



1           (1) APPOINTMENT.—By not later than 6  
2 months after the date of the enactment of this Act,  
3 the Secretary of Health and Human Services (in this  
4 Act referred to as the “Secretary”) shall appoint an  
5 individual as the National Health Information Offi-  
6 cer for the Department of Health and Human Serv-  
7 ices.

8           (2) GENERAL DUTIES.—Such Officer shall re-  
9 port directly to the Secretary and shall be respon-  
10 sible for developing and maintaining ongoing na-  
11 tional leadership in the planning, development, and  
12 adoption of a national health information infrastruc-  
13 ture. The Secretary may assign to the Officer other  
14 duties that would promote the goals of this Act.

15           (3) STRATEGIC PLAN.—Not later than 6  
16 months after the date of the enactment of this Act,  
17 the National Health Information Officer shall, in co-  
18 operation with key stakeholders, develop a strategic  
19 plan to create a comprehensive national health infor-  
20 mation infrastructure that encompasses public-sector  
21 and private-sector health information activities. Such  
22 plans shall include a national agenda to guide policy-  
23 making, technology investments, research, and inte-  
24 gration with ongoing public health, healthcare, and  
25 health information technology activities and a

1 timeline for the specific duties described in sub-  
2 section (d)(1).

3 (4) LIMITED TERM OF OFFICE.—The National  
4 Health Information Officer shall serve for a term of  
5 5 years, after which, unless extended by Act of Con-  
6 gress, the office shall terminate.

7 (b) GOALS.—The goals of the national health infor-  
8 mation infrastructure are—

9 (1) to maximize positive outcomes in clinical  
10 care;

11 (2) to minimize preventable medical errors, es-  
12 pecially in hospitals and in the administration of  
13 contraindicated drugs;

14 (3) to reduce redundant paperwork, such as the  
15 repeated taking of patient histories;

16 (4) to decrease costs from duplicative or other-  
17 wise unnecessary testing or procedures; and

18 (5) to establish a compatible information tech-  
19 nology architecture that increases health care quality  
20 and cost-savings, enhances security of information,  
21 and avoids the financing and development of health  
22 information technology systems that are not readily  
23 compatible.

24 (c) COLLABORATION WITH STAKEHOLDERS.—

1           (1) IN GENERAL.—The Secretary shall assure  
2           that activities of the Department of Health and  
3           Human Services that relate to the national health  
4           information infrastructure are undertaken after con-  
5           sultation with and based on the recommendations of  
6           the parties described in paragraph (3).

7           (2) PERIODIC MEETINGS.—The Secretary,  
8           through the National Health Information Officer,  
9           shall convene as a group the parties described in  
10          paragraph (3). Such group shall meet periodically  
11          and collaborate to make recommendations to such  
12          Officer and the Secretary on the matters described  
13          in subsection (d).

14          (3) PARTIES REPRESENTED.—The parties de-  
15          scribed in this paragraph are experts from the fields  
16          of medical information, information technology, med-  
17          ical continuous quality improvement, and medical  
18          records security and privacy, appropriate staff ex-  
19          perts from Federal agencies (including those within  
20          the Department of Health and Human Services) and  
21          representatives of the following:

22                        (A) The National Committee on Vital and  
23                        Health Statistics, the National Institutes of  
24                        Standards and Technology, the National Li-

1           brary of Medicine, and the Agency for  
2           Healthcare Research and Quality.

3           (B) Individual and institutional health care  
4           clinical providers, including a teaching hospital  
5           and physicians.

6           (C) Clinical and health services research-  
7           ers.

8           (D) Health care purchasers.

9           (E) Private organizations with expertise in  
10          medical informatics.

11          (F) Patient groups.

12          (G) A State or local public health depart-  
13          ment.

14          (H) The health care information tech-  
15          nology industry and national alliances formed  
16          to achieve standards-based health care informa-  
17          tion systems.

18          (d) DUTIES.—In carrying out subsection (a), the Na-  
19          tional Health Information Officer shall advise the Sec-  
20          retary on the following, in order to promote the goals de-  
21          scribed in subsection (b):

22                  (1)(A) Not later than 1 year after the date of  
23          the enactment of this Act, an assessment of—

1 (i) the best current practices in the devel-  
2 opment, purchase, and maintenance of medical  
3 information technology; and

4 (ii) currently existing legal requirements  
5 for communication standards.

6 (B) Not later than 2 years after the date of the  
7 enactment of this Act, recommendations for a uni-  
8 form health information system interface, and meth-  
9 ods for its adoption, to ensure compatibility between  
10 and among old and new information systems.

