

Connecticut Health Information Technology Advisory Council Charter

February 18, 2020

Article 1: Name

Section 1: The name of this entity shall be the Health Information Technology Advisory Council (Council) as established in section 17b-59f of the Connecticut General Statutes.

Article 2: Purpose

Section 1: The purpose of the Council is to advise the Executive Director of the Office of Health Strategy (OHS) and the Health Information Technology Officer (HITO) in developing priorities and policy recommendations to advance the state's health information technology (health IT) and health information exchange (HIE) efforts and goals. The Council shall provide guidance to the OHS Executive Director and the HITO on governance, oversight, and accountability measures for health IT and HIE initiatives to ensure success in achieving the state's goals for improving health, improving healthcare delivery, and containing escalating costs of healthcare across Connecticut.

Article 3: Membership

Section 1: The Council shall consist of the following members:

1. One member appointed by the Executive Director of OHS, who shall be an expert in state health care reform initiatives;
2. The HITO or the HITO's designee;
3. The Commissioners of Social Services, Mental Health and Addiction Services, Children and Families, Correction, Public Health and Developmental Services, or the Commissioners' designees;
4. The Chief Information Officer of the state, or the Chief Information Officer's designee;
5. The Chief Executive Officer of the Connecticut Health Insurance Exchange, or the Chief Executive Officer's designee;
6. The Chief Information Officer of The University of Connecticut Health Center, or the Chief Information Officer's designee;
7. The Healthcare Advocate, or the Healthcare Advocate's designee;
8. The Comptroller, or the Comptroller's designee;
9. Five members appointed by the Governor, one each who shall be:
 - (A) a representative of a health system that includes more than one hospital;

- (B) a representative of the health insurance industry;
 - (C) an expert in health information technology;
 - (D) a health care consumer or consumer advocate; and
 - (E) a current or former employee or trustee of a plan established pursuant to subdivision (5) of subsection (c) of 29 USC 186;
10. Three members appointed by the President Pro Tempore of the Senate, one each who shall be:
- (A) a representative of a federally qualified health center;
 - (B) a provider of behavioral health services; and
 - (C) a physician licensed under chapter 370 (CGS Chapter 370: https://www.cga.ct.gov/current/pub/chap_370.htm);
11. Three members appointed by the Speaker of the House of Representatives, one each who shall be:
- (A) a technology expert who represents a hospital system, as defined in section 19a-486i (<https://law.justia.com/codes/connecticut/2014/title-19a/chapter-368v/section-19a-486i>);
 - (B) a provider of home health care services; and
 - (C) a health care consumer or a health care consumer advocate;
12. One member appointed by the Majority Leader of the Senate, who shall be a representative of an independent community hospital;
13. One member appointed by the Majority Leader of the House of Representatives, who shall be a physician who provides services in a multispecialty group and who is not employed by a hospital;
14. One member appointed by the Minority Leader of the Senate, who shall be a primary care physician who provides services in a small independent practice;
15. One member appointed by the Minority Leader of the House of Representatives, who shall be an expert in health care analytics and quality analysis;
16. The President Pro Tempore of the Senate, or the President's designee;
17. The Speaker of the House of Representatives, or the Speaker's designee;
18. The Minority Leader of the Senate, or the Minority Leader's designee; and
19. The Minority Leader of the House of Representatives, or the Minority Leader's designee.

A list of current Council members can be found at <https://portal.ct.gov/OHS/HIT-Work-Groups/Health-IT-Advisory-Council/Council-Members>.

Section 2: The terms of the members shall be coterminous with the terms of the appointing authority for each member. If any vacancy occurs on the Council, the appointing authority shall appoint a person in accordance with the provisions of the statute. Members of the Council shall serve without compensation but may be reimbursed for all reasonable expenses incurred in the performance of their duties.

Article 4: Officers

Section 1: The HITO shall serve as chair of the Council. The Council shall elect a second chair from among its members who is not a state official to serve as co-chair.

Section 2: The chairs of the Council may appoint up to four additional members to the Council, who shall serve at the pleasure of the chairs. The chairs will be responsible for setting meeting agendas and establishing regular meeting schedules, and liaising between the Council, OHS, working groups, and the Statewide Health Information Exchange.

Article 5: Committees and Work Groups

Section 1: The chairs of the Council may establish committees and working groups and may appoint Council members as well as other stakeholders to serve as committee or working group members. Committee and working group chairs will be appointed by the Council chairs. The committee or working group chair is responsible for organizing committee meetings, with assistance from OHS staff, as necessary. The committee or working group chair will report committee findings and recommendations to the Council for its information or action.

Section 2: The Council shall establish a working group to be known as the All-Payer Claims Database (APCD) Advisory Group. The APCD Advisory Group shall include, but not be limited to:

- (A) the Secretary of the Office of Policy and Management, the Comptroller, the Commissioners of Public Health, Social Services and Mental Health and Addiction Services, the Insurance Commissioner, the Healthcare Advocate, and the Chief Information Officer, or their designees;
- (B) a representative of the Connecticut State Medical Society; and
- (C) representatives of health insurance companies, health insurance purchasers, hospitals, consumer advocates, and health care providers. The HITO may appoint additional members at his/her discretion.

