

## **Health Care PKI Working Group**

**May 22, 2001**

The meeting opened with review and approval of the minutes of the April 24 meeting. These minutes are posted on the Federal PKI Steering Committee web site (<http://www.cio.gov/fpkisc>) under the Working Group: Health Care.

Concerning the funds available for pilot projects, there are two “pools” of funds. First, \$1.5 million is available for pilots, which demonstrate cross-certification through the Federal PKI Bridge (these may or may not be Health Care pilot projects). The due date for these proposals is May 31. The criteria for applications are posted on the Federal PKI Steering Committee web site. Second, \$800,000 is available for Health Care pilot projects. The due date for these proposals is June 15. The criteria for these applications are essentially the same as for the Federal PKI Bridge. These criteria will be posted separately in a few days, but those preparing applications can work from the existing criteria. Projects may apply for funding from both “pools” by including it in their request. Depending on what is received, projects receiving funds from one “pool” will not necessarily receive funds from the other.

Thus far, Rebecca Kahn has received 6 proposals from different federal agencies for FPKISC funding. Additional requests are expected from HHS/HRSA, VA and SSA, HHS/IHS and HHS/NIH.

David Temoshok has recommended that the Western Governors Association (WGA) Health Passport project also be considered for FPKISC funding.

David Temoshok will coordinate a meeting between the WGA and the Government Computer-based Patient Record (GCPR) agencies (DOD, IHS and VA) with the goal of sharing information about the secure exchange of medical records, which both projects are planning.

The Department of Justice, Drug Enforcement Administration (DEA) and PEC Solutions presented a briefing on the Electronic Prescriptions for Controlled Substances (EPCS) project. The Controlled Substance Act gives the DEA the authority to regulate controlled substances. All practitioners including doctors that prescribe controlled substances must be registered with DEA. DEA regulates registrants (pharmacies, practitioners and researchers), but can't regulate the Registration Authorities because they do not handle controlled substances. Currently, there are one million physicians issuing 3 billion prescriptions, 15% of these prescriptions are controlled substances. DEA expects that this system will be exempt from the E-Sign Act.

In addition, DEA is also developing the Controlled Substances Ordering System (CSOS), which will use the same PKI structure. This system involves entities that deal with controlled substances in wholesale quantities.

DEA will establish two root CAs: one will support EPCS, the other will support CSOS.

For the EPCS, subordinate CAs will issue certificates to practitioners. For registration, the applicant must submit 2 IDs (one of which must be a government-issued photo ID (such as a driver's license) and signs the paper registration application in the presence of a notary public that certified the application. The application is sent to a DEA-approved subordinate CA who then validates it against the DEA registrant data base. Once the application is approved, activation data is sent via dual channels (both US Mail and e-mail) to the applicant.

The DEA's Certificate Policies (CP) is at a "mature draft" status. EPCS subordinate CA's will be required to submit their own Certificate Practice Statement (CPS) and demonstrate compliance with the DEA's CP. DEA will accept a 3rd party audit of the Subordinate CA.

The question was raised that it seems as though a physician with a DEA controlled substance certificate will also need certificates from other agencies. One of the goals of the FPKISC is that through the Federal PKI Bridge, cross certification will minimize the number of certificates an individual must possess. DEA replied that they have no objection to other applications using their certificates and are not opposed in theory to eventual cross certification with the Federal PKI Bridge. However, DEA EPCS certificates will not be issued to individuals who are not registrants.

The DEA EPCS Certificate profile will use extensions to convey information regarding the state where the practitioner is registered to prescribe the substances for which he/she has privileges, and the practitioner's DEA number. The certificate will be X.509 v3 compliant. Users will be required to safeguard their private keys on a FIPS-approved hardware device (such as a smartcard). A biometric form of authentication will be required to activate the private key. CRL's will have a 4-hour lifetime. The DEA has selected Baltimore Technologies Unicert for their EPCS root CA. The trust framework is planned to be fully operational by October 2002.

Judith Spencer requested DEA participation in the Federal PKI Steering Committee meetings as well as the Federal PKI Health Care Working Group meetings. DEA replied that there is a Department of Justice (DOJ) representative. Judith Spencer will talk to the DOJ representative about DEA participation at FPKISC meetings. DEA agreed to participate in Health Care PKI Working Group meetings.

For the next Health Care PKI Working Group, the scope and format will change to a full day meeting and conference inviting various medical and state organizations who are involved in the subject. The goal is to make the various organizations aware of each other's existence and efforts and the Federal Government efforts in progress. The meeting will occur one day between June 25 through 30, if a suitable room or auditorium can be located and the proposed participants are available and the details coordinated. Members of the working group will check for the availability of suitable space and contact George Fortwengler with what is available. Also, they will provide feedback to a draft agenda. *[Subsequent to the meeting, a large number of conflicts prevented a conference from being held in mid-Summer. The conference is now scheduled for Wednesday September 12. Also, due to conflicts, the June meeting was cancelled.]*

**Attendees:**

Dan Aiken	HHS/IHS	<a href="mailto:daiken@hqe.hhs.gov">daiken@hqe.hhs.gov</a>
Bernie Brauner	VA	<a href="mailto:bernard.brauner@med.va.gov">bernard.brauner@med.va.gov</a>
Steve Bruck	PEC	<a href="mailto:sbruck@pec.com">sbruck@pec.com</a>
Brian Burns	HHS	<a href="mailto:brian.burns@hhs.gov">brian.burns@hhs.gov</a>
Phil Camero	PEC	<a href="mailto:pcamero@pec.com">pcamero@pec.com</a>
Donna Dodson	SSA	<a href="mailto:donna.dodson@ssa.gov">donna.dodson@ssa.gov</a>
George Fortwengler	HHS	<a href="mailto:george.fortwengler@hhs.gov">george.fortwengler@hhs.gov</a>
Ashley Hou	SBA	<a href="mailto:ashley.hou@sba.gov">ashley.hou@sba.gov</a>
Rebecca Kahn	FPKISC	<a href="mailto:rebecca.kahn@gsa.gov">rebecca.kahn@gsa.gov</a>
Rich Kellett	GSA	<a href="mailto:rich.kellett@gsa.gov">rich.kellett@gsa.gov</a>
Dan Maloney	VA	<a href="mailto:daniel.maloney@med.va.gov">daniel.maloney@med.va.gov</a>
Joe Mueller	HHS/ACF	<a href="mailto:jmueller@acf.dhhs.gov">jmueller@acf.dhhs.gov</a>
Brant Petrick	FPKISC	<a href="mailto:brant.petrick@gsa.gov">brant.petrick@gsa.gov</a>
Nora Rice	GSA	<a href="mailto:nora.rice@gsa.gov">nora.rice@gsa.gov</a>
Vickie Seeger	Justice/DEA	<a href="mailto:vseeger@dialup.usdoj.gov">vseeger@dialup.usdoj.gov</a>
Judith Spencer	FPKISC	<a href="mailto:judith.spencer@gsa.gov">judith.spencer@gsa.gov</a>
David Temoshok	GSA	<a href="mailto:david.temoshok@gsa.gov">david.temoshok@gsa.gov</a>

**Remote Attendees:**

Don Bartley	HHS/HCFA
Bill Curtis	OMB