

DEPARTMENT OF HEALTH AND HUMAN SERVICES (HHS)

Emergency Care Coordination Center (ECCC)

AGENCY: Department of Health and Human Services, Office of the Assistant Secretary for Preparedness and Response.

ACTION: Notice.

Executive Summary

The Emergency Care Coordination Center (ECCC) is a new strategic entity that is located within the Office of the Assistant Secretary for Preparedness and Response (ASPR) at the Department of Health and Human Services, in fulfillment of Homeland Security Presidential Directive #21 and in response to the following 2006 Institute of Medicine Reports: *Emergency Care for Children, Hospital-Based Emergency Care and Emergency Medical Services: At the Crossroads*. HHS recognizes that the successful delivery of daily emergency care is a necessary foundation for our nation's emergency preparedness efforts. Public health and medical disaster readiness continue to be priorities for the U.S. government (USG). Improving the resiliency, efficiency, effectiveness, and capacity of daily hospital emergency medical care delivery will strengthen the nation's state of readiness for public health emergencies and disasters.

The primary mission of the ECCC is to support the USG's coordination of in-hospital emergency medical care activities and to promote programs and resources that improve the delivery of our nation's daily emergency medical care and emergency behavioral health care. This will be accomplished through various mechanisms, including the promotion of both clinical and systems-based emergency medical care research, dissemination of lessons learned—including those from the care of our men and women wounded in combat—and, finally, the development of partnerships throughout the USG and the emergency care stakeholder community to promote the translation of validated, evidence-based research into daily clinical practice. The ECCC will actively reach out to private sector stakeholders and Federal collaborators across the USG in order to encourage the coordination of emergency medical care efforts throughout existing and future Federal initiatives.

The ECCC, through multi-level Federal collaboration, will create the Council on Emergency Medical Care (CEMC), a coalition comprised of subject-matter experts with

representation from organizations across the USG. The CEMC will serve as both a strategic and operational element of the ECCC, providing policy level guidance and facilitating agency involvement. This entity will contribute to the development and advancement of ECCC priorities and will inform the development of joint strategies and cohesive policies across the USG to collaborate and coordinate ongoing efforts to improve the nation's emergency medical care.

The ECCC will work in coordination with the Federal Interagency Committee for Emergency Medical Services (FICEMS). Whereas FICEMS was established to ensure coordination among the Federal agencies involved with state, local, tribal, or regional emergency medical services and 9–1–1 systems, and specifically focuses on issues relating to pre-hospital care, the ECCC is established to address issues relating to in-hospital emergency department care. Together, the ECCC and FICEMS will contribute to an Emergency Care Enterprise (ECE) that will coordinate efforts of the USG throughout the broad spectrum of emergency medical care.

For further information, contact the Emergency Care Coordination Center at ECCC@hhs.gov, or visit the Web site at: <http://www.hhs.gov/aspr/opeo/eccc/>

Dated: April 16, 2009.

W. Craig Vanderwagen,

Assistant Secretary for Preparedness and Response, U.S. Department of Health and Human Services.

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DEPARTMENT OF HEALTH AND HUMAN SERVICES

Office of the National Coordinator for Health Information Technology

ACTION: Notification of the Establishment of the HIT Policy Committee.

SUMMARY: This notice announces the establishment of the HIT Policy Committee. The American Recovery and Reinvestment Act of 2009 (Pub. L. 111–5), section 13101, directs the establishment of the HIT Policy Committee. The HIT Policy Committee (also referred to as the “Committee”) is charged with recommending to the National Coordinator 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 Federal Health IT Strategic Plan and that includes recommendations on the areas in which standards, implementation specifications, and certification criteria are needed. The HIT Policy Committee is also charged with recommending to the National Coordinator an order of priority for the development, harmonization, and recognition of such standards, specifications, and certification criteria.

FOR FURTHER INFORMATION CONTACT: Judith Sparrow, Office of the National Coordinator for Health Information Technology, e-mail judy.sparrow@hhs.gov or 202–205–4528.

SUPPLEMENTARY INFORMATION:

I. Background

The Committee and its staff are governed by the provisions of the Federal Advisory Committee Act (FACA) (Pub. L. 92–463), as amended (5 U.S.C. App.), which sets forth standards for the formation and use of federal advisory committees.

The Committee shall determine a schedule of meetings following an election of a Chairperson and a Vice Chairperson from among its members.

II. Criteria for Members

The Committee shall be comprised of the following, including a Chair and Vice Chair, and represent a balance among various sectors of the health care system so that no single sector unduly influences the recommendations of the Committee. Committee members shall be appointed in the following manner:

- 3 members shall be appointed by the Secretary of Health and Human Services, 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;
- 1 member shall be appointed by the majority leader of the Senate;
- 1 member shall be appointed by the minority leader of the Senate;
- 1 member shall be appointed by the Speaker of the House of Representatives;
- 1 member shall be appointed by the minority leader of the House of Representatives;
- Such other members as shall be appointed by the President as representatives of other relevant Federal agencies;
- 13 members shall be appointed by the Comptroller General of the United States of whom—
 - 3 members shall be advocates for patients or consumers;
 - 2 members shall represent health care providers, one of which shall be a physician;