

111TH CONGRESS  
1ST SESSION

# H. R. 1031

To promote a better health information system.

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## IN THE HOUSE OF REPRESENTATIVES

FEBRUARY 12, 2009

Mr. BURGESS introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

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## A BILL

To promote a better health information system.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

### 3 **SECTION 1. SHORT TITLE AND TABLE OF CONTENTS.**

4 (a) SHORT TITLE.—This Act may be cited as the  
5 “Health Information Technology Promotion Act of 2009”.

6 (b) TABLE OF CONTENTS.—The table of contents of  
7 this Act is as follows:

Sec. 1. Short title and table of contents.

Sec. 2. Preserving privacy and security laws.

TITLE I—PROMOTING THE USE OF HEALTH INFORMATION  
TECHNOLOGY TO BETTER COORDINATE HEALTH CARE

- Sec. 101. Safe harbors to antikickback civil penalties and criminal penalties for provision of Health Information Technology and training services.
- Sec. 102. Exception to limitation on certain physician referrals (under Stark) for provision of Health Information Technology and training services to health care professionals.
- Sec. 103. Rules of construction regarding use of consortia.

## TITLE II—ADDITIONAL PROVISIONS

- Sec. 201. Promotion of telehealth services.
- Sec. 202. Study and report on expansion of home health-related telehealth services.
- Sec. 203. Study and report on store and forward technology for telehealth.
- Sec. 204. Ensuring health care providers participating in PHSA programs, Medicaid, SCHIP, or the MCH program may maintain health information in electronic form.
- Sec. 205. Ensuring health care providers participating in the Medicare program may maintain health information in electronic form.
- Sec. 206. Study and report on State, regional, and community health information exchanges.
- Sec. 207. Promoting Health Information Technology as a tool for chronic disease management.

### 1    **SEC. 2. PRESERVING PRIVACY AND SECURITY LAWS.**

2            Nothing in this Act (or the amendments made by this  
3 Act) shall be construed to affect the scope, substance, or  
4 applicability of section 264(c) of the Health Insurance  
5 Portability and Accountability Act of 1996 and any regu-  
6 lation issued pursuant to such section.

1 **TITLE I—PROMOTING THE USE**  
2 **OF HEALTH INFORMATION**  
3 **TECHNOLOGY TO BETTER CO-**  
4 **ORDINATE HEALTH CARE**

5 **SEC. 101. SAFE HARBORS TO ANTIKICKBACK CIVIL PEN-**  
6 **ALTIES AND CRIMINAL PENALTIES FOR PRO-**  
7 **VISION OF HEALTH INFORMATION TECH-**  
8 **NOLOGY AND TRAINING SERVICES.**

9 (a) FOR CIVIL PENALTIES.—Section 1128A of the  
10 Social Security Act (42 U.S.C. 1320a–7a) is amended—

11 (1) in subsection (b), by adding at the end the  
12 following new paragraph:

13 “(4) For purposes of this subsection, inducements to  
14 reduce or limit services described in paragraph (1) shall  
15 not include the practical or other advantages resulting  
16 from health information technology or related installation,  
17 maintenance, support, or training services.”; and

18 (2) in subsection (i), by adding at the end the  
19 following new paragraph:

20 “(8) The term ‘health information technology’  
21 means hardware, software, license, right, intellectual  
22 property, equipment, or other information tech-  
23 nology (including new versions, upgrades, and  
24 connectivity) designed or provided primarily for the  
25 electronic creation, maintenance, or exchange of

1 health information to better coordinate care or im-  
2 prove health care quality, efficiency, or research.”.

