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(Original Signature of Member)

109TH CONGRESS  
1ST SESSION

**H. R.** \_\_\_\_\_

To amend the Social Security Act to encourage the dissemination and usefulness of health information technology.

\_\_\_\_\_  
**IN THE HOUSE OF REPRESENTATIVES**

Mrs. JOHNSON of Connecticut introduced the following bill; which was referred to the Committee on \_\_\_\_\_

\_\_\_\_\_  
**A BILL**

To amend the Social Security Act to encourage the dissemination and usefulness of health information technology.

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 2005”.

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. Office of the National Coordinator for Health Information Technology.

Sec. 3. Safe harbors for provision of health information technology and training services to health care professionals.

Sec. 4. Uniform health information laws and regulations.

Sec. 5. Rulemaking to upgrade ASC X12 and NCPDP standards and ICD codes.

Sec. 6. Report on the American Health Information Community.

Sec. 7. Strategic plan for coordinating implementation of health information technology.

1 **SEC. 2. OFFICE OF THE NATIONAL COORDINATOR FOR**  
2 **HEALTH INFORMATION TECHNOLOGY.**

3 (a) IN GENERAL.—Part A of title XI of the Social  
4 Security Act is amended by adding at the end the fol-  
5 lowing new section:

6 “OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH  
7 INFORMATION TECHNOLOGY

8 “SEC. 1150A. (a) ESTABLISHMENT.—There is estab-  
9 lished within the Department of Health and Human Serv-  
10 ices an Office of the National Coordinator for Health In-  
11 formation Technology that shall be headed by the National  
12 Coordinator for Health Information Technology (referred  
13 to in this section as the ‘National Coordinator’). The Na-  
14 tional Coordinator shall be appointed by the President and  
15 shall report directly to the Secretary. The National Coor-  
16 dinator shall be paid at a rate equal to the rate of basic  
17 pay for level IV of the Executive Schedule.

18 “(b) GOALS OF NATIONWIDE INTEROPERABLE  
19 HEALTH INFORMATION TECHNOLOGY INFRASTRUC-  
20 TURE.—The National Coordinator shall perform the du-  
21 ties under subsection (c) in a manner consistent with the

1 development of a nationwide interoperable health informa-  
2 tion technology infrastructure that—

3 “(1) improves health care quality, reduces med-  
4 ical errors, increases the efficiency of care, and ad-  
5 vances the delivery of appropriate, evidence-based  
6 health care services;

7 “(2) promotes wellness, disease prevention, and  
8 management of chronic illnesses by increasing the  
9 availability and transparency of information related  
10 to the health care needs of an individual for such in-  
11 dividual;

12 “(3) ensures that appropriate information nec-  
13 essary to make medical decisions is available in a us-  
14 able form at the time and in the location that such  
15 service is provided;

16 “(4) produces greater value for health care ex-  
17 penditures by reducing health care costs that result  
18 from inefficiency, medical errors, inappropriate care,  
19 and incomplete information;

20 “(5) promotes a more effective marketplace,  
21 greater competition, greater systems analysis, in-  
22 creased choice, enhanced quality, and improved out-  
23 comes in health care services;

24 “(6) improves the coordination of information  
25 and the provision of such services through an effec-

1       tive infrastructure for the secure and authorized ex-  
2       change and use of health care information; and

3               “(7) ensures that the confidentiality of individ-  
4       ually identifiable health information of a patient is  
5       secure and protected.

6       “(c) DUTIES OF NATIONAL COORDINATOR.—

7               “(1) STRATEGIC PLANNER FOR INTEROPER-  
8       ABLE HEALTH INFORMATION TECHNOLOGY.—The  
9       National Coordinator shall maintain, direct, and  
10      oversee the continuous improvement of a strategic  
11      plan to guide the nationwide implementation of  
12      interoperable health information technology in both  
13      the public and private health care sectors consistent  
14      with subsection (b).

