

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<sup>1</sup> of this title, as added by section 13101,<sup>1</sup> 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<sup>1</sup> of this title, as added by section 13101,<sup>1</sup> 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.

<sup>1</sup> See References in Text note below.

**(5) Applications**

An institution of higher education (or a consortium thereof) seeking funding under this subsection shall submit an application to the Director of the National Institute of Standards and Technology at such time, in such manner, and containing such information as the Director may require. The application shall include, at a minimum, a description of—

(A) the research projects that will be undertaken by the Center established pursuant to assistance under paragraph (1) and the respective contributions of the participating entities;

(B) how the Center will promote active collaboration among scientists and engineers from different disciplines, such as information technology, biologic sciences, management, social sciences, and other appropriate disciplines;

(C) technology transfer activities to demonstrate and diffuse the research results, technologies, and knowledge; and

(D) how the Center will contribute to the education and training of researchers and other professionals in fields relevant to health information enterprise integration.

**(b) National information technology research and development program**

The Networking and Information Technology Research and Development Program established by section 5511 of title 15 shall include Federal research and development programs related to health information technology.

(Pub. L. 111–5, div. A, title XIII, §13202, Feb. 17, 2009, 123 Stat. 245; Pub. L. 114–329, title I, §105(s), Jan. 6, 2017, 130 Stat. 2985.)

**Editorial Notes****AMENDMENTS**

2017—Subsec. (b). Pub. L. 114–329 substituted “Networking and Information Technology Research and Development Program” for “National High-Performance Computing Program”.

**SUBCHAPTER III—PRIVACY****§ 17921. Definitions**

In this subchapter, except as specified otherwise:

**(1) Breach****(A) In general**

The term “breach” means the unauthorized acquisition, access, use, or disclosure of protected health information which compromises the security or privacy of such information, except where an unauthorized person to whom such information is disclosed would not reasonably have been able to retain such information.

**(B) Exceptions**

The term “breach” does not include—

(i) any unintentional acquisition, access, or use of protected health information by an employee or individual acting under the authority of a covered entity or business associate if—

(I) such acquisition, access, or use was made in good faith and within the course and scope of the employment or other professional relationship of such employee or individual, respectively, with the covered entity or business associate; and

(II) such information is not further acquired, accessed, used, or disclosed by any person; or

(ii) any inadvertent disclosure from an individual who is otherwise authorized to access protected health information at a facility operated by a covered entity or business associate to another similarly situated individual at<sup>1</sup> same facility; and

(iii) any such information received as a result of such disclosure is not further acquired, accessed, used, or disclosed without authorization by any person.

**(2) Business associate**

The term “business associate” has the meaning given such term in section 160.103 of title 45, Code of Federal Regulations.

**(3) Covered entity**

The term “covered entity” has the meaning given such term in section 160.103 of title 45, Code of Federal Regulations.

**(4) Disclose**

The terms “disclose” and “disclosure” have the meaning given the term “disclosure” in section 160.103 of title 45, Code of Federal Regulations.

**(5) Electronic health record**

The term “electronic health record” means an electronic record of health-related information on an individual that is created, gathered, managed, and consulted by authorized health care clinicians and staff.

**(6) Health care operations**

The term “health care operation” has the meaning given such term in section 164.501 of title 45, Code of Federal Regulations.

**(7) Health care provider**

The term “health care provider” has the meaning given such term in section 160.103 of title 45, Code of Federal Regulations.

**(8) Health plan**

The term “health plan” has the meaning given such term in section 160.103 of title 45, Code of Federal Regulations.

**(9) 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, as added by section 13101.<sup>2</sup>

**(10) Payment**

The term “payment” has the meaning given such term in section 164.501 of title 45, Code of Federal Regulations.

**(11) Personal health record**

The term “personal health record” means an electronic record of PHR identifiable health

<sup>1</sup> So in original. Probably should be followed by “the”.

<sup>2</sup> See References in Text note below.