3 (b) FOR CRIMINAL PENALTIES.—Section 1128B of  
4 such Act (42 U.S.C. 1320a–7b) is amended—

5 (1) in subsection (b)(3)—

6 (A) in subparagraph (G), by striking  
7 “and” at the end;

8 (B) in the subparagraph (H) added by sec-  
9 tion 237(d) of the Medicare Prescription Drug,  
10 Improvement, and Modernization Act of 2003  
11 (Public Law 108–173; 117 Stat. 2213)—

12 (i) by moving such subparagraph 2  
13 ems to the left; and

14 (ii) by striking the period at the end  
15 and inserting a semicolon;

16 (C) in the subparagraph (H) added by sec-  
17 tion 431(a) of such Act (117 Stat. 2287)—

18 (i) by redesignating such subpara-  
19 graph as subparagraph (I);

20 (ii) by moving such subparagraph 2  
21 ems to the left; and

22 (iii) by striking the period at the end  
23 and inserting “; and”; and

24 (D) by adding at the end the following new  
25 subparagraph:

1           “(J) any nonmonetary remuneration (in the  
2           form of health information technology, as defined in  
3           section 1128A(i)(8), or related installation, mainte-  
4           nance, support, or training services) made to a per-  
5           son by a specified entity (as defined in subsection  
6           (g)) if—

7                   “(i) the provision of such remuneration is  
8                   without an agreement between the parties or  
9                   legal condition that—

10                           “(I) limits or restricts the use of the  
11                           health information technology to services  
12                           provided by the physician to individuals re-  
13                           ceiving services at the specified entity;

14                           “(II) limits or restricts the use of the  
15                           health information technology in conjunc-  
16                           tion with other health information tech-  
17                           nology; or

18                           “(III) conditions the provision of such  
19                           remuneration on the referral of patients or  
20                           business to the specified entity;

21                           “(ii) such remuneration is arranged for in  
22                           a written agreement that is signed by the par-  
23                           ties involved (or their representatives) and that  
24                           specifies the remuneration solicited or received  
25                           (or offered or paid) and states that the provi-

1 sion of such remuneration is made for the pri-  
2 mary purpose of better coordination of care or  
3 improvement of health quality, efficiency, or re-  
4 search; and

5 “(iii) the specified entity providing the re-  
6 munerated (or a representative of such entity)  
7 has not taken any action to disable any basic  
8 feature of any hardware or software component  
9 of such remuneration that would permit inter-  
10 operability.”; and

11 (2) by adding at the end the following new sub-  
12 section:

13 “(g) SPECIFIED ENTITY DEFINED.—For purposes of  
14 subsection (b)(3)(J), the term ‘specified entity’ means an  
15 entity that is a hospital, group practice, prescription drug  
16 plan sponsor, a Medicare Advantage organization, or any  
17 other such entity specified by the Secretary, considering  
18 the goals and objectives of this section, as well as the goals  
19 to better coordinate the delivery of health care and to pro-  
20 mote the adoption and use of health information tech-  
21 nology.”.

22 (c) EFFECTIVE DATE AND EFFECT ON STATE  
23 LAWS.—

24 (1) EFFECTIVE DATE.—The amendments made  
25 by subsections (a) and (b) shall take effect on the

1 date that is 120 days after the date of the enact-  
2 ment of this Act.

3 (2) PREEMPTION OF STATE LAWS.—No State  
4 (as defined in section 1101(a) of the Social Security  
5 Act (42 U.S.C. 1301(a)) for purposes of title XI of  
6 such Act) shall have in effect a State law that im-  
7 poses a criminal or civil penalty for a transaction de-  
8 scribed in section 1128A(b)(4) or section  
9 1128B(b)(3)(J) of such Act, as added by subsections  
10 (a)(1) and (b), respectively, if the conditions de-  
11 scribed in the respective provision, with respect to  
12 such transaction, are met.

13 (d) STUDY AND REPORT TO ASSESS EFFECT OF  
14 SAFE HARBORS ON HEALTH SYSTEM.—

15 (1) IN GENERAL.—The Secretary of Health and  
16 Human Services shall conduct a study to determine  
17 the impact of each of the safe harbors described in  
18 paragraph (3). In particular, the study shall examine  
19 the following:

20 (A) The effectiveness of each safe harbor  
21 in increasing the adoption of health information  
22 technology.