15              “(2) PRINCIPAL ADVISOR TO HHS.—The Na-  
16      tional Coordinator shall serve as the principal advi-  
17      sor of the Secretary on the development, application,  
18      and use of health information technology, and co-  
19      ordinate the health information technology programs  
20      of the Department of Health and Human Services.

21              “(3) COORDINATOR OF FEDERAL GOVERNMENT  
22      ACTIVITIES.—

23              “(A) IN GENERAL.—The National Coordi-  
24      nator shall serve as the coordinator of Federal

1 Government activities relating to health infor-  
2 mation technology.

3 “(B) SPECIFIC COORDINATION FUNC-  
4 TIONS.—In carrying out subparagraph (A), the  
5 National Coordinator shall provide for—

6 “(i) the development and approval of  
7 standards used in the electronic creation,  
8 maintenance, or exchange of health infor-  
9 mation; and

10 “(ii) the certification and inspection of  
11 health information technology products, ex-  
12 changes, and architectures to ensure that  
13 such products, exchanges, and architec-  
14 tures conform to the applicable standards  
15 approved under clause (i).

16 “(C) USE OF PRIVATE ENTITIES.—The  
17 National Coordinator shall, to the maximum ex-  
18 tent possible, contract with or recognize private  
19 entities in carrying out subparagraph (B).

20 “(D) UNIFORM APPLICATION OF STAND-  
21 ARDS.—A standard approved under subpara-  
22 graph (B)(i) for use in the electronic creation,  
23 maintenance, or exchange of health information  
24 shall preempt a standard adopted under State  
25 law, regulation, or rule for such a use.

1           “(4) INTRAGOVERNMENTAL COORDINATOR.—

2           The National Coordinator shall ensure that health  
3           information technology policies and programs of the  
4           Department of Health and Human Services are co-  
5           ordinated with those of relevant executive branch  
6           agencies and departments with a goal to avoid dupli-  
7           cation of effort and to ensure that each agency or  
8           department conducts programs within the areas of  
9           its greatest expertise and its mission in order to cre-  
10          ate a national interoperable health information sys-  
11          tem capable of meeting national public health needs  
12          effectively and efficiently.

13           “(5) ADVISOR TO OMB.—The National Coordi-  
14          nator shall provide to the Director of the Office of  
15          Management and Budget comments and advice with  
16          respect to specific Federal health information tech-  
17          nology programs.

18           “(d) AUTHORIZATION OF APPROPRIATIONS.—There  
19          are authorized to be appropriated such sums as may be  
20          necessary to carry out this section for each of fiscal years  
21          2006 through 2010.”.

22           (b) TREATMENT OF EXECUTIVE ORDER 13335.—Ex-  
23          ecutive Order 13335 shall not have any force or effect  
24          after the date of the enactment of this Act.

1 (c) TRANSITION FROM ONCHIT UNDER EXECUTIVE  
2 ORDER.—

3 (1) IN GENERAL.—All functions, personnel, as-  
4 sets, liabilities, administrative actions, and statutory  
5 reporting requirements applicable to the old Na-  
6 tional Coordinator or the Office of the old National  
7 Coordinator on the date before the date of the enact-  
8 ment of this Act shall be transferred, and applied in  
9 the same manner and under the same terms and  
10 conditions, to the new National Coordinator and the  
11 Office of the new National Coordinator as of the  
12 date of the enactment of this Act.

13 (2) ACTING NATIONAL COORDINATOR.—Before  
14 the appointment of the new National Coordinator,  
15 the old National Coordinator shall act as the Na-  
16 tional Coordinator for Health Information Tech-  
17 nology until the office is filled as provided in section  
18 1150A(a) of the Social Security Act, as added by  
19 subsection (a). The President may appoint the old  
20 National Coordinator as the new National Coordi-  
21 nator.

22 (3) DEFINITIONS.—For purposes of this sub-  
23 section:

24 (A) NEW NATIONAL COORDINATOR.—The  
25 term “new National Coordinator” means the

1 National Coordinator for Health Information  
2 Technology appointed under section 1150A of  
3 the Social Security Act, as added by subsection  
4 (a).

