Public Law 111-5, "American Recovery and Reinvestment Act"

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Important Acronyms:

HIT—Health Information Technology
NHITI—National Health Information Technology Infrastructure
ONC—Office of the National Coordinator for Health Information Technology
HI—Health Information
IT—Information Technology
HHS—Health and Human Services
VA—Veterans Administration
REC—Regional Extension Center
NIST—National Institute of Standards and Technology.

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4	I	Education, Broadband Appropriations	Agriculture, Rural Development, FDA and Related Agencies—Department of Agriculture • Rural Utilities Service—Distance Learning, Telemedicine and Broadband Program—Provides $2.5 billion for broadband loans and grants under the Rural Electrification Act ○ 75% of the area to be served by a project shall be	--Title II—Rural Telephone Service of the Rural Electrification Act gives preference to persons now providing or who may hereafter provide telephone service in rural areas, to

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			a rural area that lacks sufficient access to high speed broadband service—Sec. of Agriculture makes determination. ○ Other various qualifications exist concerning population, lack of service, priority for borrowers and former borrowers, project applications that have all elements fully funded, project applications for activities that can be completed if the requested funds are provided, and activities that can commence promptly. • Require an effectiveness report to House and Senate Appropriations Committees from the Secretary of Agriculture 90-days after 2/17/2009 and then quarterly.	public bodies now providing telephone service in rural areas and to cooperative, nonprofit, limited dividend, or mutual associations. --could be very beneficial but priority will certainly be given to activities that can commence promptly
14	II	Education, Broadband Appropriations	National Telecommunications and Information Administration • Broadband Technology Opportunities Program ○ $4.7 billion appropriated ▪ $4.35 billion expended pursuant to division B of the Act ▪ $200 million for competitive grants for expanding public computer center capacity, including at community colleges and public libraries ▪ $250 million for competitive grants for innovative programs …for development of broadband services ▪ $10 million to Dept. of Commerce for audit and oversight ▪ Up to $350 million for a broadband inventory map • Funds can be transferred to the FCC for developing a	--Broadband Technology Opportunities Program is described in the final section of the analysis, Title VI of ARRA. --FCC will be the main body handling these funds. --Primary focus is development

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			national broadband plan and other FCC responsibilities (div. B of act)	

17	II	NSF Appropriations	National Science Foundation
			• Research and related activities
			  ○ $2.5 billion for research and related activities
			    ▪ $300 million for the Major Research Instrumentation Program
			    ▪ $200 million for activities authorized in title II of PL 100-570 for modernization of academic research facilities.
				--Title II of PL 570 (NSF Authorization Act of 1989-90) deals with Academic Research Facilities Modernization
				--$2 billion is left for a fairly general category. Potential for some funds to be used to research Terminologies and Classifications and/or workforce.

57	VII	HHS Health IT Appropriations	Department of Health and Human Services • Indian Health Service ○ $85 million for health IT activities including telehealth services development. The director of the Indian Health Service has total discretion on funding. • IHS must submit a general plan for funds expenditures to House and Senate Committee within 30-days. • A detailed project level report within 90-days.	A few things to consider include: --Insuring they are accounted for in ONC strategic plan/efforts --What potential education and workforce efforts exist?
58	VIII	Training Appropriations	Department of Labor • Employment and Training Administration—Training and Employment Services • $3.95 billion for Training and Employment Services ○ $500 million for State grants for adult employment and training activities including supportive services and needs-related payments (134(d)(4)E) of WIA). A priority is services to individuals described in 134(d)(4)(E) of the WIA.	--Most promising funds are included in the $750 million for worker training and placement in high growth and emerging industry sectors. --Need to promote HIM and point the Secretary

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			• $1.25 billion for grants to States for dislocated worker employment and training activities. • $200 million for dislocated workers national reserve • $750 million for a program of competitive grants for worker training and placement in high growth and emerging industry sectors. ○ $250 million and other funds not designated ($500 million for another priority) the Secretary of Labor is to give priority to projects that prepare workers in the healthcare sector. • Funds in this section available through June 30, 2010. • A local board may award a contract to an institution of higher education or other eligible training providers if the local board determines that it would facilitate the training of multiple individuals in high-demand occupations, if the contract does not limit customer choice.	towards workforce goals.