23 (B) The types of health information tech-  
24 nology provided under each safe harbor.

1           (C) The extent to which the financial or  
2           other business relationships between providers  
3           under each safe harbor have changed as a re-  
4           sult of the safe harbor in a way that adversely  
5           affects or benefits the health care system or  
6           choices available to consumers.

7           (D) The impact of the adoption of health  
8           information technology on health care quality,  
9           cost, and access under each safe harbor.

10          (2) REPORT.—Not later than three years after  
11          the effective date described in subsection (c)(1), the  
12          Secretary of Health and Human Services shall sub-  
13          mit to Congress a report on the study under para-  
14          graph (1).

15          (3) SAFE HARBORS DESCRIBED.—For purposes  
16          of paragraphs (1) and (2), the safe harbors de-  
17          scribed in this paragraph are—

18               (A) the safe harbor under section  
19               1128A(b)(4) of such Act (42 U.S.C. 1320a-  
20               7a(b)(4)), as added by subsection (a)(1); and

21               (B) the safe harbor under section  
22               1128B(b)(3)(J) of such Act (42 U.S.C. 1320a-  
23               7b(b)(3)(J)), as added by subsection (b).

1 **SEC. 102. EXCEPTION TO LIMITATION ON CERTAIN PHYSI-**  
2 **CIAN REFERRALS (UNDER STARK) FOR PRO-**  
3 **VISION OF HEALTH INFORMATION TECH-**  
4 **NOLOGY AND TRAINING SERVICES TO**  
5 **HEALTH CARE PROFESSIONALS.**

6 (a) IN GENERAL.—Section 1877(b) of the Social Se-  
7 curity Act (42 U.S.C. 1395nn(b)) is amended by adding  
8 at the end the following new paragraph:

9 “(6) INFORMATION TECHNOLOGY AND TRAIN-  
10 ING SERVICES.—

11 “(A) IN GENERAL.—Any nonmonetary re-  
12 muneratation (in the form of health information  
13 technology or related installation, maintenance,  
14 support, or training services) made by a speci-  
15 fied entity to a physician if—

16 “(i) the provision of such remunera-  
17 tion is without an agreement between the  
18 parties or legal condition that—

19 “(I) limits or restricts the use of  
20 the health information technology to  
21 services provided by the physician to  
22 individuals receiving services at the  
23 specified entity;

24 “(II) limits or restricts the use of  
25 the health information technology in

1 conjunction with other health informa-  
2 tion technology; or

3 “(III) conditions the provision of  
4 such remuneration on the referral of  
5 patients or business to the specified  
6 entity;

7 “(ii) such remuneration is arranged  
8 for in a written agreement that is signed  
9 by the parties involved (or their represent-  
10 atives) and that specifies the remuneration  
11 made and states that the provision of such  
12 remuneration is made for the primary pur-  
13 pose of better coordination of care or im-  
14 provement of health quality, efficiency, or  
15 research; and

16 “(iii) the specified entity (or a rep-  
17 resentative of such entity) has not taken  
18 any action to disable any basic feature of  
19 any hardware or software component of  
20 such remuneration that would permit  
21 interoperability.

22 “(B) HEALTH INFORMATION TECHNOLOGY  
23 DEFINED.—For purposes of this paragraph, the  
24 term ‘health information technology’ means  
25 hardware, software, license, right, intellectual

1 property, equipment, or other information tech-  
2 nology (including new versions, upgrades, and  
3 connectivity) designed or provided primarily for  
4 the electronic creation, maintenance, or ex-  
5 change of health information to better coordi-  
6 nate care or improve health care quality, effi-  
7 ciency, or research.

8 “(C) SPECIFIED ENTITY DEFINED.—For  
9 purposes of this paragraph, the term ‘specified  
10 entity’ means an entity that is a hospital, group  
11 practice, prescription drug plan sponsor, a  
12 Medicare Advantage organization, or any other  
13 such entity specified by the Secretary, consid-  
14 ering the goals and objectives of this section, as  
15 well as the goals to better coordinate the deliv-  
16 ery of health care and to promote the adoption  
17 and use of health information technology.”.