5 (B) OLD NATIONAL COORDINATOR.—The  
6 term “old National Coordinator” means the  
7 National Coordinator for Health Information  
8 Technology appointed under Executive Order  
9 13335.

10 **SEC. 3. SAFE HARBORS FOR PROVISION OF HEALTH INFOR-**  
11 **MATION TECHNOLOGY AND TRAINING SERV-**  
12 **ICES TO HEALTH CARE PROFESSIONALS.**

13 (a) FOR CIVIL PENALTIES.—Section 1128A(b) of the  
14 Social Security Act (42 U.S.C. 1320a-7a(b)) is amended  
15 by adding at the end the following new paragraph:

16 “(4)(A) For purposes of this subsection, a payment  
17 described in paragraph (1) does not include any nonmone-  
18 tary remuneration (in the form of health information tech-  
19 nology and related training services) made by an entity  
20 to a physician if—

21 “(i) such remuneration is made without a con-  
22 dition that—

23 “(I) limits or restricts the use of the health  
24 information technology to services provided by

1 the physician to individuals receiving services at  
2 the entity;

3 “(II) limits or restricts the use of the  
4 health information technology in conjunction  
5 with other health information technology; or

6 “(III) takes into account the volume or  
7 value of referrals (or other business generated)  
8 by the physician to the entity;

9 “(ii) in the case of such remuneration made on  
10 a date that is on or after the date described in sec-  
11 tion 3(d)(2) of the Health Information Technology  
12 Promotion Act of 2005, to the extent the National  
13 Coordinator of Health Information Technology has  
14 approved a standard under section  
15 1150A(c)(3)(B)(i), the health information tech-  
16 nology provided conforms to such standard;

17 “(iii) in the case of such remuneration made on  
18 or after the date that is three years after the date  
19 described in section 3(d)(2) of the Health Informa-  
20 tion Technology Promotion Act of 2005, if the Sec-  
21 retary establishes criteria under section 3(e)(3) of  
22 such Act, such remuneration is made in accordance  
23 with such criteria; and

24 “(iv) such remuneration is arranged for in a  
25 written agreement that is signed by a representative

1 of the entity and by the physician and that specifies  
2 the remuneration made.

3 “(B) For purposes of subparagraph (A) and sections  
4 1128B(b)(3)(J) and 1877(e)(9), the term ‘health informa-  
5 tion technology’ means hardware, software, license, right,  
6 intellectual property, equipment, or other information  
7 technology used primarily for the electronic creation,  
8 maintenance, and exchange of clinical health information  
9 to improve health care quality or efficiency.”.

10 (b) FOR CRIMINAL PENALTIES.—Section  
11 1128B(b)(3) of such Act (42 U.S.C. 1320a-7b(b)(3)) is  
12 amended—

13 (1) in subparagraph (G), by striking “and” at  
14 the end;

15 (2) in the subparagraph (H) added by section  
16 237(d) of the Medicare Prescription Drug, Improve-  
17 ment, and Modernization Act of 2003 (Public Law  
18 108–173; 117 Stat. 2213)—

19 (A) by moving such subparagraph 2 ems to  
20 the left; and

21 (B) by striking the period at the end and  
22 inserting a semicolon;

23 (3) in the subparagraph (H) added by section  
24 431(a) of such Act (117 Stat. 2287)—

1 (A) by redesignating such subparagraph as  
2 subparagraph (I);

3 (B) by moving such subparagraph 2 ems  
4 to the left; and

5 (C) by striking the period at the end and  
6 inserting “; and”; and

7 (4) by adding at the end the following new sub-  
8 paragraph:

9 “(J) any nonmonetary remuneration (in the  
10 form of health information technology, as defined in  
11 section 1128A(b)(4)(B), and related training serv-  
12 ices) made to a person if—

13 “(i) such remuneration is solicited or re-  
14 ceived (or offered or paid) without a condition  
15 that—