61	VIII	HRSA Appropriations
		-HIT
		-Workforce
			Department of Health and Human Services
			HRSA—Health Resources and Services
			• $500 million for grants to health centers
			• $1.5 billion for grants that include acquisition of HIT systems for health centers including health center controlled networks receiving operating grants under section 330 of the PHSA.
			• $500 million to address health professions workforce shortages.
			    ○ $75 million for the NHSC to remain available through 9/30/2011. (20% for field operations)
			    ○ Funds can be used for scholarships, loan repayment, and grants to training programs for equipment as authorized in the PHSA.
			• HHS Secretary to provide House and Senate
				It appears that there are many opportunities here for allied health and health professions workforce issues. The funds for the health professions workforce are a good step forward as they have been shortchanged in recent appropriations proposals.

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			Appropriations Committees with an operating plan within 90 days. An additional report is due by November 1, 2009 and then every six months on actual obligations, expenditures, and unobligated balances.	

62	VIII	AHRQ Appropriations	Agency for Healthcare Research and Quality
			Healthcare Research and Quality (Including Transfer of Funds)
			• $700 million for comparative effectiveness research
			  ○ $400 million transferred to NIH Director for comparative effectiveness research. These funds can be transferred to the Institutes, the Centers of NIH and the Common Fund.
			• $400 million for comparative effectiveness research to be allocated at the discretion of the Secretary.
			  ○ $1.5 million for IOM Contract to research and provide a report to Congress by June 30, 2009. Report to contain recommendations on national priorities for CE research.
				This continues the government's efforts to move towards a pay-for-performance system. It is a controversial issue that we hope does not cause apprehension about the migration to electronic systems.

65	VIII	ONC Appropriations	Office of the Secretary—Office of the National Coordinator for Health IT (Including Transfer of Funds)
			• $2 billion to carry out Title XIII of this act and to remain available until expended.
			  ○ $20 million transferred to NIST for advancing healthcare information enterprise integration through technical standards analysis and establishment of conformance testing infrastructure. Activities must be coordinated with ONC.
			  ○ $300 million to support regional or sub-national efforts towards HIE. (.25% for administration)
			• Funds require submission of an annual operating plan by the Secretary to the House and Senate Appropriations Committee.
				--ONC directives are laid out later in the legislation but opportunities are plentiful with the sharp increase in ONC funding.
				--workforce, privacy education, classifications and terminologies, etc…

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			◦ FY 2009 plan due within 90-days February 17, 2009 ◦ Subsequent plans due no later than November 1 of each year. • Secretary to provide House and Senate Appropriations Committee with a report on the actual obligations, expenditures, and unobligated balances for each set of activities. Due by November 1, 2009 and then every 6 months.	
85	X	Veterans Affairs IT Appropriations	Veterans Administration—IT Systems • $50 million remains available until September 30, 2010 for the Veterans Benefits Administration. • VA Secretary is required to submit an expenditure plan to the House and Senate Appropriations committee within 30-days of February 17, 2009.	
112	**XIII**		**Title XIII—Health Information Technology**	
112	XIII	Health IT	Health Information Technology Subtitle A—Promotion of Health Information Technology Part 1—Improving Healthcare Quality, Safety and Efficiency Sec. 13101. ONCHIT; Standards Development and Adoption adds "Title XXX—Health Information Technology and Quality" to the Public Health Service Act	
114	XIII	Sec. 3000. Health IT Definitions	***Certified EHR Technology****—means a qualified electronic health record pursuant to section 3001(c)(5) (Certification) as meeting standards adopted under section 3004 (Process for adoption of endorsed recommendations; adoption of initial set of standards, implementation specifications, and certification criteria) 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 electronic health record for hospitals)*	The new concepts/terms have been italicized. These will likely receive some further expansion in the rulemaking process.

