American National Standards Institute
Healthcare Information Technology Standards Panel (HITSP)

CHARTER

1. Mission

Organizations participating in the Healthcare Information Technology Standards Panel (HITSP) (referred to as the “Panel”) agree 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 applications, as they would interact in a Nationwide Health Information Network for the United States.

The HITSP is established under the sponsorship of the American National Standards Institute (ANSI) and endorsement of the Healthcare Information and Management Systems Society (HIMSS). The Panel intends to ensure the broadest possible participation of all affected parties, in order to stand up and maintain an entity capable of achieving readily-implemented, consensus-based outcomes.

2. Principles

This Panel shall serve the public good by working to ensure that the harmonized work of various healthcare information standards development organizations is broadly deployed and supports interoperability, accurate use, access, privacy and security of shared health information. It shall be representative of all organizations and stakeholder groups in order to ensure that it operates under the following principles:

- Transparency. Essential information regarding governance, activities and decisions of the Panel is accessible to all parties on a timely basis.
- Openness. Participation on the Panel is open to all affected interests.
- Stakeholder Representation. The governance and all activities of the Panel shall include broad representation from stakeholders without regard to ANSI membership or accreditation.
- Impartiality and Balance. No one interest dominates the process or is favored over another among competing interests and various stakeholders.
- Effectiveness and Relevance. Decisions are relevant and effectively respond to regulatory and market needs, as well as scientific and technological developments.
- Consensus. Decisions are reached through a use-case driven process that encourages consensus among those affected.
• Performance-based. Standards specify essential characteristics rather than
detailed designs where possible.
• Coherence. The process encourages coherence to avoid overlapping and
conflicting standards.
• Consistency. Where business conditions dictate that different standards
transmit the same information, the process assures consistency in the
representation of this information in the different standards.
• Due Process. Decisions include due process so that all views are considered
and a dispute resolution process exists.
• Timely. Decisions are reached in a timeframe that meets market expectations.
• Flexibility. Decision making may incorporate variation in process to meet the
needs of differing sectors, so long as the other principles are not compromised.

3. Scope
The Panel is a multi-stakeholder coordinating body designed to provide the process
within which stakeholders identify, select, and harmonize standards for communicating
and encouraging broad deployment of healthcare information throughout the healthcare
spectrum. It is use-case driven, with decision making based on industry needs. Utilizing
information from stakeholders, the Panel will facilitate the development of harmonized
implementation guides and information policies, including SDO work products (e.g.
standards, technical reports). These policies, guides and work products are essential for
establishing privacy, security and interoperability among healthcare software applications.

In conducting its work, the Panel, as appropriate, will coordinate with other national,
regional and international groups addressing healthcare informatics with the goal of
realizing globally relevant standards.

The Panel and all sub-groups shall operate in accordance with approved operating
procedures.

4. Healthcare Information Technology Standards Panel (HITSP)

4.1 Panel Members
Membership in the Panel is open to all affected parties. Membership in the Panel shall be
by organization and consist of four categories. Organizations that could be categorized in
more than one group must choose a single affiliation for voting purposes.

• Standards development organizations (SDOs) which shall be defined as SDOs whose
processes are accredited by ANSI and create standards in health informatics and
implementation of EHR systems; SDOs or other organizations responsible for the
standards chosen by the Consolidated Health Informatics (CHI) initiative; SDOs or
other organizations put forth by the respondents to the November 2004 HHS RFI on
the development and adoption of a NHIN; SDOs under the Institute of Electrical and Electronics Engineers-Standards Association (IEEE-SA) with a focus on health care and health informatics; SDOs that serve as US Technical Advisory Group (TAG) Administrators under the International Organization for Standardization (ISO) and/or the International Electrotechnical Commission (IEC) with a focus on health care and health informatics; and other SDOs nominated by expert cross-agency sources in the Federal government; It shall be the objective of the Panel over the term of this contract to ensure that at least two-thirds of those eligible to join the Panel in the SDO category do so.

- Non-SDO stakeholder organizations which shall be defined as: clinicians and their representative organizations; providers and their representative organizations; safety net providers and their representative organizations; vendors that develop, market, install, and support health IT products and their representative organizations; health care purchasers or employers and their representative organizations; health care payers or health insurance companies and their representative organizations; public health professionals and their representative organizations; national organizations with a broad representation of stakeholders with an interest in healthcare information technology standards; and clinical and health-services researchers’ and their representative organizations;

- Governmental bodies which shall be defined as: Federal, state, and local agencies; and coordinating bodies with responsibilities for and/or a relationship to healthcare information technology used in the public sector; and

- Consumers who shall be identified as: consumer organizations with an interest in health information technology standards;

Panel meetings and minutes are open and available to the public.

