of the term of the grant or cooperative agreement determined under paragraph (1).

(h) Maintenance of effort

Funds made available under this section shall be used to supplement and not supplant other Federal, State, and local funds available for respite care services.

(July 1, 1944, ch. 373, title XXIX, § 2902, as added Pub. L. 109–442, § 2, Dec. 21, 2006, 120 Stat. 3292.)

§ 300ii–2. National lifespan respite resource center

(a) Establishment

The Secretary may award a grant or cooperative agreement to a public or private nonprofit entity to establish a National Resource Center on Lifespan Respite Care (referred to in this section as the ''center'').

(b) Purposes of the center

The center shall—

(1) maintain a national database on lifespan respite care;

(2) provide training and technical assistance to State, community, and nonprofit respite care programs; and

(3) provide information, referral, and educational programs to the public on lifespan respite care.

(July 1, 1944, ch. 373, title XXIX, § 2903, as added Pub. L. 109–442, § 2, Dec. 21, 2006, 120 Stat. 3295.)

§ 300ii–3. Report

Not later than January 1, 2009, the Secretary shall report to the Congress on the activities undertaken under this subchapter. Such report shall evaluate—

(1) the number of States that have lifespan respite care programs;

(2) the demographics of the caregivers receiving respite care services through grants or cooperative agreements under this subchapter; and

(3) the effectiveness of entities receiving grants or cooperative agreements under this subchapter.

(July 1, 1944, ch. 373, title XXIX, § 2904, as added Pub. L. 109–442, § 2, Dec. 21, 2006, 120 Stat. 3295.)

§ 300ii–4. Authorization of appropriations

There are authorized to be appropriated to carry out this subchapter—

(1) $30,000,000 for fiscal year 2007;

(2) $40,000,000 for fiscal year 2008;

(3) $53,330,000 for fiscal year 2009;

(4) $71,110,000 for fiscal year 2010; and

(5) $94,810,000 for fiscal year 2011.

(July 1, 1944, ch. 373, title XXIX, § 2905, as added Pub. L. 109–442, § 2, Dec. 21, 2006, 120 Stat. 3296.)

SUBCHAPTER XXVIII—HEALTH INFORMATION TECHNOLOGY AND QUALITY

§ 300jj. Definitions

In this subchapter:

(1) Certified EHR technology

The term ''certified EHR technology'' means a qualified electronic health record that is certified pursuant to section 300jj–11(c)(5) of this title as meeting standards adopted under section 300jj–14 of this title that are applicable to the type of record involved (as determined by the Secretary, such as an ambulatory electronic health record for office-based physicians or an inpatient hospital electronic health record for hospitals).

(2) Enterprise integration

The term ''enterprise integration'' means the electronic linkage of health care providers, health plans, the government, and other interested parties, to enable the electronic exchange and use of health information among all the components in the health care infrastructure in accordance with applicable law, and such term includes related application protocols and other related standards.

(3) Health care provider

The term ''health care provider'' includes a hospital, skilled nursing facility, nursing facility, home health entity or other long term care facility, health care clinic, community mental health center (as defined in section 300x–2(b)(1) of this title), renal dialysis facility, blood center, ambulatory surgical center described in section 1395*l*(i) of this title,[1] emergency medical services provider, Federally qualified health center, group practice, a pharmacist, a pharmacy, a laboratory, a physician (as defined in section 1395x(r) of this title), a practitioner (as described in section 1395u(b)(18)(C) of this title), a provider operated by, or under contract with, the Indian Health Service or by an Indian tribe (as defined in the Indian Self-Determination and Education Assistance Act [25 U.S.C. 5301 et seq.]), tribal organization, or urban Indian organization (as defined in section 1603 of title 25), a rural health clinic, a covered entity under section 256b of this title, an ambulatory surgical center described in section 1395*l*(i) of this title,[1] a therapist (as defined in section 1395w–4(k)(3)(B)(iii) of this title), and any other category of health care facility, entity, practitioner, or clinician determined appropriate by the Secretary.

(4) Health information

The term ''health information'' has the meaning given such term in section 1320d(4) of this title.

(5) Health information technology

The term ''health information technology'' means hardware, software, integrated technologies or related licenses, intellectual property, upgrades, or packaged solutions sold as services that are designed for or support the use by health care entities or patients for the electronic creation, maintenance, access, or exchange of health information[2]

(6) Health plan

The term ''health plan'' has the meaning given such term in section 1320d(5) of this title.

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[1] So in original. The words ''ambulatory surgical center described in section 1395*l*(i) of this title'' appear in two places.

[2] So in original. Probably should be followed by a period.

(7) HIT Advisory Committee

The term ''HIT Advisory Committee'' means such Committee established under section 300jj–12(a) of this title.

(8) Individually identifiable health information

The term ''individually identifiable health information'' has the meaning given such term in section 1320d(6) of this title.

