

## CHARTER

### NATIONAL COMMITTEE ON VITAL AND HEALTH STATISTICS

#### **Advisory Committee's Official Designation.**

National Committee on Vital and Health Statistics.

#### **Authority.**

The National Committee on Vital and Health Statistics (NCVHS or Committee) is authorized under Section 306(k) of the Public Health Service Act, [42 U.S.C. §242k(k)], as amended. NCVHS derived further authority in Sec. 263 of the Health Insurance Portability and Accountability Act of 1996 (HIPAA), Pub. L. 109-141, (Aug. 22, 1996); 42 U.S.C. 1320d-1(f). The Committee is governed by provisions of the Federal Advisory Committee Act (FACA), P.L. 92-463 (Oct. 6, 1972), [5 U.S.C. §§1001 et. seq.], as amended.

#### **Objective and Scope of Activities.**

The Committee shall assist and advise the Secretary on health data, statistics, privacy, national health information policy, and the Department's strategy to best address those issues. The Committee also shall assist and advise the Department in the implementation of the Administrative Simplification provisions of HIPAA and shall inform decision making about data policy by HHS, states, local governments and the private sector.

#### **Description of Duties.**

As the Department's statutory public advisory body on health data, statistics and national health information policy, the Committee shall assist and advise the Secretary on health data, statistics, privacy, national health information policy, and the Department's strategy to best address those issues.

The Committee—

- A. shall assist and advise the Secretary:
  - 1) To delineate statistical problems bearing on health and health services which are of national or international interest;
  - 2) To stimulate studies of such problems by other organizations and agencies whenever possible or to make investigations of such problems through subcommittees;
  - 3) To review and comment on findings and proposals developed by other organizations and agencies and to make recommendations for their adoption or implementation by local, State, national, or international agencies;
  - 4) To cooperate with national committees of other countries and with the World Health Organization and other national agencies in the studies of problems of mutual interest;
  - 5) In complying with the requirements imposed on the Secretary under part C of title XI of the Social Security Act,

- B. shall study the issues related to the adoption of uniform data standards for patient medical record information and the electronic exchange of such information;
- C. shall report to the Secretary recommendations and legislative proposals for such standards and electronic exchange;
- D. shall be responsible generally for advising the Secretary and the Congress on the status of the implementation of Part C of title XI of the Social Security Act.

The Committee shall also—

- E. Assist and advise the Secretary in the development of such reports as the Secretary or Congress may require.
- F. Monitor the nation's health data needs and current approaches to meeting those needs; identify emerging health data issues, including methodologies and technologies of information systems, databases, and networking that could improve the ability to meet those needs.
- G. Identify strategies and opportunities to achieve long-term consensus on common health data standards that will promote (i) the availability of valid, credible, and timely health information and (ii) multiple uses of data collected once; recommend actions the federal government can take to promote such a consensus.
- H. Study and identify privacy, security, and access measures to protect individually identifiable health information in an environment of electronic networking and multiple uses of data.
- I. Identify strategies and opportunities for evolution from single-purpose, narrowly focused, categorical health data collection strategies to more multi-purpose, integrated, shared data collection strategies.
- J. Identify statistical, information system and network design issues bearing on health and health services data which are of national or international interest; identify strategies and opportunities to facilitate interoperability and networking.
- K. Advise the Department on health data collection needs and strategies; review and monitor the Department's data and information systems to identify needs, opportunities, and problems; consider the likely effects of emerging health information technologies on the Department's data and systems, and impact of the Department's information policies and systems on the development of emerging technologies.
- L. Stimulate the study of health data and information systems issues by other organizations and agencies, whenever possible.
- M. Review and comment on findings and proposals developed by other organizations and agencies with respect to health data and information systems and make recommendations for their adoption or implementation.

The Committee shall submit to the Congress and make public not later than one year after the enactment of HIPAA, and annually thereafter, a report regarding the implementation of Part C of Title XI of the Social Security Act. Such report shall address the following subjects, to the extent that the Committee determines appropriate:

- 1) The extent to which persons required to comply with Part C of the Act are cooperating in implementing the standards adopted under such part;
- 2) The extent to which such entities are meeting the security standards adopted under such part and the types of penalties assessed for noncompliance with such standards;

- 3) Whether the federal and state governments are receiving information of sufficient quality to meet their responsibilities under such part;
- 4) Any problems that exist with respect to implementation of such part;
- 5) The extent to which timetables under such part are being met.

### **Agency or Federal Officer Receiving the Advisory Committee's Advice/Recommendations.**

The Committee shall provide advice and recommendations regarding health data and statistics, privacy, administrative simplification, data standards and health information policy to the Secretary of Health and Human Services.

### **Support.**

The Assistant Secretary for Planning and Evaluation (ASPE) shall serve as Executive Director and shall oversee and coordinate the overall management and staffing of the Committee. The National Center for Health Statistics (NCHS), Centers for Disease Control and Prevention (CDC) shall provide Executive Secretariat and Designated Federal Official (DFO) support. The Executive Secretariat will provide administrative, operational and logistical management. ASPE and other HHS agencies with relevance to the Committee's Charter will provide funding and staff support to the Committee.