4.2 Officers:

ANSI shall appoint a non-voting Chair subject to approval by the Office of the National Coordinator (ONC) and the ratification of a majority vote of the HITSP. If a Chair candidate either is not approved by ONC or not ratified by the Board, ANSI shall submit a new candidate for ratification. ANSI’s selection and criteria shall be communicated to the Panel.

The Chair shall facilitate Panel meetings and shall represent the Panel to the external community, including AHIC, and convene Board meetings.

The Chair shall appoint Committee chairs subject to ratification by Committee members.

The Chair may call at his or her discretion an executive session open to only Board members. It is understood that executive session is for discussion only and that no formal
decisions will be taken during an executive session. Agenda items for executive session shall not include topics which are subject to Board and/or Panel votes.

The Board shall nominate several candidates for Vice Chair from its members, one of whom shall be appointed by ANSI as Vice Chair. The Vice Chair shall assume the role of Chair in the Chair’s absence; however the Vice-Chair will not automatically become Chair, should the Chair be unable to serve. ANSI’s selection criteria and process shall be communicated to the Panel.

Both the Chair and Vice Chair shall serve two-year terms and may be re-ratified for one additional two-year term.

If the Chair is unable to complete his/her term of office, ANSI shall follow the process for appointing a Chair.

4.3 Panel Responsibilities

The responsibilities of the Panel shall include, but not necessarily be limited to:

a. Facilitate the timely development and harmonization of standards responsive to identified use cases;

b. Elect HITSP Board members;

c. Ratify Panel chairperson;

d. May recommend creation or dissolution of committees.

e. Approve and ratify all Panel governance documents and operating procedures;

f. Ratify and adopt all final HITSP work products, such as, but not limited to:

- use case recommendations, gap and duplication analyses, evaluation of relevant standards to meet use case requirements, a standards change management process, use case related implementation guides; and use case testing

g. Use of existing harmonization processes as appropriate.

h. Activate a conflict resolution mechanism as needed.

i. Recommend priorities to AHIC among proposed use cases to solve health information exchange issues and implement AHIC decisions in these matters;

j. Ratify a self-sustaining business model presented by the Board that ensures the ongoing viability and financial sustainability of the Panel beyond the contract;

k. Do and perform all other acts as may be necessary or appropriate to the conduct of the Panel’s activities.

4.4 Panel Voting Requirements

HITSP membership is organizational. Each organizational member has one vote.

Voting in person, electronically or other such approved means shall require a quorum of at least 50% of eligible Panel members, including abstentions. Prior to a formal vote, there shall be at least a 5-day review and comment period for all members. When voting
on candidates for leadership positions only the final results will be made public. In all
other cases, votes shall be open, and the results of the voting shall be available to all
Panel organizational members.
In establishing a quorum, a Panel member shall be counted as part of the quorum if they
have voted in at least one of the three previous consecutive votes.
Panel members elect the Board. HITSP Board members are elected by a majority of
those voting.
For all other votes, approval is determined by no less than a 66% affirmative vote of
those voting.

5. HITSP Board

5.1 HITSP Board Membership

The HITSP Board (the Board) shall be the governing body of the Panel.
The Board shall consist of the following voting members, who shall be elected from the
members of the Panel:

- Eight (8) representatives elected by the standards development organizations
  from the membership of the Panel (but no more than one representative from
  any one SDO).

- One (1) representative from each of the nine (9) following non-SDO
  stakeholders: recognized national associations; other similar types of
  organizations; or other organizations of: clinicians and their representative
  organizations; providers and their representative organizations; safety net
  providers and their representative organizations; vendors that develop, market,
  install, and support health IT products and their representative organizations;
  health care purchasers or employers and their representative organizations;
  health care payers or health insurance companies and their representative
  organizations; public health professionals and their representative
  organizations; national organizations with a broad representation of
  stakeholders with an interest in healthcare information technology standards;
  and clinical and health-services researchers’ and their representative
  organizations; and

- Two (2) representatives, appointed by ONCHIT, from either government
  agencies or coordinating bodies representing various government agencies;

- One (1) healthcare consumer representative;

- One (1) ex-officio member appointed by ONCHIT;
The SDO representatives shall be elected for two-year, staggered terms by majority vote of the SDO members; the non-SDO representatives shall be elected for two-year, staggered terms by majority vote of the non-SDO members; consumer organization members. Board members are limited to three consecutive terms. SDO, non-SDO and consumer representatives must be endorsed by their respective SDO, national association or organization.

If a Board member is unable to complete his or her term of office, his or her category (e.g. SDO, non-SDO, or consumer organization) is to, as soon as possible, elect a replacement for the remainder of the term.

