

treating physician, but inaccessible to a clerical employee who does not need such access to accomplish their job. Security also involves ensuring that data have not been altered or tampered with.

b. Reliability goes to the accessibility and consistency with which data is retrieved and displayed. For example, the physician should be able to easily and consistently access laboratory test results through some consistent display mechanism that can be counted on to be available whenever it is needed.

At HHS' request, the CCHIT-recommended ambulatory EHR certification criteria were presented to the American Health Information Community (AHIC) on May 16, 2006. After consideration, the AHIC recommended that the Secretary recognize CCHIT identified ambulatory EHR certification criteria that CCHIT recommended for use in 2006. This recommendation informed the Secretary's decision to recognize these criteria.

The Secretary also based his decision to recognize these criteria on the need for such criteria in the Departments recently published final rules for exceptions to the physician self-referral law and safe harbors to the Anti-kickback statute for electronic prescribing and EHR arrangements (RIN #0938-AN69 and 0991-AB36 respectively). These rules are premised on:

1. HHS having recognized one or more EHR certifying bodies, and
2. HHS having recognized criteria for the certification of EHRs.

A separate notice of availability has been published in the **Federal Register** to notify the public about the availability of a certification Guidance Document that provides interim guidance on the recognition of certification bodies. This document is also available at <http://www.hhs.gov/healthit>. The CCHIT criteria that the Secretary has recognized serve to establish the initial EHR certification criteria that are referenced in the final physician self-referral law and Anti-kickback statute rules.

The Secretary also based his decision to recognize the CCHIT criteria on a belief that providers will be more willing to invest in health IT if there is a way of ensuring that the products would perform as advertised. Stories about providers making large investments in EHRs only to discover that they do not meet their functionality, interoperability security and/or reliability needs. Certification could respond to investment fears generated by stories about failed investments. A reduction of such fears

could further the Department's goal of higher rates of sustained health IT adoption and interoperability.

Finally, the Secretary's decision to recognize these criteria was informed by the fact that the criteria have been validated through prototype testing. Any criteria not fully validated by the Pilot Test (fewer than 10% fell in this category) were not considered for recognition.

In light of the consensus basis, HHS reliance, industry impact and demonstrated utility of the CCHIT criteria for functionality, interoperability, security and reliability, the Secretary has recognized these criteria. He has delegated authority to ONC to coordinate and oversee the incorporation of these criteria in relevant activities among Federal agencies and other partner organizations, as appropriate.

**FOR FURTHER INFORMATION CONTACT:** John W. Loonsk, M.D. at (202) 205-0242.

Dated: August 1, 2006.

**Karen Bell,**

*Acting Deputy National Coordinator for Health IT.*

[FR Doc. 06-6690 Filed 8-1-06; 1:25 p.m.]

**BILLING CODE 4150-24-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Notice of Availability: Office of the National Coordinator for Health Information Technology (ONC) Interim Guidance Regarding the Recognition of Certification Bodies

**AGENCY:** Office of the Secretary, HHS.

**Authority:** EO 13335 ("Incentives for the Use of Health Information Technology and Establishing the Position of the National Health Information Technology Coordinator") and Pub. L. 109-149 ("Departments of Labor, Health and Human Services, and Education, and Related Agencies Appropriations Act, 2006").

**SUMMARY:** This notice provides the public with information about the availability of a Certification Guidance Document (CGD) at <http://www.hhs.gov/healthit>. The CGD explains the factors that ONC will use to determine whether or not to recommend to the Secretary of the Department of Health and Human Services (the Secretary) that he recognize a body for certification. Once recognized, that body will have Recognized Certification Body (RCB) status. The CGD will serve as guide for ONC as it evaluates applications for RCB status and seeks to provide all of the information a body would need to apply for and obtain such status. By publishing the CGD, HHS will ensure a

transparent and open process as a basis for these recommendations.

To encourage a more widespread adoption of interoperable health information technology, the Department of Health and Human Services (HHS) published two final rules in August 2006 regarding certain arrangements involving the donation of interoperable electronic health records (EHR) technology to physicians and other health care practitioners or entities. The first, published by the Centers for Medicare & Medicaid Services (CMS), promulgated an exception to the physician self-referral prohibition. The second, published by the Office of Inspector General (OIG), established a safe harbor under the anti-kickback statute. In order for the donation of EHR technology to be protected under the exception and safe harbor provisions of these rules, the technology must be interoperable. The exception and safe harbor provide that EHR software will be "deemed to be interoperable if a certifying body recognized by the Secretary has certified the software no more than 12 months prior to the date it is provided to the [physician/recipient]." Both rules become effective 60 days after publication.

The Department will utilize notice and comment rulemaking to formalize and finalize the policies and procedures that will govern whether ONC will recommend to the Secretary a body for RCB status. In the meantime, this guidance document identifies the factors to be considered by the Secretary in granting such recognition. In addition, the guidance sets forth an interim procedure that certifying bodies should follow in obtaining recognition by the Secretary. Until such time as the Department formalizes the procedure, a certifying body will be considered "recognized by the Secretary" if it has become an RCB in accordance with the interim guidance. The guidance document seeks to reduce uncertainty about key aspects of the certification body recognition process.

**DATES:** Public comment may be submitted on or before October 3, 2006. Comments may be submitted via e-mail to [RCB-comments@hhs.gov](mailto:RCB-comments@hhs.gov) or in written form to the address below.