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			Enterprise Integration*—means the electronic linkage of healthcare providers, health plans, the government, and other interested parties, to enable electronic exchange and use of health information among all the components in the healthcare infrastructure in accordance with applicable law, and such term includes related application protocols and other related standards.* Health Care Provider Health Information (same as HIPAA) ***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 of healthcare entities or patients for electronic creation, maintenance, access, or exchange of health information.* Health Plan (same as HIPAA) HIT Policy Committee HIT Standards Committee Individually Identifiable Health Information (same as HIPAA) Laboratory National Coordinator Pharmacist (as defined in Federal Food, Drug and Cosmetic Act) ***Qualified Electronic Health Record—****means an electronic record of health-related information on an individual that—* • *Includes patient demographic and clinical health information, such as medical history and problem lists; and*	

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			• *Has the capacity—*
			    ○ *To provide clinical decision support*
			    ○ *To support physician order entry*
			    ○ *To capture and query information relevant to healthcare quality*
			    ○ *To exchange electronic health information with, and integrate such information from other sources.*	

116	XIII	Sec. 3001. ONC Authorization	Subtitle A—Promotion of Health Information Technology • Office of the National Coordinator for Health IT This section statutorily authorizes the Office of the National Coordinator for Health IT and defines the purpose of the office with regard to the development of NHITI that allows electronic exchange and use of information. **PURPOSE** • Ensure that each patient's health information is secure and protected, in accordance with applicable law • Improves healthcare quality, reduces medical errors, reduces health disparities, and advances the delivery of patient-centered medical care • Reduces healthcare costs resulting from inefficiency, medical errors, inappropriate care, duplicative care, and incomplete information • Provides appropriate information to help guide medical decisions at the time and place of care • Ensures the inclusion of meaningful public input in such development of such infrastructure • Improves the coordination of care and information	AHIMA supported authorization of the Office of the National Coordinator and supports the important purpose statement outlined in this Law. AHIMA has contributed to the work of ONC over the past 5 years and expects to continue to do so. Through meetings, testimony, nominations, letters, contracts, grants and other mechanisms, AHIMA and the AHIMA Foundation will strive to continue as a trusted source of information and advice to help ONC carry out its charge.

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			among hospitals, laboratories, physician offices, and other entities through an effective infrastructure for the secure and authorized exchange of healthcare information • Improves public health activities and facilitates the early identification and rapid response to public health threats and emergencies, including bioterror events and infectious disease outbreaks • Facilitates health and clinical research and healthcare quality • Promotes early detection, prevention, and management of chronic diseases. • Improves efforts to improve health disparities **DUTIES** ***Standards*** • Review and determine whether or not to endorse each standard, implementation specification, and certification criteria…that is recommended by the HIT Standards Committee (sec. 3003) and adoption (sec. 3004) • Make policy coordination determinations with other agencies and report to the Secretary within 45 days of when a recommendation is received by the Coordinator • Review Federal HIT investments to insure that Federal HIT programs are meeting the objectives of the strategic plan. ***HIT Policy Coordination*** • Coordinate HIT policy and programs of HHS with other relevant executive branch agencies to avoid duplication	

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			of efforts and for those agencies to take on HIT activities within their expertise and technical capability • Leading member of HIT Policy Committee and the HIT Standards Committee and liaison between those committees and the Federal government. ***Strategic Plan*** • Update from plan of June 3, 2008. ***Website*** • Maintenance and updating to include work, schedules, reports, recommendations, and other information to ensure transparency in promotion of a NHITI. ***Certification*** • The National Coordinator will consult with NIST on whether or not to keep or recognize a program or programs for the voluntary certification of HIT. ○ **Certification Criteria**—with respect to standards and implementation specifications for HIT, criteria to establish that the technology meets such standards and implementation specifications. ***Reports and Publications*** • Report on Additional Funding or Authority Needed—within 12 months report to House and Senate Appropriations. Pertains to ONCHIT, HIT Policy Committee and the HIT Standards Committee. • Implementation Report—"lessons learned" • Assessment of Impact of HIT on Communities with Health Disparities and Uninsured, Underinsured and Medically Underserved Areas.	The Certification Commission for Health Information Technology is the current certification body.