18 (b) EFFECTIVE DATE; EFFECT ON STATE LAWS.—

19 (1) EFFECTIVE DATE.—The amendment made  
20 by subsection (a) shall take effect on the date that  
21 is 120 days after the date of the enactment of this  
22 Act.

23 (2) PREEMPTION OF STATE LAWS.—No State  
24 (as defined in section 1101(a) of the Social Security  
25 Act (42 U.S.C. 1301(a)) for purposes of title XI of

1       such Act) shall have in effect a State law that im-  
2       poses a criminal or civil penalty for a transaction de-  
3       scribed in section 1877(b)(6) of such Act, as added  
4       by subsection (a), if the conditions described in such  
5       section, with respect to such transaction, are met.

6       (c) STUDY AND REPORT TO ASSESS EFFECT OF EX-  
7       CEPTION ON HEALTH SYSTEM.—

8               (1) IN GENERAL.—The Secretary of Health and  
9       Human Services shall conduct a study to determine  
10      the impact of the exception under section 1877(b)(6)  
11      of such Act (42 U.S.C. 1395nn(b)(6)), as added by  
12      subsection (a). In particular, the study shall examine  
13      the following:

14             (A) The effectiveness of the exception in  
15             increasing the adoption of health information  
16             technology.

17             (B) The types of health information tech-  
18             nology provided under the exception.

19             (C) The extent to which the financial or  
20             other business relationships between providers  
21             under the exception have changed as a result of  
22             the exception in a way that adversely affects or  
23             benefits the health care system or choices avail-  
24             able to consumers.

1 (D) The impact of the adoption of health  
2 information technology on health care quality,  
3 cost, and access under the exception.

4 (2) REPORT.—Not later than three years after  
5 the effective date described in subsection (b)(1), the  
6 Secretary of Health and Human Services shall sub-  
7 mit to Congress a report on the study under para-  
8 graph (1).

9 **SEC. 103. RULES OF CONSTRUCTION REGARDING USE OF**  
10 **CONSORTIA.**

11 (a) APPLICATION TO SAFE HARBOR FROM CRIMINAL  
12 PENALTIES.—Section 1128B(b)(3) of the Social Security  
13 Act (42 U.S.C. 1320a–7b(b)(3)) is amended by adding  
14 after and below subparagraph (J), as added by section  
15 101(b)(1), the following: “For purposes of subparagraph  
16 (J), nothing in such subparagraph shall be construed as  
17 preventing a specified entity, consistent with the specific  
18 requirements of such subparagraph, from forming a con-  
19 sortium composed of health care providers, payers, em-  
20 ployers, and other interested entities to collectively pur-  
21 chase and donate health information technology, or from  
22 offering health care providers a choice of health informa-  
23 tion technology products in order to take into account the  
24 varying needs of such providers receiving such products.”.

1 (b) APPLICATION TO STARK EXCEPTION.—Para-  
 2 graph (6) of section 1877(b) of the Social Security Act  
 3 (42 U.S.C. 1395nn(b)), as added by section 102(a), is  
 4 amended by adding at the end the following new subpara-  
 5 graph:

6 “(D) RULE OF CONSTRUCTION.—For pur-  
 7 poses of subparagraph (A), nothing in such  
 8 subparagraph shall be construed as preventing  
 9 a specified entity, consistent with the specific  
 10 requirements of such subparagraph, from—

11 “(i) forming a consortium composed  
 12 of health care providers, payers, employers,  
 13 and other interested entities to collectively  
 14 purchase and donate health information  
 15 technology; or

16 “(ii) offering health care providers a  
 17 choice of health information technology  
 18 products in order to take into account the  
 19 varying needs of such providers receiving  
 20 such products.”.

