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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Office of the National Coordinator for Health Information Technology; American Health Information Community Meeting**

ACTION: Change in meeting location to California.

SUMMARY: This notice announces the 12th meeting of the American Health Information Community in accordance with the Federal Advisory Committee Act (Pub. L. No. 92-463, 5 U.S.C., App.). The American Health Information Community will advise the Secretary and recommend specific actions to achieve a common interoperability framework for health information technology (IT).

DATES: March 13, 2007, from 8 a.m. to 1:30 p.m. (Pacific time).

NEW ADDRESS: Computer History Museum, 1401 N. Shoreline Boulevard, Mountain View, California 94043.

FOR FURTHER INFORMATION: Visit <http://www.hhs.gov/healthit/ahic.html>.

SUPPLEMENTARY INFORMATION: The meeting will include presentations by the Quality Workgroup; Population Health/Clinical Care Connections Workgroup; Consumer Empowerment Workgroup; and Confidentiality, Privacy and Security Workgroup. It will also feature a panel presentation on Privacy and Security issues.

The general public is invited to participate in person at the Computer History Museum in Mountain View, CA. Alternatively, the public may participate remotely via the Web. The Community meeting will be available on the NIH Web site at: <http://www.videocast.nih.gov/>.

If you have special needs for the meeting, please contact (202) 690-7151.

Dated: February 21, 2007.

Judith Sparrow,

Director, American Health Information Community, Office of Programs and Coordination, Office of the National Coordinator for Health Information Technology.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES**Notice of Availability: Secretarial Acceptance and Planned Recognition of Certain Healthcare Information Technology Standards Panel (HITSP) Interoperability Specifications for Health Information Technology**

AGENCY: Office of the National Coordinator for Health Information Technology (ONC), DHHS.

Authority: Executive Order 13335 ("Incentives for the Use of Health Information Technology and Establishing the Position of the National Health Information Technology Coordinator"), Executive Order 13410 ("Promoting Quality and Efficient Health Care in Federal Government Administered or Sponsored Health Care Programs"), and Public Law 109-149 ("Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2006").

SUMMARY: By publication of this document, we are informing the public of the Secretary's acceptance and planned recognition of certain Healthcare Information Technology Standards Panel (HITSP) Interoperability Specifications for health information technology as interoperability standards. The Secretary accepted these standards, version 1.2, in December of 2006, and intends to recognize them in the version 2.0 form in December of 2007, presuming that changes from version 1.2 to version 2.0 are minor and of a technical nature. This list of accepted HITSP standards is available at <http://www.hitsp.org> and click on "HITSP Interoperability Specifications HERE" box.

SUPPLEMENTARY INFORMATION: The Healthcare Information Technology Standards Panel (HITSP) was created in 2005 to serve as a cooperative partnership between the public and private sectors for the purpose of achieving a widely accepted and useful set of standards specifically to enable and support widespread interoperability among healthcare software systems, as they will interact in a local, regional, and national health information network in the United States.

Under a contract with the Department of Health and Human Services, the American National Standards Institute (ANSI) established HITSP, following a neutral and inclusive governance model. HITSP is a multi-stakeholder organization involving more than 265 different healthcare industry organizations whose activities on these

Interoperability Specifications were supported by more than 12,000 volunteer hours of effort. On October 31, 2006, HITSP presented three sets of "Interoperability Specifications" to the American Health Information Community (AHIC). The Interoperability Specifications were developed to advance the national agenda for secure, interoperable health information systems.

The AHIC is a Federal Advisory Committee Act (FACA) advisory body, chartered in 2005 to make recommendations to the Secretary on methods for accelerating the development and adoption of health information technology. At the October 31, 2006, AHIC meeting, the members discussed the first three sets of health data and technical standards. Following that discussion, the AHIC reached consensus and recommended that the Interoperability Specifications be recognized by the Secretary.

We recognize that certain legal obligations may flow from the recognition of these Interoperability Specifications. First, pursuant to Executive Order 13410 (EO 13410) dated August 22, 2006, recognition of Interoperability Specifications would require each Federal health agency, as it implements, acquires, or upgrades health information technology systems used for the direct exchange of health information between agencies and with non-Federal entities, to "utilize, where available, health information technology systems and products that meet recognized interoperability standards." Therefore, Federal agencies would be required to properly consider health information technology systems and products that comply with these Interoperability Specifications when purchasing, implementing, or upgrading such items. Similarly, the EO 13410 directs Federal agencies to contractually require, to the extent permitted by law, certain entities with whom they do business, to use, where available, health information technology systems and products that meet recognized interoperability standards.

In addition, the regulations promulgated on August 8, 2006 (see 71 FR 45140 and 71 FR 45110) established exceptions and safe harbors to the physician self-referral law and the anti-kickback statute, respectively, for certain arrangements involving the donation of electronic prescribing and electronic health records (EHR) technology and services. The EHR exception and safe harbor require that the software be "interoperable" as defined in the regulations. The rules also provide that certain software will