

GENERAL SERVICES ADMINISTRATION

Washington, DC 20405

November 22, 1991

FIRMR BULLETIN B-5

TO: Heads of Federal Agencies

SUBJECT: Interagency Committee on Medical Records

1. Purpose. This bulletin provides information on the Interagency Committee on Medical Records (ICMR) to reflect its background, responsibilities, functions, membership, and meetings.

2. Expiration date. This bulletin contains information of a continuing nature and will remain in effect until canceled or superseded.

3. Contents.

Topic	Paragraph
Related material.....	4
Information and assistance.....	5
Definition.....	6
FIRMR requirement.....	7
Background.....	8
ICMR mission.....	9
Functions.....	10
Membership.....	11
Appointment of members.....	11a
Committee Chair.....	11b
Voting.....	11c
Responsibilities.....	12
The Chair.....	12a
Members.....	12b
Meetings.....	13
List of Agencies in Alphabetical Order..	Attachment A

4. Related material.

- a. FIRMR 201-4.001, Definitions
- b. FIRMR 201-9.202-1, Standard and Optional Forms Management Program
- c. FIRMR Bulletin B-3, Standard and Optional Forms Management Program

TC 90-3

Attachment

FIRMR Bulletin B-5

5. Information and assistance.

General Services Administration
Forms Management Branch (CARM)
18th and F Streets, NW
Washington, DC 20405

Telephone: FTS 241-0492 or (202) 501-0492

6. Definition. "Standard Form" means a form prescribed by a Federal agency, pursuant to its authority, and approved by GSA for mandatory Governmentwide use.

7. FIRMR requirement. FIRMR 201-9.202-1(b)(10) requires each agency to coordinate all matters concerning health care-related Standard Forms through the Interagency Committee on Medical Records.

8. Background.

a. The ICMR was established at the direction of President Truman in 1946 at the recommendation of a committee appointed by the President to study the integration of Federal Medical Services. At the end of its study, the committee recommended: "That a joint committee of representatives of the Veterans Administration, Army, Navy, and Public Health Service be appointed to study and make recommendations on a common system of medical records and disease nomenclature." This recommendation was implemented by the then Bureau of the Budget (BOB).

b. In 1949, the Air Force became a member of the ICMR. In May 1967, organizational oversight of the Committee was transferred from the BOB to the General Services Administration, National Archives and Records Service (GSA/NARS) which had responsibility for the Standard and Optional Forms Management Program. Later that program became part of the Information Resources Management Service (IRMS) of GSA. In the 1980s, the Indian Health Service, representing the Public Health Service, U.S. Department of Health and Human Services (HHS), became a member of the Committee. The Office of Health Affairs, U.S. Department of Defense (DOD), was added as a member in 1987. In 1990, the Committee was expanded to include: the Agency for Health Care Policy and Research/HHS, the Health Resources and Services Administration/HHS, the National Institutes of Health/HHS, the Federal Bureau of Investigation/U.S. Department of Justice (DOJ), the U.S. Marshals Service/DOJ and the Office of Medical Services/U.S. Department of State.

FIRMR Bulletin B-5

9. ICMR Mission. The ICMR is responsible for developing and reviewing all health care-related Standard Forms to ensure the quality, uniformity, and adequacy of the health care records of the Federal Government. The Committee also provides a forum for the discussion of medical record issues affecting the Federal community.

10. Functions. The functions of the ICMR are to:

- a. Develop and review proposed new medical Standard Forms to meet the needs of Federal medical services in documenting health care;
- b. Review and revise existing health care-related Standard Forms to improve quality;
- c. Recommend approval or disapproval of exceptions to health care-related Standard Forms in accordance with the provisions of Part 201-9.202-1 of Title 41 of the Code of Federal Regulations; and to
- d. Cancel health care-related Standard Forms when no longer needed.

The Committee may designate subcommittees, task forces, or ad hoc working groups in performing its functions.