## 21 **TITLE II—ADDITIONAL** 22 **PROVISIONS**

### 23 **SEC. 201. PROMOTION OF TELEHEALTH SERVICES.**

24 (a) FACILITATING THE PROVISION OF TELEHEALTH  
 25 SERVICES ACROSS STATE LINES.—The Secretary of

1 Health and Human Services shall, in coordination with  
2 physicians, health care practitioners, patient advocates,  
3 and representatives of States, encourage and facilitate the  
4 adoption of State reciprocity agreements for practitioner  
5 licensure in order to expedite the provision across State  
6 lines of telehealth services.

7 (b) REPORT.—Not later than 18 months after the  
8 date of the enactment of this Act, the Secretary of Health  
9 and Human Services shall submit to Congress a report  
10 on the actions taken to carry out subsection (a).

11 (c) STATE DEFINED.—For purposes of this sub-  
12 section, the term “State” has the meaning given that term  
13 for purposes of title XVIII of the Social Security Act.

14 **SEC. 202. STUDY AND REPORT ON EXPANSION OF HOME**  
15 **HEALTH-RELATED TELEHEALTH SERVICES.**

16 (a) STUDY.—The Secretary of Health and Human  
17 Services shall conduct a study to determine the feasibility,  
18 advisability, and the costs of—

- 19 (1) including coverage and payment for home  
20 health-related telehealth services as part of home  
21 health services under title XVIII of the Social Secu-  
22 rity Act; and
- 23 (2) expanding the list of sites described in para-  
24 graph (4)(C)(ii) of section 1834(m) of the Social Se-  
25 curity Act (42 U.S.C. 1395m(m)) to include county

1        mental health clinics or other publicly funded mental  
2        health facilities for the purpose of payment under  
3        such section for the provision of telehealth services  
4        at such clinics or facilities.

5        (b) SPECIFICS OF STUDY.—Such study shall dem-  
6        onstrate whether the changes described in paragraphs (1)  
7        and (2) of subsection (a) will result in the following:

8                (1) Enhanced health outcomes for individuals  
9        with one or more chronic conditions.

10               (2) Health outcomes for individuals furnished  
11        telehealth services or home health-related telehealth  
12        services that are at least comparable to the health  
13        outcomes for individuals furnished similar items and  
14        services by a health care provider at the same loca-  
15        tion of the individual or at the home of the indi-  
16        vidual, respectively.

17               (3) Facilitation of communication of more accu-  
18        rate clinical information between health care pro-  
19        viders.

20               (4) Closer monitoring of individuals by health  
21        care providers.

22               (5) Overall reduction in expenditures for health  
23        care items and services.

24               (6) Improved access to health care.

1       (c) HOME HEALTH-RELATED TELEHEALTH SERV-  
 2 ICES DEFINED.—For purposes of this section, the term  
 3 “home health-related telehealth services” means tech-  
 4 nology-based professional consultations, patient moni-  
 5 toring, patient training services, clinical observation, pa-  
 6 tient assessment, and any other health services that utilize  
 7 telecommunications technologies. Such term does not in-  
 8 clude a telecommunication that consists solely of a tele-  
 9 phone audio conversation, facsimile, electronic text mail,  
 10 or consultation between two health care providers.

11       (d) REPORT.—Not later than 18 months after the  
 12 date of the enactment of this Act, the Secretary of Health  
 13 and Human Services shall submit to Congress a report  
 14 on the study conducted under subsection (a) and shall in-  
 15 clude in such report such recommendations for legislation  
 16 or administration action as the Secretary determines ap-  
 17 propriate.

18 **SEC. 203. STUDY AND REPORT ON STORE AND FORWARD**  
 19 **TECHNOLOGY FOR TELEHEALTH.**

20       (a) STUDY.—The Secretary of Health and Human  
 21 Services, acting through the Director of the Office for the  
 22 Advancement of Telehealth, shall conduct a study on the  
 23 use of store and forward technologies (that provide for the  
 24 asynchronous transmission of health care information in  
 25 single or multimedia formats) in the provision of tele-

1 health services. Such study shall include an assessment of  
 2 the feasibility, advisability, and the costs of expanding the  
 3 use of such technologies for use in the diagnosis and treat-  
 4 ment of certain conditions.

