary for Planning and Evaluation, shall oversee and coordinate the overall management and staffing of the Committee. Professional, scientific, and technical staff support shall be provided by all components of the Department. The National Center for Health Statistics shall provide executive secretariat and logistical support services to the Committee.

#### MEETINGS

Meetings shall be held not less than annually at the call of the Chair, with the advance approval of a Government official, who shall also approve the agenda. A Government official shall be present at all meetings.

Meetings of the subcommittees shall be held at the call of the Chair, with the advance approval of a Government official, who shall also approve the agenda. A Government official shall be present at all subcommittee meetings. All subcommittees shall report their findings to the Committee. Meetings shall be open to the public except as determined otherwise by the Secretary; notice of all meetings shall be given to the public. Meetings shall be conducted, and records of the proceedings kept, as required by the applicable laws and departmental regulations.

#### COMPENSATION

Members who are not full-time Federal employees shall be paid at a rate not to exceed the daily equivalent of the rate in effect for an Executive Level IV of the Executive Schedule for each day they are engaged in the performance of their duties as members of the Committee. All members,

while so serving away from their homes or regular places of business, may be allowed travel expenses, including per diem in lieu of subsistence, in the same manner as such expenses are authorized by Section 5703, Title 5, U.S. Code, for employees serving intermittently.

ANNUAL COST ESTIMATE

Estimated annual cost for operating the Committee, including compensation and travel expenses for members but excluding staff support, is \$677,693. Estimated annual person-years of staff support required is 4.9 at an estimated annual cost of \$525,002.

REPORTS

In the event a portion of a meeting is closed to the public, a report shall be prepared which shall contain, as a minimum, a list of members and their business addresses, the Committee's functions, dates and places of meetings, and a summary of Committee activities and recommendations made during the fiscal year. A copy of the report shall be provided to the Department Committee Management Officer.

TERMINATION DATE

Unless renewed by appropriate action prior to its expiration, the charter for the National Committee on Vital and Health Statistics will expire on January 16, 2008.

APPROVED:

Jan 11 2006  
Date:

/s/  
Secretary of Health and Human Services