16 “(I) limits or restricts the use of the  
17 health information technology to services  
18 provided by the person to individuals re-  
19 ceiving services at the location of the entity  
20 providing such technology;

21 “(II) limits or restricts the use of the  
22 health information technology in conjunc-  
23 tion with other health information tech-  
24 nology; or

1                   “(III) takes into account the volume  
2                   or value of referrals (or other business  
3                   generated) by the person to the entity pro-  
4                   viding such technology;

5                   “(ii) in the case of such remuneration  
6                   made on a date that is on or after the date de-  
7                   scribed in section 3(d)(2) of the Health Infor-  
8                   mation Technology Promotion Act of 2005, to  
9                   the extent the National Coordinator of Health  
10                  Information Technology has approved a stand-  
11                  ard under section 1150A(c)(3)(B)(i), the health  
12                  information technology provided conforms to  
13                  such standard;

14                  “(iii) in the case of such remuneration  
15                  made on or after the date that is three years  
16                  after the date described in section 3(d)(2) of  
17                  the Health Information Technology Promotion  
18                  Act of 2005, if the Secretary establishes criteria  
19                  under section 3(e)(3) of such Act, such remu-  
20                  neration is made in accordance with such cri-  
21                  teria; and

22                  “(iv) such remuneration is arranged for in  
23                  a written agreement that is signed by the par-  
24                  ties involved and that specifies the remunera-  
25                  tion solicited or received (or offered or paid).”.

1 (c) FOR LIMITATION ON CERTAIN PHYSICIAN RE-  
2 FERRALS.—Section 1877(e) of such Act (42 U.S.C.  
3 1395nn(e)) is amended by adding at the end the following  
4 new paragraph:

5 “(9) INFORMATION TECHNOLOGY AND TRAIN-  
6 ING SERVICES.—Any nonmonetary remuneration (in  
7 the form of health information technology, as de-  
8 fined in section 1128A(b)(4)(B), and related train-  
9 ing services) made by an entity to a physician if—

10 “(A) such remuneration is made without a  
11 condition that—

12 “(i) limits or restricts the use of the  
13 health information technology to services  
14 provided by the physician to individuals re-  
15 ceiving services at the location of the entity  
16 providing such technology;

17 “(ii) limits or restricts the use of the  
18 health information technology in conjunc-  
19 tion with other health information tech-  
20 nology; or

21 “(iii) takes into account the volume or  
22 value of referrals (or other business gen-  
23 erated) by the physician to the entity pro-  
24 viding such technology;

1           “(B) in the case of such remuneration  
2           made on a date that is on or after the date de-  
3           scribed in section 3(d)(2) of the Health Infor-  
4           mation Technology Promotion Act of 2005, to  
5           the extent the National Coordinator of Health  
6           Information Technology has approved a stand-  
7           ard under section 1150A(c)(3)(B)(i), the health  
8           information technology provided conforms to  
9           such standard;

10           “(C) in the case of such remuneration  
11           made on or after the date that is three years  
12           after the date described in section 3(d)(2) of  
13           the Health Information Technology Promotion  
14           Act of 2005, if the Secretary establishes criteria  
15           under section 3(e)(3) of such Act, such remu-  
16           neration is made in accordance with such cri-  
17           teria; and

18           “(D) such remuneration is arranged for in  
19           a written agreement that is signed by a rep-  
20           resentative of the entity and by the physician  
21           and that specifies the remuneration made.”.

22           (d) REGULATION, EFFECTIVE DATE, AND EFFECT  
23           ON STATE LAWS.—

24           (1) REGULATIONS.—Not later than 180 days  
25           after the date of the enactment of this Act, the Sec-

1       retary of Health and Human Services shall promul-  
2       gate such regulations as may be necessary to carry  
3       out the provisions of this section.

4           (2) EFFECTIVE DATE.—The amendments made  
5       by this section shall take effect on the date that is  
6       180 days after the date of the enactment of this Act.