**ADDRESSES:** Steven Posnack, Program Analyst, Department of Health and Human Services, Office of the National Coordinator for Health Information Technology, 330 C Street, SW., Switzer Building, Room 4090, Washington, DC 20201.

Please refer to this guidance document when submitting comments.

**FOR FURTHER INFORMATION CONTACT:**  
Steven Posnack at 202-690-7151.

Dated: July 31, 2006.

**Karen Bell,**

*Acting Deputy National Coordinator for Health IT.*

[FR Doc. 06-6689 Filed 8-1-06; 1:25 pm]

**BILLING CODE 4150-24-P**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Agency for Toxic Substances and Disease Registry

#### Statement of Organization, Functions, and Delegations of Authority

PART J (Agency for Toxic Substances and Disease Registry) of the Statement of Organization, Functions, and Delegations of Authority of the Department of Health and Human Services (50 FR 25129-25130, dated June 17, 1985, as amended most recently at 70 FR 72839-72840, dated December 7, 2005) is amended to reflect the reorganization of the Agency for Toxic Substances and Disease Registry (ATSDR).

Section T-B, Organization and Functions, is hereby amended as follows:

Delete item (11) of the functional statement for the *Office of Communications (JAA4)*, *Office of the Director (JAA)*, *Office of the Administrator (JA)*, and insert the following: (11) provides publications-related activities including preparing articles and drafting news releases, distributing publications, and bibliographic services, and.

Delete item (8) of the functional statement for the *Office of Communications (JAA4)*, and renumber the remaining items accordingly.

Dated: July 21, 2006.

**William H. Gimson,**

*Chief Operating Officer, Centers for Disease Control and Prevention (CDC).*

[FR Doc. 06-6676 Filed 8-3-06; 8:45 am]

**BILLING CODE 4160-70-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Final Effect of Designation of a Class of Employees for Addition to the Special Exposure Cohort

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** The Department of Health and Human Services (HHS) gives notice concerning the final effect of the HHS decision to designate a class of employees at the Pacific Proving Grounds, Enewetak Atoll, as an addition to the Special Exposure Cohort (SEC) under the Energy Employees Occupational Illness Compensation Program Act of 2000. On June 26, 2006, as provided for under 42 U.S.C. 7384q(b), the Secretary of HHS designated the following class of employees as an addition to the SEC:

Department of Energy (DOE) employees or DOE contractor or subcontractor employees who worked at the Pacific Proving Grounds (PPG) from 1946 through 1962 for a number of work days aggregating at least 250 work days, either solely under this employment or in combination with work days within the parameters (excluding aggregate work day requirements) established for other classes of employees included in the SEC, and who were monitored or should have been monitored.

This designation became effective on July 26, 2006, as provided for under 42 U.S.C. 7384l(14)(C). Hence, beginning on July 26, 2006, members of this class of employees, defined as reported in this notice, became members of the Special Exposure Cohort.

**FOR FURTHER INFORMATION CONTACT:**

Larry Elliott, Director, Office of Compensation Analysis and Support, National Institute for Occupational Safety and Health, 4676 Columbia Parkway, MS C-46, Cincinnati, OH 45226, Telephone 513-533-6800 (this is not a toll-free number). Information requests can also be submitted by e-mail to [OCAS@CDC.GOV](mailto:OCAS@CDC.GOV).

Dated: August 1, 2006.

**John Howard,**

*Director, National Institute for Occupational Safety and Health, Centers for Disease Control and Prevention.*

[FR Doc. 06-6681 Filed 8-3-06; 8:45 am]

**BILLING CODE 4163-19-M**

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

### Centers for Disease Control and Prevention

#### Decision To Evaluate a Petition To Designate a Class of Employees at General Atomics (Also Known as GA, and/or Division of General Dynamics, and/or John Jay Hopkins Laboratory for Pure and Applied Science), La Jolla, Laboratory for Pure and Applied Science), La Jolla, California, To Be Included in the Special Exposure Cohort

**AGENCY:** Centers for Disease Control and Prevention (CDC), Department of Health and Human Services (HHS).

**ACTION:** Notice.

**SUMMARY:** The Department of Health and Human Services (HHS) gives notice as required by 42 CFR 83.12(e) of a decision to evaluate a petition to designate a class of employees at General Atomics (also known as GA, and/or Division of General Dynamics, and/or John Jay Hopkins Laboratory for Pure and Applied Science), to be included in the Special Exposure Cohort under the Energy Employees Occupational Illness Compensation Program Act of 2000. The initial proposed definition for the class being evaluated, subject to revision as warranted by the evaluation, is as follows:

*Facility:* General Atomics.

*Location:* La Jolla, California.

*Job Titles and/or Job Duties:*

Potentially worked in the locations:

- Building 2 (Science laboratories A, B, and C).
- Building 9 (Experimental Building).
- Building 10 (Maintenance).
- Building 11 (Service Building).
- Building 21.
- Building 22.
- Building 23 (Hot Cell Facility).
- Building 25.
- Building 26.
- Building 27 (Experimental Area Building #1).
- Building 27-1 (Experimental Area Building #1).
- Building 30 (LINAC Complex).
- Building 31 (HTGR-TCF).
- Building 33 (Fusion Building).
- Building 34 (Fusion Doublet III).
- Building 37 (SV-A).
- Building 39 (SV-B).
- SV-D.

*Period of Employment:* January 1, 1960 through December 31, 1969.

**FOR FURTHER INFORMATION CONTACT:**

Larry Elliott, Director, Office of Compensation Analysis and Support,