sidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

(g) Term of grants or cooperative agreements

(1) In general

The Secretary shall award grants or cooperative agreements under this section for terms that do not exceed 5 years.

(2) Renewal

The Secretary may renew a grant or cooperative agreement under this section at the end of the term of the grant or cooperative agreement determined under paragraph (1).

(h) Maintenance of effort

Funds made available under this section shall be used to supplement and not supplant other Federal, State, and local funds available for respite care services.

(July 1, 1944, ch. 373, title XXIX, § 2902, as added Pub. L. 109–442, § 2, Dec. 21, 2006, 120 Stat. 3292.)

§ 300ii–2. National lifespan respite resource center

(a) Establishment

The Secretary may award a grant or cooperative agreement to a public or private nonprofit entity to establish a National Resource Center on Lifespan Respite Care (referred to in this section as the ''center'').

(b) Purposes of the center

The center shall—

(1) maintain a national database on lifespan respite care;

(2) provide training and technical assistance to State, community, and nonprofit respite care programs; and

(3) provide information, referral, and educational programs to the public on lifespan respite care.

(July 1, 1944, ch. 373, title XXIX, § 2903, as added Pub. L. 109–442, § 2, Dec. 21, 2006, 120 Stat. 3295.)

§ 300ii–3. Data collection and reporting

(a) In general

Each State agency awarded a grant or cooperative agreement under section 300ii–1 of this title shall report such data, information, and metrics as the Secretary may require for purposes of—

(1) evaluating State programs and activities funded pursuant to such grant or cooperative agreement, including any results pursuant to section 300ii–1(d)(2)(B)(xii) of this title; and

(2) identifying effective programs and activities funded pursuant to section 300ii–1 of this title.

(b) Report

Not later than October 1, 2023, the Secretary shall submit a report to the Committee on Health, Education, Labor, and Pensions of the Senate and the Committee on Energy and Commerce of the House of Representatives regarding the outcomes of the programs and activities funded pursuant to section 300ii–1 of this title, including any effective programs and activities identified.

(July 1, 1944, ch. 373, title XXIX, § 2904, as added Pub. L. 109–442, § 2, Dec. 21, 2006, 120 Stat. 3295; amended Pub. L. 116–324, § 2(a), Jan. 5, 2021, 134 Stat. 5085.)

Editorial Notes

AMENDMENTS

2021—Pub. L. 116–324 amended section generally. Prior to amendment, section required the Secretary to report to Congress by Jan. 1, 2009, on the activities undertaken under this subchapter.

§ 300ii–4. Authorization of appropriations

There are authorized to be appropriated to carry out this subchapter, $10,000,000 for each of fiscal years 2020 through fiscal year 2024.

(July 1, 1944, ch. 373, title XXIX, § 2905, as added Pub. L. 109–442, § 2, Dec. 21, 2006, 120 Stat. 3296; amended Pub. L. 116–324, § 2(b), Jan. 5, 2021, 134 Stat. 5085.)

Editorial Notes

AMENDMENTS

2021—Pub. L. 116–324 substituted ''subchapter, $10,000,000 for each of fiscal years 2020 through fiscal year 2024.'' for ''subchapter—

''(1) $30,000,000 for fiscal year 2007;

''(2) $40,000,000 for fiscal year 2008;

''(3) $53,330,000 for fiscal year 2009;

''(4) $71,110,000 for fiscal year 2010; and

''(5) $94,810,000 for fiscal year 2011.''

SUBCHAPTER XXVIII—HEALTH INFORMATION TECHNOLOGY AND QUALITY

§ 300jj. Definitions

In this subchapter:

(1) Certified EHR technology

The term ''certified EHR technology'' means a qualified electronic health record that is certified pursuant to section 300jj–11(c)(5) of this title as meeting standards adopted under section 300jj–14 of this title that are applicable to the type of record involved (as determined by the Secretary, such as an ambulatory electronic health record for office-based physicians or an inpatient hospital electronic health record for hospitals).

(2) Enterprise integration

The term ''enterprise integration'' means the electronic linkage of health care providers, health plans, the government, and other interested parties, to enable the electronic exchange and use of health information among all the components in the health care infrastructure in accordance with applicable law, and such term includes related application protocols and other related standards.

(3) Health care provider

The term ''health care provider'' includes a hospital, skilled nursing facility, nursing facility, home health entity or other long term care facility, health care clinic, community mental health center (as defined in section 300x–2(b)(1) of this title), renal dialysis facil-

ity, blood center, ambulatory surgical center described in section 1395*l*(i) of this title,[1] emergency medical services provider, Federally qualified health center, group practice, a pharmacist, a pharmacy, a laboratory, a physician (as defined in section 1395x(r) of this title), a practitioner (as described in section 1395u(b)(18)(C) of this title), a provider operated by, or under contract with, the Indian Health Service or by an Indian tribe (as defined in the Indian Self-Determination and Education Assistance Act [25 U.S.C. 5301 et seq.]), tribal organization, or urban Indian organization (as defined in section 1603 of title 25), a rural health clinic, a covered entity under section 256b of this title, an ambulatory surgical center described in section 1395*l*(i) of this title,[1] a therapist (as defined in section 1395w–4(k)(3)(B)(iii) of this title), and any other category of health care facility, entity, practitioner, or clinician determined appropriate by the Secretary.