### **Estimated Annual Operating Costs and Staff Years.**

Estimated annual cost for operating the Committee, including compensation and travel expenses for members but excluding staff support, is \$42,166. Estimated annual person-years of staff support required is .25, at an estimated annual cost of \$57,795.

### **Designated Federal Officer.**

ASPE and CDC/NCHS will select a full-time or permanent part-time Federal employee to serve as the Designated Federal Officer (DFO) for the NCVHS and its subcommittees, and the DFO must:

- A. Ensure NCVHS committee activities comply with the FACA, the FACA Final Rule, their agency administrative procedures, and any other applicable laws and regulations;
- B. Approve or call all meetings of the NCVHS or its subcommittee;
- C. Approve the agenda;
- D. Attend all NCVHS committee and subcommittee meetings for their duration;
- E. Fulfill the requirements under §10(b) of the Act [5 U.S.C. 1009(b)], as amended;
- F. Adjourn any meeting when the DFO determines it to be in the public interest;
- G. Chair any meeting when so directed by the agency head;
- H. Maintain information on NCVHS activities and provide such information to the public, as applicable; and
- I. Ensure NCVHS committee members and subcommittee members, as applicable, receive the appropriate training (*e.g.*, FACA overview, ethics training) for efficient operation and compliance with the FACA and FACA Final Rule.
- J. Also, the DFO should ensure a public facing website is created and maintained for the NCHVS to which they are assigned pursuant to 41 CFR § 102-3.120(b).

In the event that the DFO cannot fulfill the assigned duties of the Committee, one or more full-time or permanent part-time employee(s) will be assigned as DFO and carry out these duties on a temporary basis.

**Estimated Number and Frequency of Meetings.**

Meetings shall be held not less than annually at the call of the Designated Federal Officer. The Designated Federal Officer shall be present at all meetings and shall also approve the agenda. Meetings shall be open to the public except as determined otherwise by the Secretary, HHS, or designee in accordance with the Government in the Sunshine Act (5 U.S.C. §552b(c)) and Section 1009 of Title 5 of the U.S. Code, as amended. Notice of all meetings shall be given to the public. Meetings shall be conducted, and records of the proceedings kept, as required by the applicable laws and departmental regulations. In the event a portion of a meeting is closed to the public as determined by the Secretary, HHS, in accordance with the Government in the Sunshine Act (5 U.S.C. 552b(c)) and Section 1009(d) of Title 5 of the U.S. Code, as amended, a report shall be prepared which shall contain, at a minimum, a list of members and their business addresses, a summary of the meeting agenda, the Committee's functions, dates and places of meetings, and a summary of Committee activities and recommendations made during the fiscal year. A copy of the report shall be provided to the Department Committee Management Officer.

**Duration.**

Continuing

**Termination Date.**

Unless renewed by appropriate action prior to its expiration, the charter for the National Committee on Vital and Health Statistics will expire two years from the date this charter is filed

**Membership and Designation.**

The Committee shall consist of 18 members, including the Chair. The members of the Committee shall be appointed from among persons who have distinguished themselves in the fields of health statistics, electronic interchange of health care information, privacy and security of electronic information, population-based public health, purchasing or financing health care services, integrated computerized health information systems, health services research, consumer interests in health information, health data standards, epidemiology, and the provision of health services. Members of the Committee shall be appointed for terms of four years.

Of the members of the Committee, 16 shall be appointed by the HHS Secretary; one shall be appointed by the Speaker of the House of Representatives after consultation with the minority leader of the House of Representatives; and one shall be appointed by the President pro tempore of the Senate after consultation with the minority leader of the Senate. The Secretary shall appoint one of the members to serve a two-year, renewable term as the Chair. Members shall be deemed Special Government Employees (SGEs).

Any member appointed to fill a vacancy occurring prior to the expiration of the term for which his or her predecessor was appointed shall be appointed only for the remainder of such term. A member may serve 180 days after the expiration of that member's term if a successor has not taken office.

Members who are not full-time Federal employees shall be paid at a rate not to exceed the daily equivalent of the rate in effect for an Executive Level IV of the Executive Schedule for each day they are engaged in the performance of their duties as members of the Committee. All members, while so serving away from their homes or regular places of business, may be allowed travel expenses, including per diem in lieu of subsistence, in the same manner as such expenses are authorized by Section 5703, Title 5, U.S. Code, for employees serving intermittently.

**Subcommittees.**

Standing and ad hoc subcommittees and working groups consisting of members may be established with the approval of the Secretary, HHS, or designee to address specific issues and to provide the Committee with background study and proposals for consideration and action. The Chair shall appoint members to the subcommittees and designate a chair for each subcommittee from the full Committee. The subcommittees shall make their recommendations to the parent Committee for deliberation. Timely notification of the establishment of subcommittees, including charges and membership, shall be made in writing to the Department Committee Management Officer by the Executive Secretary.

**Recordkeeping.**

The records of the Committee, established subcommittees, or other subgroups of the Committee, shall be managed in accordance with General Records Schedule 6.2, Federal Advisory Committee Records or other approved agency records disposition schedule. These records shall be available for public inspection and copying, subject to the Freedom of Information Act, 5 U.S.C. §552.

**Filing Date:**

January 22, 2026

**APPROVED:**

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Date

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Robert F. Kennedy, Jr.