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			• Evaluation of Benefits and Costs of the Electronic Use and Exchange of Health Information • Resource Requirements—includes "the resources needed to establish a HIT workforce sufficient to support this effort (including education programs in medical informatics and health information management). ***Assistance*** • Enables the National Coordinator to provide financial assistance to consumer advocacy groups and not-for-profit entities that work in the public interest for purposes of defraying the cost to such groups and entities to participate under, in whole or in part, the National Technology Transfer Act of 1995 (15 USC 272 note) ***Governance for NHIN*** **CHIEF PRIVACY OFFICER OF THE NATIONAL COORDINTAOR** Sec. 3001. (e) requires the National Coordinator within 12 months of February 17, 2009, to appoint a Chief Privacy Officer for ONC. This individual will advise the National Coordinator on privacy, security, and data stewardship of electronic health information and to coordinate with other Federal agencies (and similar privacy officers in agencies), with State and regional efforts, and with foreign countries with regard to the privacy, security, and data stewardship of electronic individually identifiable health information.	

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120	XII	HIT Policy Committee	This section statutorily establishes an HIT Policy Committee to make policy recommendations to the National Coordinator relating to the implementation of a NHITI, including implementation of the strategic plan.
			
			DUTIES
			
			• Recommendations on HIT Infrastructure—recommend a policy framework for the development and adoption of an NHITI—updated and new recommendations will be done as appropriate
			• Specific Areas of Standard Development
			  ○ Recommend areas where standards, implementation specifications and certification criteria are needed for electronic exchange
			  ○ Recommend an order of priority for development, harmonization, and recognition of such standards, specifications, and certification criteria
			    ▪ Standards and implementation specifications are to include named standards, architectures, and software schemes for the authentication and security of individually identifiable health information
			  ○ Recommendation for areas required for consideration:
			    ▪ Technologies that protect the privacy of health information and promote security in a qualified electronic record, including for the segmentation and protection from disclosure of specific and sensitive individually identifiable HI…
			    ▪ A NHITI
			    ▪ The utilization of a certified EHR for each person in the US by 2014
			    ▪ Technologies that as part of a qualified health record allow for an accounting of disclosures… for purposes of treatment
				This body would replace the American Health Information Community (AHIC) follow-up organization the National eHealth Collaborative.

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124	XIII	Sec. 3003. HIT Standards Committee	Statutorily establishes the HIT Standards Committee to recommend to the National Coordinator standards, implementation specifications, and certification criteria for the electronic exchange and use of health information for purposes of adoption under section 3004 (Process)…consistent with the implementation of the strategic plan.
			
			DUTIES
			
			Duties will include:
			• Standards development
			    ○ Harmonization
			    ○ Pilot testing of Standards and Implementation Specifications—As appropriate, provide standards and specifications to NIST for testing.
			    ○ Consistency—standards adopted here are consistent with HIPAA standards
			• Serve as a forum for a broad range of stakeholders
			• Within 90 days of February 17, 2009, the HIT Standards Committee is required to develop a schedule for the assessment of policy recommendations developed by the HIT Policy Committee. The schedule shall be updated annually and published in the Federal Register.
			• Public Input—open public meeting with a process for public input. In the process, comments on recommendations are to be submitted in a timely manner after their publication.
			• Consideration of recommendations and comments from NCVHS.	