(4) Health information

The term ''health information'' has the meaning given such term in section 1320d(4) of this title.

(5) Health information technology

The term ''health information technology'' means hardware, software, integrated technologies or related licenses, intellectual property, upgrades, or packaged solutions sold as services that are designed for or support the use by health care entities or patients for the electronic creation, maintenance, access, or exchange of health information[2]

(6) Health plan

The term ''health plan'' has the meaning given such term in section 1320d(5) of this title.

(7) HIT Advisory Committee

The term ''HIT Advisory Committee'' means such Committee established under section 300jj–12(a) of this title.

(8) Individually identifiable health information

The term ''individually identifiable health information'' has the meaning given such term in section 1320d(6) of this title.

(9) Interoperability

The term ''interoperability'', with respect to health information technology, means such health information technology that—

(A) enables the secure exchange of electronic health information with, and use of electronic health information from, other health information technology without special effort on the part of the user;

(B) allows for complete access, exchange, and use of all electronically accessible health information for authorized use under applicable State or Federal law; and

(C) does not constitute information blocking as defined in section 300jj–52(a) of this title.

(10) Laboratory

The term ''laboratory'' has the meaning given such term in section 263a(a) of this title.

(11) 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.

(12) Pharmacist

The term ''pharmacist'' has the meaning given such term in section 384(2)[3] of title 21.

(13) Qualified electronic health record

The term ''qualified electronic health record'' means an electronic record of health-related information on an individual that—

(A) includes patient demographic and clinical health information, such as medical history and problem lists;

(B) has the capacity—

(i) to provide clinical decision support;

(ii) to support physician order entry;

(iii) to capture and query information relevant to health care quality; and

(iv) to exchange electronic health information with, and integrate such information from other sources; and

(C) includes, or is capable of including, a real-time benefit tool that conveys patient-specific real-time cost and coverage information with respect to prescription drugs that, with respect to any health information technology certified for electronic prescribing, the technology shall be capable of incorporating the information described in clauses (i) through (iii) of paragraph (2)(B) of section 1395w–104(*o*) of this title at a time specified by the Secretary but not before the Secretary adopts a standard for such tools as described in paragraph (1) of such section.

(15)[4] State

The term ''State'' means each of the several States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.

(July 1, 1944, ch. 373, title XXX, § 3000, as added Pub. L. 111–5, div. A, title XIII, § 13101, Feb. 17, 2009, 123 Stat. 228; amended Pub. L. 114–255, div. A, title IV, § 4003(a), (e)(2)(B), Dec. 13, 2016, 130 Stat. 1165, 1174; Pub. L. 116–260, div. CC, title I, § 119(b), Dec. 27, 2020, 134 Stat. 2952.)

Editorial Notes

REFERENCES IN TEXT

The Indian Self-Determination and Education Assistance Act, referred to in par. (3), is Pub. L. 93–638, Jan. 4, 1975, 88 Stat. 2203, which is classified principally to chapter 46 (§ 5301 et seq.) of Title 25, Indians. For complete classification of this Act to the Code, see Short Title note set out under section 5301 of Title 25 and Tables.

AMENDMENTS

2020—Par. (13)(C). Pub. L. 116–260 added subpar. (C).

2016—Par. (7). Pub. L. 114–255, § 4003(e)(2)(B), added par. (7) and struck out former par. (7). Prior to amend-

[1] So in original. The words ''ambulatory surgical center described in section 1395*l*(i) of this title'' appear in two places.

[2] So in original. Probably should be followed by a period.

[3] So in original. Probably should be ''(a)(2)''.

[4] So in original. There is no par. (14).

ment, text read as follows: ''The term 'HIT Policy Committee' means such Committee established under section 300jj–12(a) of this title.''

Par. (8). Pub. L. 114–255, § 4003(e)(2)(B)(i), redesignated par. (9) as (8) and struck out former par. (8). Prior to amendment, text of par. (8) read as follows: ''The term 'HIT Standards Committee' means such Committee established under section 300jj–13(a) of this title.''

Par. (9). Pub. L. 114–255, § 4003(e)(2)(B)(i), redesignated par. (10) as (9). Former par. (9) redesignated (8).

Par. (10). Pub. L. 114–255, § 4003(e)(2)(B)(i), redesignated par. (11) as (10). Former par. (10) redesignated (9).

Pub. L. 114–255, § 4003(a)(2), added par. (10). Former par. (10) redesignated (11).

Pars. (11) to (14). Pub. L. 114–255, § 4003(e)(2)(B)(i), redesignated pars. (12) to (14) as (11) to (13), respectively. Former par. (11) redesignated (10).

Pub. L. 114–255, § 4003(a)(1), redesignated pars. (10) to (13) as (11) to (14), respectively. Former par. (14) redesignated (15).

