

## 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](mailto: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.*

[FR Doc. E9-9719 Filed 4-28-09; 8:45 am]

**BILLING CODE 4150-37-P**

## 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](mailto: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;

- 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.

Non-federal members of the Committee shall be Special Government Employees, unless classified as representatives.

### III. Copies of the Charter

To obtain a copy of the Committee's charter, submit a written request to the above contact.

Dated: April 23, 2009.

**David Blumenthal,**

*National Coordinator for Health Information Technology, Office of the National Coordinator for Health Information Technology.*

[FR Doc. E9-9839 Filed 4-24-09; 4:15 pm]

**BILLING CODE 4150-45-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Office of the National Coordinator for Health Information Technology

**ACTION:** Notification of the Establishment of the HIT Standards Committee.

**SUMMARY:** This notice announces the establishment of the HIT Standards Committee. The American Recovery and Reinvestment Act of 2009 (ARRA) (Pub. L. 111-5), section 13101, directs the establishment of the HIT Standards Committee. The HIT Standards Committee (also referred to as the "Committee") is charged with making recommendations to the National Coordinator on standards, implementation specifications, and certification criteria for the electronic exchange and use of health information for purposes of adoption, consistent with the implementation of the Federal Health IT Strategic Plan, and in accordance with policies developed by the HIT Policy Committee.

**FOR FURTHER INFORMATION CONTACT:** Judith Sparrow, Office of the National

Coordinator for Health Information Technology, e-mail [judy.sparrow@hhs.gov](mailto: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. An initial meeting of the Committee shall take place not later than 90 days from passage of the ARRA.

#### II. Criteria for Members

The HIT Standards Committee shall not exceed thirty (30) voting members, including a Chair and Vice Chair, and members are appointed by the Secretary with input from the National Coordinator. Membership of the 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 and shall represent a balance among various sectors of the health care system so that no single sector unduly influences the recommendations of the Committee.

Non-Federal members of the Committee shall be Special Government Employees, unless classified as representatives.

#### III. Copies of the Charter

To obtain a copy of the Committee's charter, submit a written request to the above contact.

Dated: April 23, 2009.

**David Blumenthal,**

*National Coordinator for Health Information Technology, Office of the National Coordinator for Health Information Technology.*

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**BILLING CODE 4150-45-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### National Toxicology Program (NTP); Office of Liaison, Policy and Review; Meeting of the Scientific Advisory Committee on Alternative Toxicological Methods (SACATM)

**AGENCY:** National Institute of Environmental Health Sciences (NIEHS), National Institutes of Health (NIH).

**ACTION:** Meeting announcement and request for comments.

**SUMMARY:** Pursuant to section 10(a) of the Federal Advisory Committee Act, as amended (5 U.S.C. Appendix 2), notice is hereby given of a meeting of SACATM on June 25-26, 2009, at the Hilton Arlington Hotel, 950 North Stafford Street, Arlington, VA 22203. The meeting is open to the public with attendance limited only by the space available. SACATM advises the Interagency Coordinating Committee on the Validation of Alternative Methods (ICCVAM), the NTP Interagency Center for the Evaluation of Alternative Toxicological Methods (NICEATM), and the Director of the NIEHS and NTP regarding statutorily mandated duties of ICCVAM and activities of NICEATM.

**DATES:** The SACATM meeting will be held on June 25 and 26, 2009. The meeting is scheduled from 8:30 a.m. to 5 p.m. on June 25 and 8:30 a.m. until adjournment on June 26, 2009. All individuals who plan to attend are encouraged to register online at the NTP Web site (<http://ntp.niehs.nih.gov/go/7441>) by June 17, 2009. In order to facilitate planning, persons wishing to make an oral presentation are asked to notify Dr. Lori White, NTP Executive Secretary, via online registration, phone, or e-mail by June 17, 2009 (see **ADDRESSES** below). Written comments should also be received by June 17, 2009, to enable review by SACATM and NIEHS/NTP staff before the meeting.

**ADDRESSES:** The SACATM meeting will be held at the Hilton Arlington Hotel, 950 North Stafford Street, Arlington, VA 22203 [hotel: (703) 528-6000]. Public comments and other correspondence should be directed to Dr. Lori White (NTP Office of Liaison, Policy and Review, NIEHS, P.O. Box 12233, MD K2-03, Research Triangle Park, NC 27709; telephone: 919-541-9834 or e-mail: [whitel@niehs.nih.gov](mailto:whitel@niehs.nih.gov)). Courier address: NIEHS, 530 Davis Drive, Room 2136, Durham, NC 27713. Persons needing interpreting services in order to attend should contact 301-402-8180 (voice) or 301-435-1908 (TTY).