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			MEMBERSHIP AND OPERATIONS • National Coordinator is to take a leading role in establishing and operating the HITSC. • Number of members not defined but must represent providers, ancillary healthcare workers, consumers, purchasers, health plans, technology vendors, researchers, relevant Federal agencies and individuals with technical expertise on healthcare quality, privacy and security, and on the electronic exchange of health information. • Balanced representation • Ensure outside involvement of experts and advisors. • FACA Committee • Publication of recommendations on the ONC website and in the *Federal Register*.	HIM covered under ancillary healthcare workers and technical expertise. There is a need to insure balanced representation of concerns.
126	XIII	Sec. 3004. Standards Adoption	**Process for Adoption of Endorsed Recommendations; Adoption of Initial Set of Standards, Implementation Specifications, and Certification Criteria.** **PROCESS for ADOPTION of ENDORSED RECOMMENDATIONS** • Review of Endorsed Standards, Implementation Specifications, and Certification Criteria ○ Within 90 days after the receipt of a standard, implementation specification or certification criteria, the Secretary (in consultation w/ Federal representatives) will jointly review and determine whether or not to propose adoption. • Determination to Adopt Standards, Implementation	

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			Specifications and Certification Criteria. If the Secretary determines: ○ To propose adoption of any grouping…the Secretary shall, by regulation (section 553 of title 5, United States Code) determine whether or not to adopt such grouping… ○ Not to propose adoption of any grouping…the Secretary shall notify the National Coordinator and the HIT Standards Committee in writing of such determination and the reasons for not proposing the adoption… • All determinations shall be published in the Federal Register. **ADOPTION OF STANDARDS, IMPLEMENTATION SPECIFICATIONS and CERTIFICATION CRITERIA** • Through the process above, the Secretary is required to adopt the initial set of standards, implementation specifications, and certification criteria by December 31, 2009. The rule can be issued on an interim final basis. • Application of Current Standards, Implementation Specifications, and Certification Criteria—insures that existing standards, implementation specifications and certification criteria adopted prior to the enactment of this bill can be adopted as the initial standards noted above. • Enables the Secretary to adopt additional standards, implementation specifications, and certification criteria as necessary and consistent with the schedule published in 303(b)(2)	There is a drafting error here. The reference should be to 303(b)(3)

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127	3005	Application and use of standards	Reference to section 13111.	
127	3006	Voluntary Adoption of Standards	Insures the voluntary application and use of adopted standards and implementation specifications by private entities except as in section 13112—Application to private entities.	
127	3007	Federal HIT	This section requires the National Coordinator to support the development and routine updating of qualified electronic health record technology and to make it available unless the Secretary determines the needs and demands of providers are being met through the marketplace. • Required to be certified • The National Coordinator is enabled to charge a nominal fee for the adoption by a healthcare provider. • Nothing requires Federal adoption and use of this product.	This would be a Federal qualified EHR product.
127	3008	Transitions	Enable the transition of all functions, personnel, assets, liabilities, and administrative actions from ONC under Executive Order 13335 to the new statutorily authorized office. The provisions on the HIT Policy Committee and the HIT Standards Committee do not prohibit the AHIC Successor, Inc. from doing business or modifying its elements. The Secretary is also able to recognize it as the HIT Policy Committee or the HIT Standards Committee. Requires that the recommendations of the HIT Standards Committee be consistent with the AHIC Successor, Inc. until the HIT Policy Committee makes recommendations.	
128	3009	HIPAA Privacy and Security Law	Insures that the Secretary's authorities with regard to the HIPAA Privacy and Security law are not effected Insures that HIT standards and implementation specifications	

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			take into account the HIPAA Privacy and Security law. Secretary can omit certain providers in the definition of "provider" in this section.	
128			**PART 2—APPLICATION AND USE OF ADOPTED HEALTH INFORMATION TECHNOLOGY STANDARDS**	
128	13111	Coordination	**Coordination of Federal Activities with Adopted Standards and Implementation Specifications** • Requires Federal use of HIT systems and products that meet the standards and implementation specifications adopted by the provisions set forth in this bill	
129	13112	Application	Requires private entities who are contracted with or have agreements with the Federal government to use HIT systems and products that meet the standards and implementation specifications adopted as set forth by sec. 3004 of this legislation.	

