

SUMMARY – *PROMOTING HEALTH INFORMATION TECHNOLOGY ACT*

TITLE I – Improving the Interoperability of HIT

The first title amends the *Public Health Service Act*. It codifies the position of the National Coordinator of HIT, requiring coordination of HIT initiatives across all federal agencies, cooperation with the private sector, and a strategic plan.

Establishes the public-private Partnership for Health Care Improvement and the public-private American Health Information Community to make recommendations to the Secretary on standards/specifications/certification criteria and policy considerations, respectively to be adopted by the federal government.

Prohibits federal agencies from expending federal funds for the purchase of any new HIT that is not consistent with federally adopted standards. Makes standards voluntary for private entities except in the case of private entities contracting with the federal government. Requires federal agencies collecting data in electronic format to comply with federally adopted standards within three years of adoption.

Provides for the development of quality reports based on publicly available or entity-provided federal health care and private data to Health Quality Organizations (HQOs). Requires Secretary to contract with three HQOs to store federal and private health data and to develop and release reports. Provides researchers who meet the Secretary's criteria with access to all federal health care data and authority to report on the performance of providers and suppliers.

TITLE II – Facilitating the Widespread Adoption of Interoperable HIT

Amends the *Public Health Service Act* to provide three types of grants programs. The first for funds going directly to eligible entities to purchase qualified HIT systems. The second to go to States to establish loan programs for health care providers. The third to go to entities to implement regional or local health information plans.

Empowers the Secretary to give competitive grants to entities or consortia to carry out demonstration projects to develop academic curricula integrating HIT systems into clinical education or analyze clinical data to discover quality measures for improved clinical outcomes.

TITLE III – Improving the Quality of Health Care

Amends the *Public Health Service Act* to provide for the development of quality measures to evaluate quality and efficiency by designating an arrangement with a single organization to provide advice and recommendations on priorities, within 90 days of enactment. The Secretary may award grants through AHRQ to support the development and testing of quality measures – the grants may not exceed \$50,000 each.

In order to ensure use and uniformity of private entity quality measures, the Secretary will adopt quality measures recommended by multi-stakeholder organizations and endorsed by the designated quality measures organization. The Secretary will enable HHS to accept electronic data submissions for the purposes of performance measurement.

TITLE IV – Ensuring Privacy and Security

Amends the *Public Health Service Act* to expand the definition of “covered entities” under the *Health Insurance Portability and Accountability Act (HIPAA)* and the *Social Security Act* to include “operators of health information electronic databases.”

Provides individuals with the right of access to inspect and obtain a copy of their PHI in electronic format, to the extent provided under HIPAA. Provides individuals who believe they are the victim of medical fraud or that there is an error in their electronic PHI with the right to access, inspect and copy their PHI in a designated record set, including that which was fraudulently entered, and have a covered entity amend the PHI or record in the designated electronic record set. Provides individuals with the right to be notified in a manner consistent with the HIPAA privacy regulation by a covered entity if that covered entity wrongfully discloses protected health information and the wrongful disclosure is materially expected to result in medical fraud or identity theft. Holds harmless provisions of any contract that provides for the application of privacy protections under HIPAA.

TITLE V – MISCELLANEOUS PROVISIONS

Requires the GAO to submit to Congress a report on the circumstances in which it is necessary and workable to require health plans, health care clearing houses and health care providers who transmit health information in electronic form, to notify individuals if their individually identifiable health information is wrongfully disclosed.

Requires the Secretary to develop a HIT Resource Center to provide technical assistance and develop best practices to support and accelerate efforts to adopt, implement, and effectively use interoperable health information technology.

Amends the *Public Health Service Act* to allow the Secretary to award grants to States that have adopted regional State licensure reciprocity agreements to expedite telemedicine across state lines.