



Medical Cyber Protection Security Guide

Collaboration of HIT
Policy Committee and
HIT Standards Committee

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The Federal Advisory Committee Act (FACA) under the ARRA, provided for the creation of two committees to provide multi-stakeholder recommendations to the ONC regarding the development and adoption of nationwide health IT infrastructure. The two committees are Health IT Policy Committee (HITPC) which appointed members collaborate to make recommendations to ONC on a policy framework for health IT. The HITPC itself is composed of many workgroups, including meaningful use, information exchange, privacy & security, quality measures, and others; and Health IT Standards Committee (HITSC) which appointed members collaborate to make recommendations on standards, implementation specifications, and certification criteria for the electronic exchange of health information. HITSC is also composed of many workgroups, including Clinical Operations, Implementation, and Nationwide Health Information Network power team, and others.

PUBLISHED BY GRAEME MALEKONT

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CHAPTER 1: WHAT IS HIT POLICY COMMITTEE

The HIT Policy Committee (HITPC) will make recommendations to the National Coordinator for Health IT on a policy framework for the development and adoption of a nationwide health information infrastructure, including standards for the exchange of patient medical information.

The American Recovery and Reinvestment Act of 2009 (ARRA) provides that the Health IT Policy Committee shall at least make recommendations on the areas in which standards, implementation specifications, and certifications criteria are needed in eight specific areas.



The committee is made of twenty experts in both medical and technical professions, appointed by the Secretary of Health and Human Services, the acting comptroller general of the United State, the majority and minority leaders of the Senate, and the speaker and minority leader of the House of Representatives.

Several work groups have been formed as sub-committees to the main committee:

- Meaningful Use
- Certification/Adoption
- Information Exchange
- National Health Information Network (NHIN)
- Strategic Plan
- Enrollment
- Privacy & Security Tiger Team
- Governance
- Quality Measures
- President's Council of Advisors on Science and Technology (PCAST) Report





CHAPTER 2: DUTIES OF HIT POLICY COMMITTEE

1. The HIT Policy Committee shall recommend 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 strategic plan under section 3001(c)(3).

2. The HIT Policy Committee shall update such recommendations and make new recommendations as appropriate.

3. The HIT Policy Committee shall recommend the areas in which standards, implementation specifications, and certification criteria are needed for the electronic exchange and use of health information for purposes of adoption under section 3004.



4. The HIT Policy Committee shall recommend an order of priority for the development, harmonization, and recognition of such standards, specifications, and certification criteria among the areas so recommended.

5. The HIT Policy Committee shall make recommendations for at least the following areas:

- 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.

- A nationwide health information technology infrastructure that allows for the electronic use and accurate exchange of health information.
- The utilization of a certified electronic health record for each person in the United States by 2014.
- 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) for purposes of treatment, payment, and health care operations (as such terms are defined for purposes of such regulations).



- 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.
- 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.

- 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.
- Technologies that address the needs of children and other vulnerable populations.

6. The HIT Policy Committee may consider the following additional areas in making recommendations under subparagraph (A):

(i) The appropriate uses of a nationwide health information infrastructure, including for purposes of:

- the collection of quality data and public reporting;
- bio surveillance and public health;
- medical and clinical research; and
- drug safety



(ii) Self-service technologies that facilitate the use and exchange of patient information and reduce wait times.

(iii) Telemedicine technologies, in order to reduce travel requirements for patients in remote areas.

(iv) Technologies that facilitate home health care and the monitoring of patients recuperating at home.

(v) Technologies that help reduce medical errors.

(vi) Technologies that facilitate the continuity of care among health settings

(vii) Technologies that meet the needs of diverse populations.

(viii) Methods to facilitate secure access by an individual to such individual's protected health information.

(ix) Methods, guidelines, and safeguards to facilitate secure access to patient information by a family member, caregiver, or guardian acting on behalf of a patient due to age-related and other disability, cognitive impairment, or dementia.

(x) Any other technology that the HIT Policy Committee finds to be among the technologies with the greatest potential.

7. The HIT Policy Committee shall serve as a forum for broad stakeholder input with specific expertise in policies relating to the matters described in paragraphs (1) and (2).



8. The HIT Policy Committee shall ensure that recommendations made under paragraph (2)(B)(vi) are consistent with the evaluation conducted under section 1809(a) of the Social Security Act.



9. Nothing in subparagraph (A) shall be construed to limit the recommendations under paragraph (2)(B)(vi) to the elements described in section 1809(a)(3) of the Social Security Act.

10. The requirement under subparagraph (A) shall be applicable to the extent that evaluations have been conducted under section 1809(a) of the Social Security Act, regardless of whether the report described in subsection (b) of such section has been submitted.