7           (3) PREEMPTION OF STATE LAWS.—No State  
8       (as defined in section 4(a)(3)) shall have in effect a  
9       State law that imposes a criminal or civil penalty for  
10      a transaction described in section 1128A(b)(4);  
11      1128B(b)(3)(J); or 1877(e)(9) of the Social Security  
12      Act, as added by this section, if the conditions de-  
13      scribed in the respective section, with respect to such  
14      transaction, are met.

15      (e) STUDY AND REPORT TO ASSESS EFFECT OF  
16      SAFE HARBORS ON HEALTH SYSTEM.—

17           (1) IN GENERAL.—The Secretary of Health and  
18      Human Services shall conduct a study to determine  
19      the impact of each of the safe harbors described in  
20      paragraph (4). In particular, the study shall examine  
21      the following:

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

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

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

9 (2) REPORT.—Not later than three years after  
10 the effective date described in subsection (d)(2), the  
11 Secretary of Health and Human Services shall sub-  
12 mit to Congress a report on the study under para-  
13 graph (1) and shall include such recommendations  
14 for changes in the safe harbors as the Secretary de-  
15 termines may be appropriate.

16 (3) UPDATED CRITERIA FOR PERMISSIBLE  
17 HEALTH INFORMATION TECHNOLOGY REMUNERA-  
18 TION UNDER SAFE HARBORS.—Not later than three  
19 years after the effective date described in subsection  
20 (d)(2), the Secretary of Health and Human Services  
21 may issue regulations that establish updated criteria  
22 for nonmonetary remuneration (in the form of  
23 health information technology and related training  
24 services) for purposes of the safe harbors described  
25 in paragraph (4). Such criteria may be based on the

1 extent to which the health information technology  
2 conforms to a standard developed under section  
3 1150A(c)(3)(B)(i) of the Social Security Act, as  
4 added by section 2, only to the extent that such  
5 standard is recognized by the National Coordinator  
6 of Health Information Technology under such sec-  
7 tion 1150A(c)(3)(B)(i).

8 (4) SAFE HARBORS DESCRIBED.—For purposes  
9 of paragraphs (1) and (3), the safe harbors de-  
10 scribed in this paragraph are—

11 (A) the safe harbor under section  
12 1128A(b)(4) of the Social Security Act (42  
13 U.S.C. 1320a-7a(b)(4)), as added by subsection  
14 (a);

15 (B) the safe harbor under section  
16 1128B(b)(3)(J) of such Act (42 U.S.C. 1320a-  
17 7b(b)(3)(J)), as added by subsection (b); and

18 (C) the safe harbor under section  
19 1877(e)(9) of such Act (42 U.S.C.  
20 1395nn(e)(9)), as added by subsection (c).

21 **SEC. 4. UNIFORM HEALTH INFORMATION LAWS AND REGU-**  
22 **LATIONS.**

23 (a) STUDY TO DETERMINE EXTENT OF VARIATION  
24 IN STATE HEALTH INFORMATION LAWS AND REGULA-  
25 TIONS.—

1           (1) IN GENERAL.—The Secretary of Health and  
2           Human Services shall conduct a study of State laws  
3           and regulations relating to the security and con-  
4           fidentiality of individually identifiable health infor-  
5           mation to determine—

6                   (A) the degree to which such laws and reg-  
7                   ulations vary among States, and between the  
8                   States and the Federal privacy standards estab-  
9                   lished pursuant to section 264(c) of the Health  
10                  Insurance Portability and Accountability Act of  
11                  1996 (42 U.S.C. 1320d-2 note) and security  
12                  standards established under section 1173(d) of  
13                  the Social Security Act; and

14                   (B) how any such variation may adversely  
15                   impact the electronic exchange of clinical health  
16                   information among States, the Federal govern-  
17                   ment, and private entities.