(9) Interoperability

The term ''interoperability'', with respect to health information technology, means such health information technology that—

(A) enables the secure exchange of electronic health information with, and use of electronic health information from, other health information technology without special effort on the part of the user;

(B) allows for complete access, exchange, and use of all electronically accessible health information for authorized use under applicable State or Federal law; and

(C) does not constitute information blocking as defined in section 300jj–52(a) of this title.

(10) Laboratory

The term ''laboratory'' has the meaning given such term in section 263a(a) of this title.

(11) National Coordinator

The term ''National Coordinator'' means the head of the Office of the National Coordinator for Health Information Technology established under section 300jj–11(a) of this title.

(12) Pharmacist

The term ''pharmacist'' has the meaning given such term in section 384(2)[3] of title 21.

(13) Qualified electronic health record

The term ''qualified electronic health record'' means an electronic record of health-related information on an individual that—

(A) includes patient demographic and clinical health information, such as medical history and problem lists; and

(B) has the capacity—

(i) to provide clinical decision support;

(ii) to support physician order entry;

(iii) to capture and query information relevant to health care quality; and

(iv) to exchange electronic health information with, and integrate such information from other sources.

(15)[4] State

The term ''State'' means each of the several States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.

(July 1, 1944, ch. 373, title XXX, § 3000, as added Pub. L. 111–5, div. A, title XIII, § 13101, Feb. 17, 2009, 123 Stat. 228; amended Pub. L. 114–255, div. A, title IV, § 4003(a), (e)(2)(B), Dec. 13, 2016, 130 Stat. 1165, 1174.)

REFERENCES IN TEXT

The Indian Self-Determination and Education Assistance Act, referred to in par. (3), is Pub. L. 93–638, Jan. 4, 1975, 88 Stat. 2203, which is classified principally to chapter 46 (§ 5301 et seq.) of Title 25, Indians. For complete classification of this Act to the Code, see Short Title note set out under section 5301 of Title 25 and Tables.

AMENDMENTS

2016—Par. (7). Pub. L. 114–255, § 4003(e)(2)(B), added par. (7) and struck out former par. (7). Prior to amendment, text read as follows: ''The term 'HIT Policy Committee' means such Committee established under section 300jj–12(a) of this title.''

Par. (8). Pub. L. 114–255, § 4003(e)(2)(B)(i), redesignated par. (9) as (8) and struck out former par. (8). Prior to amendment, text of par. (8) read as follows: ''The term 'HIT Standards Committee' means such Committee established under section 300jj–13(a) of this title.''

Par. (9). Pub. L. 114–255, § 4003(e)(2)(B)(i), redesignated par. (10) as (9). Former par. (9) redesignated (8).

Par. (10). Pub. L. 114–255, § 4003(e)(2)(B)(i), redesignated par. (11) as (10). Former par. (10) redesignated (9).

Pub. L. 114–255, § 4003(a)(2), added par. (10). Former par. (10) redesignated (11).

Pars. (11) to (14). Pub. L. 114–255, § 4003(e)(2)(B)(i), redesignated pars. (12) to (14) as (11) to (13), respectively. Former par. (11) redesignated (10).

Pub. L. 114–255, § 4003(a)(1), redesignated pars. (10) to (13) as (11) to (14), respectively. Former par. (14) redesignated (15).

Par. (15). Pub. L. 114–255, § 4003(a)(1), redesignated par. (14) as (15).

ASSISTING DOCTORS AND HOSPITALS IN IMPROVING QUALITY OF CARE FOR PATIENTS

Pub. L. 111–5, div. A, title XIII, § 13103, as added by Pub. L. 114–255, div. A, title IV, § 4001(a)(1), Dec. 13, 2016, 130 Stat. 1157, provided that:

''(a) REDUCTION IN BURDENS GOAL.—The Secretary of Health and Human Services (referred to in this section as the 'Secretary'), in consultation with providers of health services, health care suppliers of services, health care payers, health professional societies, health information technology developers, health care quality organizations, health care accreditation organizations, public health entities, States, and other appropriate entities, shall, in accordance with subsection (b)—

''(1) establish a goal with respect to the reduction of regulatory or administrative burdens (such as documentation requirements) relating to the use of electronic health records;

''(2) develop a strategy for meeting the goal established under paragraph (1); and

''(3) develop recommendations for meeting the goal established under paragraph (1).

''(b) STRATEGY AND RECOMMENDATIONS.—

''(1) IN GENERAL.—To achieve the goal established under subsection (a)(1), the Secretary, in consultation with the entities described in such subsection, shall, not later than 1 year after the date of enactment of the 21st Century Cures Act [Dec. 13, 2016], develop a strategy and recommendations to meet the goal in accordance with this subsection.