CHAPTER 3: MEMBERSHIP AND OPERATIONS OF HIT POLICY COMMITTEE

1. The National Coordinator shall take a leading position in the establishment and operations of the HIT Policy Committee. The HIT Policy Committee shall be composed of members:



(A) 3 members shall be appointed by the Secretary, 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.

(B) 1 member shall be appointed by the majority leader of the Senate.

(C) 1 member shall be appointed by the minority leader of the Senate.

(D) 1 member shall be appointed by the Speaker of the House of Representatives.

(E) 1 member shall be appointed by the minority leader of the House of Representatives.

(F) Such other members as shall be appointed by the President as representatives of other relevant Federal agencies.

(G) 13 members shall be appointed by the Comptroller General of the United States of whom—

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



2. The members of the HIT Policy Committee appointed under paragraph (2) shall represent a balance among various sectors of the health care system so that no single sector unduly influences the recommendations of the Policy Committee.

3. The terms of the members of the HIT Policy Committee shall be for 3 years, except that the Comptroller General shall designate staggered terms for the members first appointed.

4. Any member appointed to fill a vacancy in the membership of the HIT Policy Committee that occurs prior to the expiration of the term for which the member's predecessor was appointed shall be appointed only for the remainder of that term



5. A member may serve after the expiration of that member's term until a successor has been appointed. A vacancy in the HIT Policy Committee shall be filled in the manner in which the original appointment was made.

6. The HIT Policy Committee shall ensure an opportunity for the participation in activities of the Committee of outside advisors, 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.

7. A majority of the member of the HIT Policy Committee shall constitute a quorum for purposes of voting, but a lesser number of members may meet and hold hearings.

8. If, on the date that is 45 days after the date of enactment of this title, an official authorized under paragraph (2) to appoint one or more members of the HIT Policy Committee has not appointed the full number of members that such paragraph authorizes such official to appoint, the Secretary is authorized to appoint such members.



9. The National Coordinator shall ensure that the relevant and available recommendations and comments from the National Committee on Vital and Health Statistics are considered in the development of policies.



CHAPTER 4: WHAT IS HIT STANDARDS COMMITTEE

There is established a committee to be known as the HIT Standards Committee to recommend to the National Coordinator standards, implementation specifications, and certification criteria for the electronic exchange and use of health information for purposes of adoption under section 3004, consistent with the implementation of the strategic plan described in section 3001(c)(3) and beginning with the areas listed in section 3002(b)(2)(B) in accordance with policies developed by the HIT Policy Committee.

The committee is made up of a variety of qualified health care players, including providers, health care workers, consumers, technology vendors, researchers and



other individuals with technical expertise. There are multiple subcommittees that each work on a specific issue within health care:

- Clinical Operations: advises HIT standards community regarding EHRs
- Clinical Quality: makes recommendations on specific quality measures in meaningful use.
- Privacy & Security: deals with privacy and security in meaningful use
- Implementation: focuses on "real world" implementation techniques
- Vocabulary Task Force: identifies and fills need for clinical and administrative vocabulary in health care bills.



CHAPTER 5:
DUTIES OF
HIT STANDARDS COMMITTEE

- The HIT Standards Committee shall recommend to the National Coordinator standards, implementation specifications, and certification criteria described in subsection (a) that have been developed, harmonized, or recognized by the HIT Standards Committee.
- The HIT Standards Committee shall update such recommendations and make new recommendations as appropriate, including in response to a notification sent under section 3004(a)(2)(B).
- The HIT Standards Committee recognize harmonized or updated standards from an entity or entities for the purpose of harmonizing or updating standards and implementation specifications in order to achieve uniform and consistent implementation of the standards and implementation specifications.



- The HIT Standards Committee shall, as appropriate, provide for the testing of such standards and specifications by the National Institute for Standards and Technology under section 13201(a) of the Health Information Technology for Economic and Clinical Health Act.
- The standards, implementation specifications, and certification criteria recommended under this subsection shall be consistent with the standards for information transactions and data elements adopted pursuant to section 1173 of the Social Security Act.

- The HIT Standards Committee shall serve as a forum for the participation of a broad range of stakeholders to provide input on the development, harmonization, and recognition of standards, implementation specifications, and certification criteria necessary for the development and adoption of a nationwide health information technology infrastructure that allows for the electronic use and exchange of health information.
- Not later than 90 days after the date of the enactment of this title, the HIT Standards Committee shall develop a schedule for the assessment of policy recommendations developed by the HIT Policy Committee under section 3002.