18           (2) REPORT.—Not later than 18 months after  
19           the date of the enactment of this Act, the Secretary  
20           of Health and Human Services shall submit to Con-  
21           gress a report on the study under paragraph (1) and  
22           shall include in such report—

23                   (A) a determination by the Secretary  
24                   whether the State laws and regulations de-  
25                   scribed in such paragraph should be conformed

1 to a single set of Federal standards to protect  
2 the security and confidentiality of patient  
3 health information in order to improve health  
4 care quality or efficiency; and

5 (B) if the Secretary determines such State  
6 laws and regulations should be conformed to  
7 such a single set of Federal standards, what the  
8 single set of standards should be.

9 (3) STATE DEFINED.—For purposes of this  
10 subsection, the term “State” has the meaning given  
11 such term when used in title XI of the Social Secu-  
12 rity Act, as provided under section 1101(a) of such  
13 Act (42 U.S.C. 1301(a)).

14 (b) ESTABLISHMENT OF UNIFORM CONFIDEN-  
15 TIALITY AND SECURITY STANDARDS.—

16 (1) IN GENERAL.—Section 1178(a) of the So-  
17 cial Security Act (42 U.S.C. 1320d-7(a)), is  
18 amended—

19 (A) in paragraph (1), by inserting after  
20 “Except as provided in paragraph (2)” the fol-  
21 lowing: “and subject to paragraph (3)”;

22 (B) in paragraph (2), by striking “A provi-  
23 sion” and inserting “Subject to paragraph  
24 (3)(B), a provision”; and

1 (C) by adding at the end the following new  
2 paragraph:

3 “(3) UNIFORM NATIONAL STANDARDS.—

4 “(A) IN GENERAL.—If legislation estab-  
5 lishing uniform Federal standards and pre-  
6 empting State laws with respect to the con-  
7 fidentiality of individually identifiable health in-  
8 formation and the security of health informa-  
9 tion is not enacted by the date that is 36  
10 months after the date of the enactment of the  
11 Health Information Technology Promotion Act  
12 of 2005, the regulation and standards described  
13 in subparagraph (C) shall supersede any State  
14 law or regulation relating to the privacy or con-  
15 fidentiality of individually identifiable health in-  
16 formation and any State law or regulation re-  
17 lating to the security of health information.

18 “(B) NARROWING OF PREEMPTION EXCEP-  
19 TIONS.—

20 “(i) SUBSEQUENT LEGISLATION.—If  
21 legislation described in subparagraph (A)  
22 is enacted by the date described in such  
23 subparagraph, as of the effective date of  
24 such legislation paragraph (2) shall be su-  
25 perseded by such exceptions as may be

1 provided for in such legislation. It is the  
2 intent of Congress that such exceptions be  
3 as narrow as possible to maximize the uni-  
4 form application of the regulation and  
5 standards described in subparagraph (C).

6 “(ii) NO LEGISLATION.—If legislation  
7 described in subparagraph (A) is not en-  
8 acted by the date described in such sub-  
9 paragraph, paragraph (2) shall be super-  
10 seded by such exceptions as may be pro-  
11 vided for by the Secretary by regulation  
12 issued in connection with the regulation  
13 and standards described in subparagraph  
14 (C). It is the intent of Congress that such  
15 exceptions be as narrow as possible to  
16 maximize the uniform application of the  
17 regulation and standards described in sub-  
18 paragraph (C).

19 “(C) APPLICATION OF UNIFORM STAND-  
20 ARDS.—The regulation and standards described  
21 in this subparagraph are the regulation promul-  
22 gated under section 264(c)(1) of the Health In-  
23 surance Portability and Accountability Act of  
24 1996 (42 U.S.C. 1320d-2 note) and standards  
25 under section 1173(d), as modified by the Sec-

1           retary to the extent the Secretary determines,  
2           after consideration of the results of the study  
3           conducted under section 4(a) of the Health In-  
4           formation Technology Promotion Act of 2005,  
5           necessary to promote uniformity in the applica-  
6           tion of confidentiality and security standards  
7           with respect to health information.”.

8           (2) HIPAA CONFORMING AMENDMENT.—Sec-  
9           tion 264(c)(2) of the Health Insurance Portability  
10          and Accountability Act of 1996 (42 U.S.C. 1320d-  
11          2 note) is amended by striking “A regulation” and  
12          inserting “(A) Subject to section 1178(a)(3) of the  
13          Social Security Act, a regulation”.