129	13113	Study and Reports	• Within 2-years of February 17, 2009, the Secretary shall submit reports to the House and Senate Appropriations Committees on
			    ○ Report on Adoption of Nationwide System
			    ○ Reimbursement Incentive Study and Report
			    ○ Aging Services and Technology Study and Report	

130	13114	Testing	**SUBTITLE B—TESTING OF HEALTH INFORMATION TECHNOLOGY**	
130	13201	Testing	NIST • Pilot Testing of Standards and Implementation Specifications—This testing by NIST is done in coordination with the HIT Standards Committee • Voluntary Testing Program—In coordination with the	This language came from Rep. Bart Gordon's HIT bill in the 110th Congress (HR 2406).

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			HIT Standards Committee, the Director of NIST is required to 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.	

131	13202	R&D	**Healthcare Information Enterprise Integration Research Centers**
			• NIST and NSF Directors to consult and to establish a program of assistance to institutions of higher education (or consortia thereof which may include nonprofit entities and FedGov labs) to establish multidisciplinary Centers for Health Care Information Enterprise Integration
			• Competition for grants
			• Purpose of the CHCIEI
			    ○ To generate innovative approaches to healthcare information enterprise integration by conducting cutting-edge, multidisciplinary research on the systems challenges of healthcare delivery
			    ○ Development and use of HIT and other complementary fields
			• Research areas will include:
			    ○ Interfaces between human information and communications technology systems
			    ○ Voice-recognition systems
			    ○ Software that improves interoperability and connectivity among HI systems
			    ○ Software dependability in systems critical to healthcare delivery
			    ○ Measurement of the impact of information
				This language came from Rep. Bart Gordon's HIT bill in the 110th Congress (HR 2406).
				
				There is an opportunity for HIM and Healthcare informatics programs to apply and become Centers.
				
				There opportunity also seems to exist for the development of further curricula from the research topic areas.

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			technologies on the quality and productivity of healthcare ○ Health information enterprise management ○ HIT security and integrity ○ Relevant HIT to reduce medical errors • Applications—establishes the application elements and process for the institutions of higher education for research projects. The applications are to include the research projects, contributions of participating entities, how collaboration will be promoted, technology transfer activities and how the Center will contribute to the education and training of researchers, and other professionals in related fields.	
132	**XIII**	**Incentives—grants and loans**	**SUBTITLE C—GRANTS AND LOANS FUNDING**	
132	XIII	Incentives	**Adds to Title XXX of the PHSA—"Subtitle B—Incentives for the Use of Health Information Technology**	
132	XIII	Immediate Funding	Sec. 3011. Immediate Funding to Strengthen the Health Information Technology Infrastructure. • Enables the Secretary to invest in the infrastructure necessary to allow for the electronic exchange and use of health information. Such sums as may be necessary are appropriated from 2009-2013. • Funds would be expended by expert agencies as ONCHIT, HRSA, AHRQ, CMS, CDC and the Indian Health Service. • Funds would be to support ○ HIT architecture ○ Development and adoption of certified electronic health records for categories of healthcare	

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			providers not eligible for support under title XVIII or XIX of the SSA for the adoption of such records. ◦ Training on and dissemination of information on best practices to integrate HIT ◦ Infrastructure and tools for the promotion of telemedicine ◦ Promotion of the interoperability of clinical data repositories or registries ◦ Promotion of technologies and best practices ◦ Improvement and expansion of the use of HIT by public health departments. • Requires coordination with other HIT expenditures • Funds can be used for HIT activities that are already provided for by law • If practicable, the Secretary is to insure that the funds are used to acquire HIT that meets applicable standards	
133	XIII	Implementation assistance	Sec. 3012. HIT Implementation Assistance • Creates an HIT Extension Program to assist healthcare providers to adopt, implement, and effectively use certified EHR technology. The services would be carried out through the DHHS. National Coordinator to consult with other agencies to develop and implement the program. • Establishes an HIT Resource Center to provide technical assistance and develop or recognize best practices to support and accelerate efforts to adopt, implement, and effectively use HIT. ◦ The Center would receive input from: ▪ Other expert federal agencies ▪ Users of HIT (providers/support/clerical staff)	No indication as to where the HIT Resource Center would be housed.

