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PART B—RELATIONSHIP TO OTHER LAWS; REGULATORY REFERENCES; EFFECTIVE DATE; REPORTS

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SUBCHAPTER I—APPLICATION AND USE OF ADOPTED HEALTH INFORMATION TECHNOLOGY STANDARDS; REPORTS

§ 17901. Coordination of Federal activities with adopted standards and implementation specifications

(a) Spending on health information technology systems

As each agency (as defined by the Director of the Office of Management and Budget, in consultation with the Secretary of Health and Human Services) implements, acquires, or upgrades health information technology systems used for the direct exchange of individually identifiable health information between agencies and with non-Federal entities, it shall utilize, where available, health information technology systems and products that meet standards and implementation specifications adopted under section 300jj-14 of this title, as added by section 13101.¹

(b) Federal information collection activities

With respect to a standard or implementation specification adopted under section 300jj-14 of this title, as added by section 13101, the President shall take measures to ensure that Federal activities involving the broad collection and submission of health information are consistent with such standard or implementation specification, respectively, within three years after the date of such adoption.

(c) Application of definitions

The definitions contained in section 300jj of this title, as added by section 13101,¹ shall apply for purposes of this subchapter.

(Pub. L. 111-5, div. A, title XIII, §13111, Feb. 17, 2009, 123 Stat. 242.)

Editorial Notes

REFERENCES IN TEXT

Section 13101, referred to in text, means section 13101 of div. A of Pub. L. 111-5.

§ 17902. Application to private entities

Each agency (as defined in such Executive Order issued on August 22, 2006, relating to promoting quality and efficient health care in Federal government administered or sponsored health care programs) shall require in contracts or agreements with health care providers, health plans, or health insurance issuers that as each provider, plan, or issuer implements, acquires, or upgrades health information tech-

nology systems, it shall utilize, where available, health information technology systems and products that meet standards and implementation specifications adopted under section 300jj-14 of this title, as added by section 13101.¹

(Pub. L. 111-5, div. A, title XIII, §13112, Feb. 17, 2009, 123 Stat. 243.)

Editorial Notes

REFERENCES IN TEXT

Executive Order issued on August 22, 2006, referred to in text, is Ex. Ord. No. 13410, Aug. 22, 2006, 71 F.R. 51089, which is set out as a note under section 300u of this title.

Section 13101, referred to in text, means section 13101 of div. A of Pub. L. 111-5.

§ 17903. Study and reports

(a) Report on adoption of nationwide system

Not later than 2 years after February 17, 2009, and annually thereafter, the Secretary of Health and Human Services shall submit to the appropriate committees of jurisdiction of the House of Representatives and the Senate a report that—

(1) describes the specific actions that have been taken by the Federal Government and private entities to facilitate the adoption of a nationwide system for the electronic use and exchange of health information;

(2) describes barriers to the adoption of such a nationwide system; and

(3) contains recommendations to achieve full implementation of such a nationwide system.

(b) Reimbursement incentive study and report

(1) Study

The Secretary of Health and Human Services shall carry out, or contract with a private entity to carry out, a study that examines methods to create efficient reimbursement incentives for improving health care quality in Federally qualified health centers, rural health clinics, and free clinics.

(2) Report

Not later than 2 years after February 17, 2009, the Secretary of Health and Human Services shall submit to the appropriate committees of jurisdiction of the House of Representatives and the Senate a report on the study carried out under paragraph (1).

(c) Aging services technology study and report

(1) In general

The Secretary of Health and Human Services shall carry out, or contract with a private entity to carry out, a study of matters relating to the potential use of new aging services technology to assist seniors, individuals with disabilities, and their caregivers throughout the aging process.

(2) Matters to be studied

The study under paragraph (1) shall include—

(A) an evaluation of—

(i) methods for identifying current, emerging, and future health technology

¹ See References in Text note below.

¹ See References in Text note below.

that can be used to meet the needs of seniors and individuals with disabilities and their caregivers across all aging services settings, as specified by the Secretary;

(ii) methods for fostering scientific innovation with respect to aging services technology within the business and academic communities; and

(iii) developments in aging services technology in other countries that may be applied in the United States; and

(B) identification of—

(i) barriers to innovation in aging services technology and devising strategies for removing such barriers; and

(ii) barriers to the adoption of aging services technology by health care providers and consumers and devising strategies to removing such barriers.

(3) Report

Not later than 24 months after February 17, 2009, the Secretary shall submit to the appropriate committees of jurisdiction of the House of Representatives and of the Senate a report on the study carried out under paragraph (1).

(4) Definitions

For purposes of this subsection:

(A) Aging services technology

The term “aging services technology” means health technology that meets the health care needs of seniors, individuals with disabilities, and the caregivers of such seniors and individuals.

(B) Senior

The term “senior” has such meaning as specified by the Secretary.

(Pub. L. 111–5, div. A, title XIII, §13113, Feb. 17, 2009, 123 Stat. 243.)

SUBCHAPTER II—TESTING OF HEALTH INFORMATION TECHNOLOGY

§ 17911. National Institute for Standards and Technology testing

(a) Pilot testing of standards and implementation specifications

In coordination with the HIT Standards Committee established under section 300jj–13¹ of this title, as added by section 13101,¹ with respect to the development of standards and implementation specifications under such section, the Director of the National Institute for Standards and Technology shall test such standards and implementation specifications, as appropriate, in order to assure the efficient implementation and use of such standards and implementation specifications.

(b) Voluntary testing program

In coordination with the HIT Standards Committee established under section 300jj–13¹ of this title, as added by section 13101,¹ with respect to the development of standards and implementation specifications under such section, the Director of the National Institute of Standards

and Technology shall support the establishment of a conformance testing infrastructure, including the development of technical test beds. The development of this conformance testing infrastructure may include a program to accredit independent, non-Federal laboratories to perform testing.

(Pub. L. 111–5, div. A, title XIII, §13201, Feb. 17, 2009, 123 Stat. 244.)

Editorial Notes

REFERENCES IN TEXT

Section 300jj–13 of this title, referred to in text, which related to the establishment of the HIT Standards Committee, was repealed by Pub. L. 114–255, div. A, title IV, §4003(e)(1), Dec. 13, 2016, 130 Stat. 1168.

Section 13101, referred to in text, means section 13101 of div. A of Pub. L. 111–5.

§ 17912. Research and development programs

(a) Health Care Information Enterprise Integration Research Centers

(1) In general

The Director of the National Institute of Standards and Technology, in consultation with the Director of the National Science Foundation and other appropriate Federal agencies, shall establish a program of assistance to institutions of higher education (or consortia thereof which may include nonprofit entities and Federal Government laboratories) to establish multidisciplinary Centers for Health Care Information Enterprise Integration.

(2) Review; competition

Grants shall be awarded under this subsection on a merit-reviewed, competitive basis.

(3) Purpose

The purposes of the Centers described in paragraph (1) shall be—

(A) to generate innovative approaches to health care information enterprise integration by conducting cutting-edge, multidisciplinary research on the systems challenges to health care delivery; and

(B) the development and use of health information technologies and other complementary fields.

(4) Research areas

Research areas may include—

(A) interfaces between human information and communications technology systems;

(B) voice-recognition systems;

(C) software that improves interoperability and connectivity among health information systems;

(D) software dependability in systems critical to health care delivery;

(E) measurement of the impact of information technologies on the quality and productivity of health care;

(F) health information enterprise management;

(G) health information technology security and integrity; and

(H) relevant health information technology to reduce medical errors.

¹ See References in Text note below.