14 **SEC. 5. RULEMAKING TO UPGRADE ASC X12 AND NCPDP**  
15 **STANDARDS AND ICD CODES.**

16          (a) IN GENERAL.—Not later than April 1, 2007, the  
17          Secretary of Health and Human Services shall promulgate  
18          a final rule under section 1174(b) of the Social Security  
19          Act (42 U.S.C. 1320d-3(b)) to provide for the following  
20          modification of standards:

21               (1) ACCREDITED STANDARDS COMMITTEE X12  
22               (ASC X12) STANDARD.—The replacement of the Ac-  
23               credited Standards Committee X12 (ASC X12) ver-  
24               sion 4010 adopted under section 1173(a) of such  
25               Act (42 U.S.C. 1320d-2(a)), including for purposes

1 of part A of title XVIII of such Act, with the ASC  
2 X12 version 5010, as reviewed by the National Com-  
3 mittee on Vital Health Statistics.

4 (2) NATIONAL COUNCIL FOR PRESCRIPTION  
5 DRUG PROGRAMS (NCPDP) TELECOMMUNICATIONS  
6 STANDARDS.—The replacement of the National  
7 Council for Prescription Drug Programs (NCPDP)  
8 Telecommunications Standards version 5.1 adopted  
9 under section 1173(a) of such Act (42 U.S.C.  
10 1320d-2(a)), including for purposes of part A of title  
11 XVIII of such Act, with NCPDP Telecommuni-  
12 cations Standards version C.3, as approved by such  
13 Council and reviewed by the National Committee on  
14 Vital Health Statistics.

15 (3) ICD CODES.—The replacement of the Inter-  
16 national Statistical Classification of Diseases and  
17 Related Health Problems, 9th revision, Clinical  
18 Modification (ICD–9–CM) under the regulation pro-  
19 mulgated under section 1173(c) of such Act (42  
20 U.S.C. 1320d-2(c)), including for purposes of part A  
21 of title XVIII of such Act, with both of the fol-  
22 lowing:

23 (A) The International Statistical Classi-  
24 fication of Diseases and Related Health Prob-

1 lems, 10th revision, Clinical Modification (ICD–  
2 10–CM).

3 (B) The International Statistical Classi-  
4 fication of Diseases and Related Health Prob-  
5 lems, 10th revision, Procedure Coding System  
6 (ICD–10–PCS).

7 (b) RULE OF CONSTRUCTION.—Nothing in sub-  
8 section (a)(3) shall be construed as affecting the applica-  
9 tion of classification methodologies or codes, such as CPT  
10 or HCPCS codes, other than under the International Sta-  
11 tistical Classification of Diseases and Related Health  
12 Problems (ICD).

13 (c) NOTICE.—Not later than 30 days after the date  
14 of the enactment of this Act, the Secretary of Health and  
15 Human Services shall publish in the Federal Register a  
16 notice of the requirements to promulgate final rules under  
17 subsection (a). Such notice shall include—

18 (1) the respective date by which each such rule  
19 must be promulgated under such subsection;

20 (2) the respective compliance date described in  
21 subsection (e) for each such rule; and

22 (3) a statement that entities covered under the  
23 Health Insurance Portability and Accountability Act  
24 of 1996 and health information technology vendors  
25 should plan for the implementation of upgraded ASC

1 X12, NCPDP, and ICD codes under such sub-  
2 section.

3 (d) NO JUDICIAL REVIEW.—The final rules promul-  
4 gated under subsections (a) shall not be subject to judicial  
5 review.

6 (e) COMPLIANCE WITH UPGRADED STANDARDS.—  
7 For purposes of section 1175(b)(2) of the Social Security  
8 Act (42 U.S.C. 1320d-4(b)(2))—

9 (1) ASC X12 AND NCPDP STANDARDS.—The  
10 final rules promulgated under paragraphs (1) and  
11 (2) of subsection (a) shall apply to transactions oc-  
12 ccurring on or after April 1, 2009.