''(2) STRATEGY.—The strategy developed under paragraph (1) shall address the regulatory and administrative burdens (such as documentation requirements) relating to the use of electronic health records. Such strategy shall include broad public comment and shall prioritize—

''(A)(i) incentives for meaningful use of certified EHR technology for eligible professionals and hospitals under sections 1848(a)(7) and 1886(b)(3)(B)(ix), respectively, of the Social Security Act (42 U.S.C. 1395w–4(a)(7), 1395ww(b)(3)(B)(ix));

''(ii) the program for making payments under section 1903(a)(3)(F) of the Social Security Act (42 U.S.C. 1396b(a)(3)(F)) to encourage the adoption and use of certified EHR technology by Medicaid providers;

''(iii) the Merit-based Incentive Payment System under section 1848(q) of the Social Security Act (42 U.S.C. 1395w–4(q));

[3] So in original. Probably should be ''(a)(2)''.

[4] So in original. There is no par. (14).

''(iv) alternative payment models (as defined in section 1833(z)(3)(C) of the Social Security Act (42 U.S.C. 1395*l*(z)(3)(C));

''(v) the Hospital Value-Based Purchasing Program under section 1886(*o*) of the Social Security Act (42 U.S.C. 1395ww(*o*)); and

''(vi) other value-based payment programs, as the Secretary determines appropriate;

''(B) health information technology certification;

''(C) standards and implementation specifications, as appropriate;

''(D) activities that provide individuals access to their electronic health information;

''(E) activities related to protecting the privacy of electronic health information;

''(F) activities related to protecting the security of electronic health information;

''(G) activities related to facilitating health and clinical research;

''(H) activities related to public health;

''(I) activities related to aligning and simplifying quality measures across Federal programs and other payers;

''(J) activities related to reporting clinical data for administrative purposes; and

''(K) other areas, as the Secretary determines appropriate.

''(3) RECOMMENDATIONS.—The recommendations developed under paragraph (1) shall address—

''(A) actions that improve the clinical documentation experience;

''(B) actions that improve patient care;

''(C) actions to be taken by the Secretary and by other entities; and

''(D) other areas, as the Secretary determines appropriate, to reduce the reporting burden required of health care providers.

''(4) FACA.—The Federal Advisory Committee Act (5 U.S.C. App.) shall not apply to the development of the goal, strategies, or recommendations described in this section.

''(c) APPLICATION OF CERTAIN REGULATORY REQUIREMENTS.—A physician (as defined in section 1861(r)(1) of the Social Security Act [42 U.S.C. 1395x(r)(1)]), to the extent consistent with applicable State law, may delegate electronic medical record documentation requirements specified in regulations promulgated by the Centers for Medicare & Medicaid Services to a person performing a scribe function who is not such physician if such physician has signed and verified the documentation.''

PART A—PROMOTION OF HEALTH INFORMATION TECHNOLOGY

§ 300jj–11. Office of the National Coordinator for Health Information Technology

(a) Establishment

There is established within the Department of Health and Human Services an Office of the National Coordinator for Health Information Technology (referred to in this section as the ''Office''). The Office shall be headed by a National Coordinator who shall be appointed by the Secretary and shall report directly to the Secretary.

(b) Purpose

The National Coordinator shall perform the duties under subsection (c) in a manner consistent with the development of a nationwide health information technology infrastructure that allows for the electronic use and exchange of information and that—

(1) ensures that each patient's health information is secure and protected, in accordance with applicable law;

(2) improves health care quality, reduces medical errors, reduces health disparities, and advances the delivery of patient-centered medical care;

(3) reduces health care costs resulting from inefficiency, medical errors, inappropriate care, duplicative care, and incomplete information;

(4) provides appropriate information to help guide medical decisions at the time and place of care;

(5) ensures the inclusion of meaningful public input in such development of such infrastructure;

(6) improves the coordination of care and information among hospitals, laboratories, physician offices, and other entities through an effective infrastructure for the secure and authorized exchange of health care information;

(7) improves public health activities and facilitates the early identification and rapid response to public health threats and emergencies, including bioterror events and infectious disease outbreaks;

(8) facilitates health and clinical research and health care quality;

(9) promotes early detection, prevention, and management of chronic diseases;

(10) promotes a more effective marketplace, greater competition, greater systems analysis, increased consumer choice, and improved outcomes in health care services; and

(11) improves efforts to reduce health disparities.

(c) Duties of the National Coordinator

(1) Standards

The National Coordinator shall—

(A) review and determine whether to endorse each standard, implementation specification, and certification criterion for the electronic exchange and use of health information that is recommended by the HIT Advisory Committee under section 300jj–12 of this title for purposes of adoption under section 300jj–14 of this title;

(B) make such determinations under subparagraph (A), and report to the Secretary such determinations, not later than 45 days after the date the recommendation is received by the Coordinator; and

(C) review Federal health information technology investments to ensure that Federal health information technology programs are meeting the objectives of the strategic plan published under paragraph (3).

(2) HIT policy coordination

(A) In general

The National Coordinator shall coordinate health information technology policy and programs of the Department with those of other relevant executive branch agencies with a goal of avoiding duplication of efforts and of helping to ensure that each agency undertakes health information technology activities primarily within the areas of its greatest expertise and technical capability and in a manner towards a coordinated national goal.

(B) HIT Advisory Committee

The National Coordinator shall be a leading member in the establishment and oper-