To ensure that there is both the infusion of new thought leaders and adequate leadership to maintain momentum and continuity, the terms of the Board members will be staggered to ensure that no more than one half of the Board members will be replaced in any given year.

The Board shall be solely responsible for any changes in its operations and may make modifications based upon experiences in its operations as long as the principles of the Panel are not violated or compromised.

### 5.2 HITSP Board Responsibilities

The Board shall have responsibility for governing the process of Panel’s activities. These activities shall include, but not necessarily be limited to:

- **Development of operating guidelines and other such operating procedures necessary to perform its work as long as they are consistent with the principles of this Charter;**
- **Recommend governance changes to the Panel for ratification;**
- **Ensure that the principles of this Charter and governance documents are upheld and maintained;**
- **Provide direction and guidance for the development of use case recommendations;**
- **Formation of Panel committees of sufficient number to accomplish the work of the Panel, and provide direction and guidance for their work;**
- **Approve the dissolution of Panel committees at the conclusion of their tasks;**
- **Ensure the coordination of Panel committee activities;**
- **Appoint task groups as needed;**
- **In the event that the Panel or a committee is unsuccessful in minimizing duplication or mediating conflict, the Board will make a concerted documented effort to achieve a harmonized outcome;**
- **Within one year of the contract awarded by the Department of Health and Human Services, the Board shall recommend a self-sustaining business model to ensure the on-going viability and financial sustainability of the Panel beyond the term of the contract;**
Upon enactment of the self-sustaining business model, ensure the fulfillment of fiduciary responsibilities of the Panel; and monitor the Panel budget within the limitations of and in coordination with outside funding (e.g. federal contracts); and

Do and perform all other acts as may be necessary or appropriate to the governance of the Panel’s activities.

5.3 HITSP Board Voting Requirements

Voting approval is determined by no less than a 66% affirmative vote of those voting, including abstentions. In person meetings and electronic votes shall require a quorum of 50% of the voting Board members. Prior to a formal vote, there shall be at least a 5-business-day review and comment period for all Board members. When voting on candidates for leadership positions only the final results will be made public. In all other cases, votes shall be open, and the results of the voting shall be available to all Panel members.

5.4 HITSP Board Meetings

There shall be established regularly scheduled Board meetings. In the event of an emergency Board meeting, notice shall be given with at least 5 days advance notice provided to all members for in person meetings and at least 3 days advance notice provided to all members for conference calls. All meetings of the Board shall be open to all Panel members.

6. Committees:

Through approval by the Board, Committees shall be organized by specialty domains, be assigned approved use cases if appropriate, and consist of representation from Panel members. When appropriate, Committees will work with a specific use case from development through standards gap analysis and through standards development coordination and implementation. Committee membership is open to all interested Panel members and shall be representative of affected stakeholders. All committee meetings and conference calls shall be open to all Panel members and posted in advance. The committee chair can appoint task groups as needed.

6.1 Committee Voting Requirements:

For voting, approval is determined by no less than a 66% affirmative vote of those voting. In person meetings and electronic votes shall require a quorum of 50% of the voting committee members, including abstentions

All votes shall be open, and the results of the voting shall be available to all Panel members.
6.2 Committee Responsibilities

Committees ratify Committee Chairs appointed by the Board Chair. Committees can choose to recommend a Co-Chair model for appointment.

Committees have responsibility for initiating and implementing the Panel’s activities. Each Committee will have its own charter. Committee Charters will be approved by the Board.

Committee Chairs will be responsible for ensuring consistency in all methodologies used in committee work in accordance with the principles of this Charter.

7. Secretariat Responsibilities:

ANSI staff shall serve as secretariat to manage the business affairs of the Panel and shall:

- Provide all administrative support services to the Board, membership and other such groups as created by the Board including but not limited to: scheduling meetings, notifying members of Panel meetings, preparing agendas, issuing minutes, staffing committees except as agreed to with HIMSS for the Use Case Committees; and
- Provide accounting, billing and other such services except for those handled elsewhere by contract.

ANSI, as secretariat, shall have no vote at either the Panel or Board level.

8. Roberts Rules of Order

All questions of parliamentary procedure not covered in this charter shall be resolved according to Robert’s Rules of Order (latest edition).

9. Charter Ratification

This charter shall remain in effect through January 31, 2006. If the Panel does not take formal action to amend the charter by this date, the charter shall remain in force until an action is taken to amend it. A provisional governance committee shall be formed to review and propose changes to the document governing this panel. Any proposed changes shall be reviewed and voted upon by the Panel no later then January 31, 2006.