5 (b) REPORT.—Not later than 18 months after the  
 6 date of the enactment of this Act, the Secretary of Health  
 7 and Human Services shall submit to Congress a report  
 8 on the study conducted under subsection (a) and shall in-  
 9 clude in such report such recommendations for legislation  
 10 or administration action as the Secretary determines ap-  
 11 propriate.

12 **SEC. 204. ENSURING HEALTH CARE PROVIDERS PARTICI-**  
 13 **PATING IN PHSA PROGRAMS, MEDICAID,**  
 14 **SCHIP, OR THE MCH PROGRAM MAY MAIN-**  
 15 **TAIN HEALTH INFORMATION IN ELECTRONIC**  
 16 **FORM.**

17 Part B of title II of the Public Health Service Act  
 18 is amended by adding at the end the following new section:

19 **“SEC. 249. ENSURING HEALTH CARE PROVIDERS MAY MAIN-**  
 20 **TAIN HEALTH INFORMATION IN ELECTRONIC**  
 21 **FORM.**

22 “(a) IN GENERAL.—Any health care provider that  
 23 participates in a health care program that receives Federal  
 24 funds under this Act, or under title V, XIX, or XXI of  
 25 the Social Security Act, shall be deemed as meeting any

1 requirement for the maintenance of data in paper form  
 2 under such program (whether or not for purposes of man-  
 3 agement, billing, reporting, reimbursement, or otherwise)  
 4 if the required data is maintained in an electronic form.

5 “(b) RELATION TO STATE LAWS.—Beginning on the  
 6 date that is one year after the date of the enactment of  
 7 this section, subsection (a) shall supersede any contrary  
 8 provision of State law.

9 “(c) CONSTRUCTION.—Nothing in this section shall  
 10 be construed as—

11 “(1) requiring health care providers to maintain  
 12 or submit data in electronic form;

13 “(2) preventing a State from permitting health  
 14 care providers to maintain or submit data in paper  
 15 form; or

16 “(3) preventing a State from requiring health  
 17 care providers to maintain or submit data in elec-  
 18 tronic form.”.

19 **SEC. 205. ENSURING HEALTH CARE PROVIDERS PARTICI-**  
 20 **PATING IN THE MEDICARE PROGRAM MAY**  
 21 **MAINTAIN HEALTH INFORMATION IN ELEC-**  
 22 **TRONIC FORM.**

23 Section 1871 of the Social Security Act (42 U.S.C.  
 24 1395hh) is amended by adding at the end the following  
 25 new subsection:

1 “(g)(1) Any provider of services or supplier shall be  
 2 deemed as meeting any requirement for the maintenance  
 3 of data in paper form under this title (whether or not for  
 4 purposes of management, billing, reporting, reimburse-  
 5 ment, or otherwise) if the required data is maintained in  
 6 an electronic form.

7 “(2) Nothing in this subsection shall be construed as  
 8 requiring health care providers to maintain or submit data  
 9 in electronic form.”.

10 **SEC. 206. STUDY AND REPORT ON STATE, REGIONAL, AND**  
 11 **COMMUNITY HEALTH INFORMATION EX-**  
 12 **CHANGES.**

13 (a) STUDY.—The Secretary of Health and Human  
 14 Services shall conduct a study on issues related to the de-  
 15 velopment, operation, and implementation of State, re-  
 16 gional, and community health information exchanges.  
 17 Such study shall include the following, with respect to  
 18 such health information exchanges:

19 (1) Profiles detailing the current stages of such  
 20 health information exchanges with respect to the  
 21 progression of the development, operation, imple-  
 22 mentation, organization, and governance of such ex-  
 23 changes.