11 (C) Recommendations for health and healthcare  
12 data standards (such as vocabulary and messaging),  
13 communications standards, and other medical stand-  
14 ards (including a common lexicon) necessary to  
15 achieve the interoperability of health information  
16 systems.

17 (2) Coordination of the evolution of the national  
18 health information infrastructure and working with  
19 other key stakeholders in the public and private sec-  
20 tors to develop a strategic plan that will ensure the  
21 interoperability of all elements of such infrastruc-  
22 ture.

23 (3) Coordination of spending across Federal  
24 agencies relating to the establishment of such infra-  
25 structure.

1           (4) Development of policies to ensure compli-  
2           ance with all standards adopted under part C of title  
3           XI, including promotion of patient control of pro-  
4           tected health information.

5           (5) Avoidance of confusion and potential non-  
6           compliance with currently existing legal require-  
7           ments.

8           (e) **DETAIL OF FEDERAL EMPLOYEES.**—Upon the  
9           request of the Secretary, the head of any Federal agency  
10          is authorized to detail, without reimbursement from the  
11          National Health Information Officer, any of the personnel  
12          of such agency to such Officer to assist the Officer in car-  
13          rying out duties of the Officer under this section. Any such  
14          detail shall not interrupt or otherwise affect the civil serv-  
15          ice status or privileges of the Federal employee.

16          (f) **USE OF FUNDS CONSISTENT WITH NATIONAL**  
17          **AGENDA.**—The Secretary shall develop a process (such as  
18          requiring the approval of the National Health Information  
19          Officer) to assure that to the greatest extent feasible funds  
20          of the Department of Health and Human Services granted  
21          or spent for health information systems are used to fur-  
22          ther the national agenda developed pursuant to subsection  
23          (a)(3).

24          (g) **AUTHORIZATION OF APPROPRIATIONS AND SUN-**  
25          **SET.**—There are authorized to be appropriated such sums

1 as may be necessary for each fiscal year beginning with  
2 fiscal year 2004 to carry out this section.

3 **SEC. 3. DATA AND COMMUNICATIONS STANDARDS FOR**  
4 **INTEROPERABILITY.**

5 (a) IN GENERAL.—Based on the recommendations  
6 provided under section 2(d)(1)(B), the Secretary shall de-  
7 velop or adopt (and shall periodically review and update)  
8 voluntary, national data and communications standards  
9 that promote the interoperability of health information  
10 technology systems across all public and private health  
11 care settings. The Secretary shall ensure thorough testing  
12 of data and communications standards before their imple-  
13 mentation. In developing or adopting such standards, the  
14 Secretary shall take into account—

15 (1) the ability of such standards to enable clini-  
16 cally-specific data collection in order to promote evi-  
17 dence-based medicine and the electronic exchange of  
18 patient medical record information; and

19 (2) the costs of compliance and the savings and  
20 other benefits from improved efficiency and quality  
21 in health care delivery.

22 (b) REPORTS.—

23 (1) INITIAL REPORT.—No later than 12 months  
24 after the date of the enactment of this Act, the Sec-  
25 retary shall submit to Congress a report that in-

1 includes a comprehensive national health information  
2 infrastructure strategic plan and information on  
3 progress on the assessments, the recommendations  
4 for the interface, and the recommendations for  
5 standards, under section 2(d).

6 (2) SUBSEQUENT REPORTS.—During each of  
7 the 2 years after the year in which the report is sub-  
8 mitted under paragraph (1), the Secretary shall sub-  
9 mit to Congress an annual report relating to addi-  
10 tional recommendations, best practices, results of in-  
11 formation technology improvements, analyses of pri-  
12 vate sector efforts to implement the data and com-  
13 munications standards established under this sec-  
14 tion, and such other matters as may help ensure the  
15 most rapid dissemination of best practices in health  
16 care information technology.

17 (c) CONTRACT AUTHORITY.—The Secretary is au-  
18 thorized to enter into contracts—

19 (1) for services and activities necessary to carry  
20 out this section and section 2; and

21 (2) to the extent practicable, to test the stand-  
22 ards under consideration under this section.

23 (d) DISSEMINATION.—The Secretary shall provide  
24 for the reviewing, updating, and disseminating the stand-  
25 ards developed under this section.

1       (e) AUTHORIZATION OF APPROPRIATIONS.—There  
2 are authorized to be appropriated such sums as may be  
3 necessary for each fiscal year beginning with fiscal year  
4 2004 to carry out this section.

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