Section 3: The Council may establish work groups to deliberate and provide recommendations to the Council on topics of specific concern or interest to Council members. Work groups will be of limited duration. Council members may volunteer to participate on work groups and may also recommend subject matter experts to participate. The Co-Chairs may designate additional subject matter experts to participate at their discretion.

Section 4: The Council will ensure that all committees and work groups prepare and ratify a charter in a format and manner similar to the Council's charter herein.

Article 6: Duties of the Council

Section 1: Advise and consult with the Executive Director of OHS, the Commissioner of the Department of Social Services (DSS), and other agency leaders in Connecticut to implement and periodically revise the Statewide Health Information Technology Plan, including standards for electronic data exchange service providers receiving state funding. Such electronic data standards shall:

- (1) Include provisions relating to security, privacy, data content, structures and format, vocabulary, and transmission protocols;
- (2) limit the use and dissemination of an individual's Social Security number and require the encryption of any Social Security number provided by an individual;
- (3) require privacy standards no less stringent than the "Standards for Privacy of Individually Identifiable Health Information" established under the Health Insurance Portability and Accountability Act of 1996, P.L. 104-191, as amended from time to time, and contained in 45 CFR 160, 164; and
- (4) require individually identifiable health information be secured.

Section 2: Advise and consult with the Executive Director of OHS to:

- (1) Oversee the development and implementation of the Statewide Health Information Exchange;
- (2) coordinate the state's health IT and HIE efforts to ensure consistent and collaborative, cross-agency planning and implementation; and
- (3) work collaboratively with the Statewide Health Information Exchange to ensure consistency with the State Health Information Technology Plan and to support the state's health information technology and exchange goals.

Section 3: Advise and consult with the Executive Director of OHS to deliver an annual report to the joint standing committees of the General Assembly having knowledge of matters relating to human services and public health concerning: (1) The development and implementation of the statewide health information technology plan and data standards, established and implemented by the Executive Director of OHS; (2) the establishment of the Statewide Health Information Exchange; and (3) recommendations for policy, regulatory, and legislative changes and other initiatives to promote the state's health information technology and exchange goals.

Section 4: Review and comment to the Executive Director of OHS, or the Commissioner of DSS, prior to the submission of any application, proposal, planning document or other request seeking federal grants, matching funds or other federal support for health information technology or health information exchange.

Section 5: Advise and consult with the APCD Advisory Group regarding the maintenance of written procedures for the administration of the APCD. Any such written procedures shall include, at a minimum: (i) reporting requirements for reporting entities, and (ii) requirements for providing notice to a reporting entity regarding any alleged failure on the part of such reporting entity to comply with such reporting requirements.

Section 6: Advise and consult with the Executive Director of OHS and the Secretary of the Office of Policy and Management, upon the approval by the State Bond Commission of bond funds authorized by the General Assembly for the purposes of establishing a Statewide Health Information Exchange, to develop and issue a request for proposals for the development, management, and operation of the Statewide Health Information Exchange, if necessary.

Section 7: Provide general support and advice as requested by the Executive Director OHS and the HITO.

Article 7: Operating Procedures

Section 1: The Council operates as a standing advisory Council authorized in statute. All records of the Council will be maintained by OHS as required by Connecticut public records statutes.

Section 2: OHS may establish procedures to allow members to participate in meetings by video conference or teleconference.

Section 3: Meetings will be governed by Robert's Rules of Order, Abbreviated. A majority of the members of the Council shall constitute a quorum. Action on agenda items may be taken by no less than a majority of a quorum.

Section 4: The chairs may solicit agenda items from members in advance of a meeting and establish agendas in collaboration with OHS designated staff. Items may be added to the agenda on the day of the meeting if approved by the chairs.

Section 5: All meeting notification information will be published on the Connecticut Public Notice web site and on the OHS web site. Meeting changes will be sent by email to members no later than 9 AM on the day of the scheduled meeting.

Section 6: All votes taken by the Council shall be posted to the OHS web site within forty-eight hours of the meeting.

Section 7: All minutes, in draft form, shall be posted to the OHS web site within seven calendar days of the meeting. Minutes shall be deemed final by majority vote of a quorum of the Council at a subsequent meeting and be posted to the OHS web site within seven calendar days.