Par. (15). Pub. L. 114–255, § 4003(a)(1), redesignated par. (14) as (15).

Statutory Notes and Related Subsidiaries

ASSISTING DOCTORS AND HOSPITALS IN IMPROVING QUALITY OF CARE FOR PATIENTS

Pub. L. 111–5, div. A, title XIII, § 13103, as added by Pub. L. 114–255, div. A, title IV, § 4001(a)(1), Dec. 13, 2016, 130 Stat. 1157, provided that:

''(a) REDUCTION IN BURDENS GOAL.—The Secretary of Health and Human Services (referred to in this section as the 'Secretary'), in consultation with providers of health services, health care suppliers of services, health care payers, health professional societies, health information technology developers, health care quality organizations, health care accreditation organizations, public health entities, States, and other appropriate entities, shall, in accordance with subsection (b)—

''(1) establish a goal with respect to the reduction of regulatory or administrative burdens (such as documentation requirements) relating to the use of electronic health records;

''(2) develop a strategy for meeting the goal established under paragraph (1); and

''(3) develop recommendations for meeting the goal established under paragraph (1).

''(b) STRATEGY AND RECOMMENDATIONS.—

''(1) IN GENERAL.—To achieve the goal established under subsection (a)(1), the Secretary, in consultation with the entities described in such subsection, shall, not later than 1 year after the date of enactment of the 21st Century Cures Act [Dec. 13, 2016], develop a strategy and recommendations to meet the goal in accordance with this subsection.

''(2) STRATEGY.—The strategy developed under paragraph (1) shall address the regulatory and administrative burdens (such as documentation requirements) relating to the use of electronic health records. Such strategy shall include broad public comment and shall prioritize—

''(A)(i) incentives for meaningful use of certified EHR technology for eligible professionals and hospitals under sections 1848(a)(7) and 1886(b)(3)(B)(ix), respectively, of the Social Security Act (42 U.S.C. 1395w–4(a)(7), 1395ww(b)(3)(B)(ix));

''(ii) the program for making payments under section 1903(a)(3)(F) of the Social Security Act (42 U.S.C. 1396b(a)(3)(F)) to encourage the adoption and use of certified EHR technology by Medicaid providers;

''(iii) the Merit-based Incentive Payment System under section 1848(q) of the Social Security Act (42 U.S.C. 1395w–4(q));

''(iv) alternative payment models (as defined in section 1833(z)(3)(C) of the Social Security Act (42 U.S.C. 1395*l*(z)(3)(C));

''(v) the Hospital Value-Based Purchasing Program under section 1886(*o*) of the Social Security Act (42 U.S.C. 1395ww(*o*)); and

''(vi) other value-based payment programs, as the Secretary determines appropriate;

''(B) health information technology certification;

''(C) standards and implementation specifications, as appropriate;

''(D) activities that provide individuals access to their electronic health information;

''(E) activities related to protecting the privacy of electronic health information;

''(F) activities related to protecting the security of electronic health information;

''(G) activities related to facilitating health and clinical research;

''(H) activities related to public health;

''(I) activities related to aligning and simplifying quality measures across Federal programs and other payers;

''(J) activities related to reporting clinical data for administrative purposes; and

''(K) other areas, as the Secretary determines appropriate.

''(3) RECOMMENDATIONS.—The recommendations developed under paragraph (1) shall address—

''(A) actions that improve the clinical documentation experience;

''(B) actions that improve patient care;

''(C) actions to be taken by the Secretary and by other entities; and

''(D) other areas, as the Secretary determines appropriate, to reduce the reporting burden required of health care providers.

''(4) FACA.—The Federal Advisory Committee Act ([former] 5 U.S.C. App.) [see 5 U.S.C. 1001 et seq.] shall not apply to the development of the goal, strategies, or recommendations described in this section.

''(c) APPLICATION OF CERTAIN REGULATORY REQUIREMENTS.—A physician (as defined in section 1861(r)(1) of the Social Security Act [42 U.S.C. 1395x(r)(1)]), to the extent consistent with applicable State law, may delegate electronic medical record documentation requirements specified in regulations promulgated by the Centers for Medicare & Medicaid Services to a person performing a scribe function who is not such physician if such physician has signed and verified the documentation.''

PART A—PROMOTION OF HEALTH INFORMATION TECHNOLOGY

§ 300jj–11. Office of the National Coordinator for Health Information Technology

(a) Establishment

There is established within the Department of Health and Human Services an Office of the National Coordinator for Health Information Technology (referred to in this section as the ''Office''). The Office shall be headed by a National Coordinator who shall be appointed by the Secretary and shall report directly to the Secretary.

(b) Purpose

The National Coordinator shall perform the duties under subsection (c) in a manner consistent with the development of a nationwide health information technology infrastructure that allows for the electronic use and exchange of information and that—

(1) ensures that each patient's health information is secure and protected, in accordance with applicable law;

(2) improves health care quality, reduces medical errors, reduces health disparities, and advances the delivery of patient-centered medical care;

(3) reduces health care costs resulting from inefficiency, medical errors, inappropriate