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–13[1] 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–13[1] 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

[1] See References in Text note below.

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.)

§ 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.