11. Membership. The ICMR is composed of a member and an alternate to represent each Federal agency with a major medical service. Staff from the GSA assists the Committee by providing technical assistance and coordination in the design, construction, and clearance of Standard Forms. Committee membership may be modified as changes in the structure of the Federal Government necessitate. A list of the agencies currently represented appears in Attachment A. Agencies represented on the ICMR will bear all administrative costs associated with member attendance and support.

- a. Appointment of members. Members and alternates are appointed by each represented agency and are senior individuals performing the medical records and information management/records administration function. When represented agencies make changes in their designees, they should notify the current Chair of the names, addresses, and telephone numbers of the new members and

FIRMR Bulletin B-5

alternates appointed to serve on the ICMR. There is no specified term for members of the Committee. For purposes of consistency and continuity, however, terms should be projected for a minimum of two years.

b. Committee Chair. The ICMR is chaired by a member-represented agency. The Chair rotates alphabetically to another represented agency every two years. The Federal agency assuming the Chair function of the Committee appoints a physician to serve as Chair and sends written notification of the name, mailing address and telephone number of the designated person to GSA (IRMS/KMR), 1800 F Street, NW, Washington, DC 20405. This individual serves on the ICMR in addition to the regular member and alternate from the agency. The term of the Chair is two years. However, when a need arises, and the ICMR and the involved agency concur, a term may be interrupted and a new appointment made.

c. Voting. Each member agency is entitled to one vote. The appointed member, or in his/her absence the alternate, exercises the vote. The Chair votes only in the case of a tie. The GSA representative is non-voting staff to the Committee. As a matter of policy, all issues addressed by the ICMR are resolved by majority vote of not less than 75 percent of the total membership. Dissenting votes, along with accompanying comments, are included in meeting notes. Matters so resolved are sent to GSA for appropriate implementation/action. When neither the member nor the alternate is able to attend a meeting, the represented agency may vote on items before the Committee by sending proxies to the Chair prior to the scheduled meeting.

12. Responsibilities.

a. The Chair (and chairing agency) is responsible for: scheduling and conducting all meetings of the ICMR; answering inquiries related to the ICMR; developing and distributing meeting agenda prior to scheduled meetings; tracking items of unfinished business; coordinating actions of the Committee including attendance rosters, minutes, and data files containing pertinent information supporting the action items of the Committee; oversight and scheduling of a periodic review of all health care-related Standard Forms; and serving as a liaison with other Federal or civilian agencies in matters related to medical records. In addition, the ICMR Chair signs requests for the approval, cancellation, or exception of medical Standard Forms, once they have been reviewed and acted upon by the Committee, and sends the signed actions to the address shown in paragraph 5

FIRMR Bulletin B-5

above. Without majority vote of the ICMR, the Chair may review and recommend to GSA the approval or disapproval of printing exceptions. See FIRMR Bulletin B-3 for more information on exceptions.

b. Members representing their agencies attend all meetings or send an alternate, and as requested, present agenda items and provide pertinent data necessary to address issues identified or resolve actions pending. In the absence of both the member and the alternate, agencies may submit proxy votes as outlined in paragraph 11c.

13. Meetings. The ICMR meets quarterly at a site determined by the Chair. Special meetings may be called to facilitate the business of the Committee.

Thomas J. Buckholtz
Commissioner
Information Resources
Management Service

FIRMR Bulletin B-5
Attachment A

LIST OF AGENCIES IN ALPHABETICAL ORDER

Agency for Health Care Policy and Research, HHS
Department of the Air Force, DOD
Department of the Army, DOD
Department of the Navy, DOD
Federal Bureau of Investigation, DOJ
Health Resources and Services Administration, HHS
Indian Health Service, HHS
National Institutes of Health, HHS
Office of Medical Services, DOS
U. S. Marshals Service, DOJ
Veterans Health Services and Research Administration,
DVA