24 (2) The impact of such exchanges on health  
 25 care quality, safety, and efficiency, including—

1 (A) any impact on the coordination of  
2 health information and services across health  
3 care providers and other organizations relevant  
4 to health care;

5 (B) any impact on the availability of health  
6 information at the point-of-care to make timely  
7 medical decisions;

8 (C) any benefits with respect to the pro-  
9 motion of wellness, disease prevention, and  
10 chronic disease management;

11 (D) any improvement with respect to pub-  
12 lic health preparedness and response;

13 (E) any impact on the widespread adoption  
14 of interoperable health information technology,  
15 including electronic health records;

16 (F) any contributions to achieving an  
17 Internet-based national health information net-  
18 work;

19 (G) any contribution of health information  
20 exchanges to consumer access and to con-  
21 sumers' use of their health information; and

22 (H) any impact on the operation of—

23 (i) the Medicare and Medicaid pro-  
24 grams under title XVIII and XIX, respec-  
25 tively, of the Social Security Act;

1 (ii) the State Children’s Health Insur-  
2 ance Program (SCHIP) under title XXI of  
3 such Act;

4 (iii) disproportionate share hospitals  
5 described in section 1923 of such Act;

6 (iv) Federally-qualified health centers;  
7 or

8 (v) managed care plans, if a signifi-  
9 cant number of the plan’s enrollees are  
10 beneficiaries in the Medicaid program or  
11 State Children’s Health Insurance Pro-  
12 gram under title XIX or XXI, respectively,  
13 of such Act.

14 (3) Best practice models for financing,  
15 incentivizing, and sustaining such health information  
16 exchanges.

17 (4) Information identifying the common prin-  
18 ciples, policies, tools, and standards used (or pro-  
19 posed) in the public and private sectors to support  
20 the development, operation, and implementation of  
21 such health information exchanges.

22 (5) A description of any areas in which Federal  
23 Government leadership is needed to support growth  
24 and sustainability of such health information ex-  
25 changes.

1 (b) REPORT.—Not later than one year after the date  
2 of enactment of this Act, the Secretary of Health and  
3 Human Services shall submit to Congress a report on the  
4 study described in subsection (a), including such rec-  
5 ommendations as the Secretary determines appropriate to  
6 facilitate the development, operation, and implementation  
7 of health information exchanges.

8 **SEC. 207. PROMOTING HEALTH INFORMATION TECH-**  
9 **NOLOGY AS A TOOL FOR CHRONIC DISEASE**  
10 **MANAGEMENT.**

11 (a) IN GENERAL.—The Secretary of Health and  
12 Human Services shall establish a two-year project to dem-  
13 onstrate the impact of health information technology on  
14 disease management for individuals entitled to medical as-  
15 sistance under a State plan under title XIX of the Social  
16 Security Act.

17 (b) STRUCTURE OF PROJECT.—The project under  
18 subsection (a) shall—

19 (1) create a web-based virtual case management  
20 tool that provides access to best practices for man-  
21 aging chronic disease; and

22 (2) provide chronic disease patients and care-  
23 givers access to their own medical records and to a  
24 single source of information on chronic disease.

1       (c) COMPETITION.—Not later than the date that is  
2 90 days after the date of the enactment of this Act, the  
3 Secretary of Health and Human Services shall seek pro-  
4 posals from States to carry out the project under sub-  
5 section (a). The Secretary shall select not less than four  
6 of such proposals submitted, and at least one proposal se-  
7 lected shall include a regional approach that features ac-  
8 cess to an integrated hospital information system in at  
9 least two adjoining States and that permits the measure-  
10 ment of health outcomes.

11       (d) REPORT.—Not later than the date that is 90 days  
12 after the last day of the project under subsection (a), the  
13 Secretary of Health and Human Services shall submit to  
14 Congress a report on such project and shall include in  
15 such report the amount of any cost-savings resulting from  
16 the project and such recommendations for legislation or  
17 administrative action as the Secretary determines appro-  
18 priate.

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