Section 8: Membership will be reviewed periodically, but no less than once each calendar year, by the Council and OHS to determine if membership is adequate to support the above stated purpose and goals of the Council. Members are expected to attend at least 60% of meetings within a calendar year and avoid unexcused absences of three consecutive meetings. Members shall notify the Council Chairs if they will be absent for any meeting. Failure to meet the attendance criteria shall result in a notice to the member from the Council Co-Chairs on behalf of the Council that a termination process is being initiated, allowing ten business days for the member to either commit to participation requirements or to be excused from the Council. If the member is non-responsive to the notice, the Co-

Chairs will recommend removal of the member from the Council at the next Council meeting. In this event, the Council will deliberate and take such action as the Council deems appropriate. Any vacancy resulting from actions in this section will be filled as described in Article 3, Section 2 above.

Article 8: Duties of OHS

Section 1: OHS will provide the Council and the Council Chairs with meeting facilitation, development of meeting agendas and materials, planning and scheduling, research and analysis, and stakeholder engagement. This support will be provided by OHS personnel or through engagement of professionals with required expertise.

Section 2: OHS shall inform the Council about all known changes in federal and state policy as well as rules and regulations that impact the Council's work and stated purpose and goals.

Section 3: OHS will consult with ongoing committees and advisory bodies in the state, maintain familiarity of the subject and purpose of the Council, and communicate potential areas of opportunity for collaboration. This includes the Department of Social Services (DSS) and OHS Joint Steering Committee and similar committees that may be established.

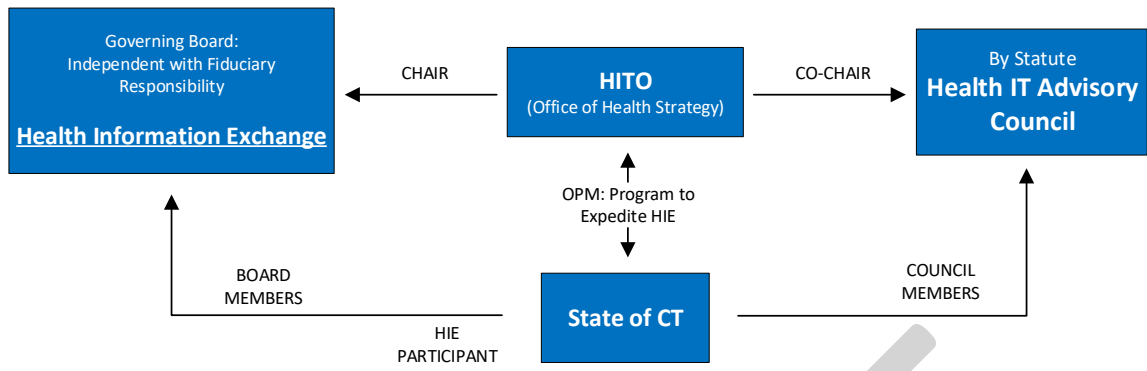
Section 4: OHS staff assigned to the Council will attend all meetings and inform its members of developments relevant to its work.

Section 5: An OHS administrative support staff will assist the Council's chairs, as needed, to provide membership and interested parties with information, distribute meeting agendas and notices to the membership and interested parties, and record the meeting minutes of the Council's meetings, including attendance and documentation of votes and actions taken.

Article 9: Relationship of the Council to Other Key Entities

Section 1: The existing relationship structure of key entities is detailed in Diagram 1 below:

Diagram 1: Governance Relationship Structure



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Appendix A: References

Statute References

1. CGS Sec. 17b-59a. (Formerly Sec. 4-60i). Development of uniform information and technology standards and regulations. Health information technology plan. Electronic data standards. Statewide Health Information Exchange. Report.
https://www.cga.ct.gov/current/pub/chap_319o.htm#sec_17b-59a
2. CGS Sec. 17b-59d. Statewide Health Information Exchange. Established.
https://www.cga.ct.gov/current/pub/chap_319o.htm#sec_17b-59d
3. CGS Sec. 17b-59f. State Health Information Technology Advisory Council. Establishment of All-Payer Claims Database Advisory Group.
https://www.cga.ct.gov/current/pub/chap_319o.htm#sec_17b-59f
4. CGS Sec. 19a-755a. All-payer claims database program.
https://www.cga.ct.gov/current/pub/chap_368ee.htm#sec_19a-755a
5. Public act No.18-91. An Act Concerning the Office of Health Strategy.
<https://www.cga.ct.gov/2018/ACT/pa/pdf/2018PA-00091-R00HB-05290-PA.pdf>

Other References

1. Health Information Technology Advisory Council website:
<https://portal.ct.gov/OHS/HIT-Work-Groups/Health-IT-Advisory-Council>
2. Publications, <https://portal.ct.gov/OHS/HIT-Work-Groups/Health-IT-Advisory-Council/Publications>, including:
 - a. Health Information Technology 2020 Annual Report
 - b. Health Equity Data Analytics Final Report
 - c. Health Equity User Stories-Final
 - d. Consent Policy Design Group Final Report and Recommendations
 - e. HIE Use Case Design Group Final Recommendations
 - f. IIS Design Group Final Recommendations
 - g. eCQM Design Group Final Recommendations
 - h. Environmental Scan Summary of Findings and supporting presentation