Michigan Health Information Technology Commission (HITC) Advisory Committee

Community Information Exchange (CIE) Committee Charter

Approved by a majority of commissioners, pursuant to commission bylaws, as delegated by the HITC on February 10, 2026

I) PURPOSE

Support the HIT Commission in implementing recommendations of the CIE Task Force:

- incrementally expanding existing Health Information Exchange (HIE) and Community Information Exchange (CIE) infrastructure to leverage existing assets in innovative ways, and to improve healthcare access and quality; and,
- increasing adoption and optimized use of existing social care systems and services

II) CHARGE

The CIE Advisory Committee is tasked with developing a proposal for statewide governance of CIE, including baseline policy, shared standards, and core infrastructure.

The committee will leverage existing infrastructure to the greatest extent possible; solicit provider and consumer perspectives on barriers or challenges in adoption and expansion of CIE; review and analyze data gathered from forums, surveys, and other research; work collaboratively with the state health information network to elevate policy or advocacy goals that will assist in adoption and expansion of CIE; and identify and monitor a structure for the governance of CIE.

The committee aims to achieve the following deliverables:

a) Propose mechanisms to enforce the rights of consumers and CIE participants, through formal representation of affected parties in governance processes, iterating on the established Consumers Bill of Rights.
b) Establish minimum standards for Coordinating Entities.
c) Identify any statutory and regulatory barriers to the implementation of CIE and, subsequently, establish a baseline policy framework for collection, exchange, and use of data in contexts not already governed by HIPAA, FERPA, or 42 CFR p2, along with a corresponding common structure for legal agreements.

d) Establish statewide standards and protocols for CIE design and implementation, use cases, protocols for informed consent, and evaluation procedures to ensure equitable outcomes.
e) Develop strategies to facilitate adoption of national social care data interoperability standards for data exchange.
f) Recommend a baseline architecture for cross-sector identity matching (leveraging existing infrastructure).
g) Provide guidance to the implementation of pilots in alignment with the CIE Task Force recommendations.
h) Provide learnings to help guide development of national standards and policies.

III) MEMBERSHIP

Committee membership must consist of at least two actively serving commissioners. The committee will consist of no more than six HIT Commissioners. Commissioner participation is voluntary. One commissioner will be elected as chairperson, pursuant to Commission Bylaws (Article VII, Section D). The committee invites applications from the public, pursuant to Commission Bylaws (Article VII, Section G).

The committee may consist of:

- Community Based Organizations
- Social Care IT Vendors
- Consumers
- Local Public Health
- Health Systems, Hospitals, and Health Care Providers
- Emergency Medical Services
- Michigan Health Information Network
- Payors and Medicaid
- Behavioral Health Providers
- Skilled Nursing Facilities
- Educational Institutions (preK-K12)

IV) TERM

Committee members will commit to two-year terms. Committee meetings will be quarterly, with opportunities to engage in the committee's subgroups and/or workgroups, as interested and available.