13 (2) ICD CODES.—The final rule promulgated  
14 under paragraph (3) of subsection (a) shall apply to  
15 transactions occurring on or after October 1, 2009.

16 **SEC. 6. REPORT ON THE AMERICAN HEALTH INFORMATION**  
17 **COMMUNITY.**

18 Not later than two years after the date of the enact-  
19 ment of this Act, the Secretary of Health and Human  
20 Services shall submit to Congress a report on the work  
21 conducted by the American Health Information Commu-  
22 nity (in this section referred to as “AHIC”), as established  
23 by the Secretary. Such report shall include the following:

24 (1) A description of the accomplishments of  
25 AHIC, with respect to the promotion of the develop-

1       ment of a nationwide health information network  
2       and the increased adoption of health information  
3       technology.

4           (2) Information identifying the practices that  
5       are used to protect health information and to guar-  
6       antee confidentiality and security of such informa-  
7       tion.

8           (3) Information on the progress in—

9               (A) establishing uniform industry-wide  
10       health information technology standards;

11              (B) achieving an internet-based nationwide  
12       health information network; and

13              (C) achieving interoperable electronic  
14       health record adoption across health care pro-  
15       viders.

16           (4) Recommendations for the transition of the  
17       AHIC to a permanent advisory entity, including—

18              (A) a schedule for such transition;

19              (B) options for structuring the entity as ei-  
20       ther a public-private or private sector entity;

21              (C) the role of the Federal Government in  
22       the entity; and

23              (D) the ongoing responsibilities of the enti-  
24       ty, such as in establishing standards, certifying  
25       health information technology, and providing

1 long-term governance for health care trans-  
2 formation.

3 **SEC. 7. STRATEGIC PLAN FOR COORDINATING IMPLEMEN-**  
4 **TATION OF HEALTH INFORMATION TECH-**  
5 **NOLOGY.**

6 (a) IN GENERAL.—Not later than 180 days after the  
7 date of the enactment of this Act, the Secretary of Health  
8 and Human Services, in consultation with entities involved  
9 in the area of health information technology, shall develop  
10 a strategic plan related to the need for coordination in  
11 such area.

12 (b) COORDINATION OF SPECIFIC IMPLEMENTATION  
13 PROCESSES.—The strategic plan under subsection (a)  
14 shall address the need for coordination in the implementa-  
15 tion of the following:

16 (1) HEALTH INFORMATION TECHNOLOGY  
17 STANDARDS.—Health information technology stand-  
18 ards approved under section 1150A(e)(3)(B)(i) of  
19 the Social Security Act, as added by section 2.

20 (2) HIPAA TRANSACTION STANDARDS.—Trans-  
21 action standards under section 1173(a) of the Social  
22 Security Act (42 U.S.C. 1320d-2(d)).

23 (3) UPDATED ICD CODES.—The International  
24 Statistical Classification of Diseases and Related  
25 Health Problems, 10th revision, Clinical Modifica-

1           tion (ICD–10–CM) and the International Statistical  
2           Classification of Diseases and Related Health Prob-  
3           lems, 10th revision, Procedure Coding System  
4           (ICD–10–PCS) described in section 5.

5           (c) COORDINATION AMONG SPECIFIC FEDERAL EN-  
6           TITIES.—The strategic plan under subsection (a) shall ad-  
7           dress any methods to coordinate, with respect to the elec-  
8           tronic exchange of health information, actions taken by  
9           the following entities:

10           (1) The Office of the National Coordinator for  
11           Health Information Technology.

12           (2) The American Health Information Commu-  
13           nity.

14           (3) The Office of Electronic Standards and Se-  
15           curity of the Centers for Medicare and Medicaid  
16           Services.

17           (4) The National Committee on Vital Health  
18           Statistics.

19           (5) Any other entity involved in the electronic  
20           exchange of health information that the Secretary  
21           determines appropriate.