- The HIT Standards Committee shall update such schedule annually. The Secretary shall publish such schedule in the Federal Register.
- The HIT Standards Committee shall conduct open public meetings and develop a process to allow for public comment on the schedule described in paragraph (3) and recommendations described in this subsection. Under such process comments shall be submitted in a timely manner after the date of publication of a recommendation under this subsection.
- The National Coordinator shall ensure that the relevant and available recommendations and comments from the National Committee on Vital and Health Statistics are considered in the development of standards.



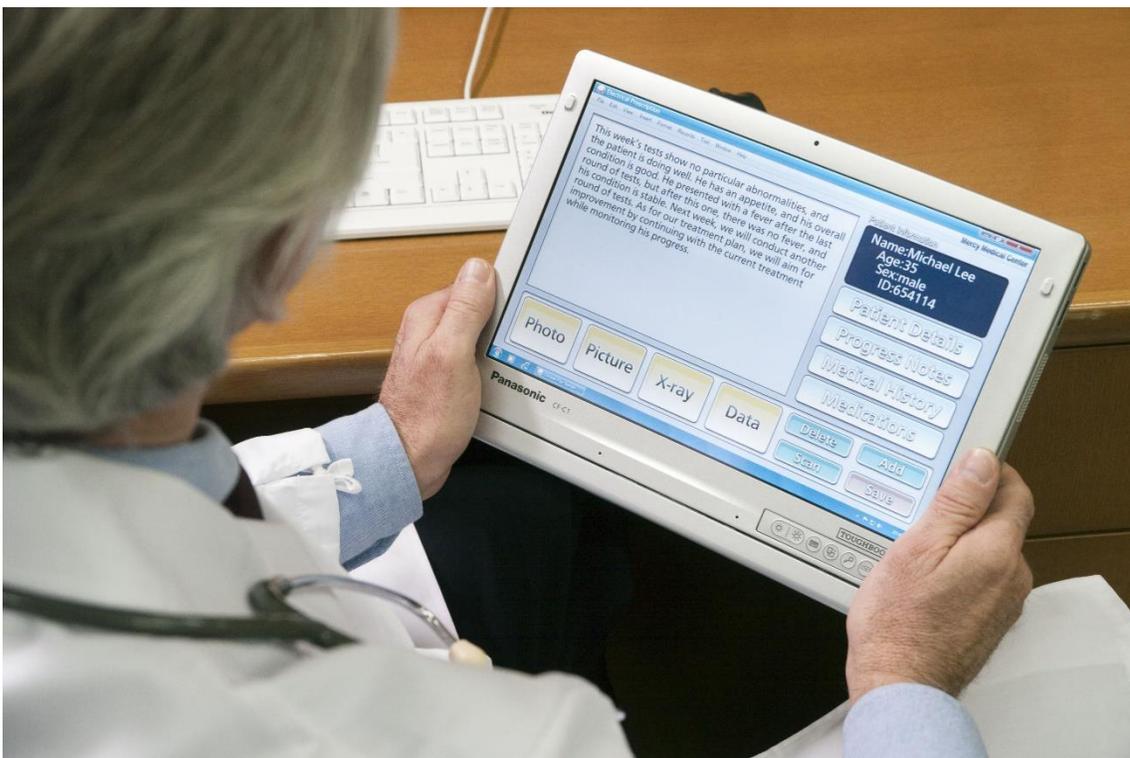
CHAPTER 6: MEMBERSHIP AND OPERATIONS OF HIT STANDARDS COMMITTEE

- The National Coordinator shall take a leading position in the establishment and operations of the HIT Standards Committee.
- The membership of the HIT Standards Committee shall at least reflect providers, ancillary healthcare workers, consumers, purchasers, health plans, technology vendors, researchers, relevant Federal agencies, and individuals with technical expertise on health care quality, privacy and security, and on the electronic exchange and use of health information
- The members of the HIT Standards Committee appointed under this subsection shall represent a balance among various sectors of the health care system so that no single sector unduly influences the recommendations of such Committee.



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

- The HIT Standards Committee shall act to ensure a balance among various sectors of the health care system so that no single sector unduly influences the actions of the HIT Standards
- For the purposes of carrying out this section, the Secretary may provide or ensure that financial assistance is provided by the HIT Standards Committee to defray in whole or in part any membership fees or dues charged by such Committee to those consumer advocacy groups and not for profit entities that work in the public interest as a part of their mission.



- The Federal Advisory Committee Act (5 U.S.C. App.), other than section 14, shall apply to the HIT Standards Committee
- The Secretary shall provide for publication in the Federal Register and the posting on the Internet website of the Office of the National Coordinator for Health Information Technology of all recommendations made by the HIT Standards Committee under this section.