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			▪ Others as appropriate ○ Purposes ▪ Forum ▪ Accelerate and transfer lessons learned from various initiatives ▪ Assemble, analyze, and widely disseminate evidence and experience ▪ Provide technical assistance for the establishment and evaluation of regional and local HINs ▪ Technical assistance for development and dissemination of solutions to barriers to information exchange ▪ Learn about effective adoption strategies. • HIT Regional Extension Centers ○ Secretary provide assistance for creation and support. RECs will provide technical assistance and disseminate best practices and other information learned from the Center to support and accelerate efforts to adopt, implement, etc… ○ RECs are to be affiliated with any US based non profit institution or organization, or group thereof, that applies and is awarded financial assistance under this section. ○ Objective is to promote the adoption of HIT through: ▪ Assistance with implementation and related issues ▪ Broad participation of individuals from industry, universities and State governments ▪ Active dissemination of best practices and	There is an opportunity here for AHIMA and/or alliance organizations, universities and even CSAs to get involved with the HIT Regional Extension Centers.

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			research ▪ Participation in HIEs ▪ Utilization of the expertise and capability that exists in Fed agencies other than DHHS ▪ Integration of HIT including EHRs, into the initial ongoing training of health professionals and others in the healthcare industry that would be instrumental to improving quality of healthcare through the smooth and accurate use and exchange of HIT. ○ Regional assistance with regard to education to all providers in a region with prioritization: ▪ Public/not-for-profit/critical access hospitals ▪ Federally qualified health centers ▪ Entities in rural/other areas that serve uninsured/underinsured, and medically underserved individuals ▪ Individual or small group practices primarily focused on primary care ○ Financial support— ▪ Secretary can provide assistance not to exceed 4-years ▪ No more than 50% of capital and annual operating and maintenance funds unless national economic conditions which would render the cost-sharing detrimental to the program and Secretarial notification to Congress to waive the requirement ○ Notice	Local focus on training and education. Potential for HIM programs to receive grants/assistance for curriculum. In addition, if AHIMA/Alliances get involved, grants/help with advancing curriculum issues and other training/ed programs.

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			▪ A draft description of the program is to be published in the Federal Register w/in 90 days of February 17, 2009. • Detailed explanation of program and goals • Applicant procedures • Criteria for determining qualified applicants • Maximum support levels expected ○ Application review—reviewed by merit and to include ▪ Ability to provide assistance ▪ Types of service to be provided ▪ Geographical diversity ▪ Percentage of funding and amount of in-kind commitment from other sources ○ Biennial evaluation ○ Continuing support—after two years a center may receive additional support if they have received positive evaluations	
136	XIII	State grants	Sec. 3013. State Grants to Promote HIT • Secretary (w/ONC), establish a program to facilitate and expand the electronic movement and use of health information among organizations according to nationally recognized standards • Planning grants—grants for states or state-designated entities for planning activities • Implementation grants—applications submitted to Secretary and Secretary will specify information required on applications. • Use of Funds—to conduct activities to facilitate and	CSAs would be a good local monitor for the grant distribution process.

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			expand the electronic movement and use of health information among organizations in accordance with standards ◦ Enhancing broad and varied participation ◦ Identifying state and local resources available toward a nationwide effort to promote HIT ◦ Complementing other efforts ◦ Providing technical assistance for the development and dissemination of solutions to barriers ◦ Promoting effective strategies to adopt and utilize HIT ◦ Assisting patients in utilizing HIT ◦ Encouraging clinicians to work with the HITREC ◦ Supporting public health agencies authorized use and access to ehi ◦ Promoting EHR use for QI through quality measures reporting ◦ Other • Plan—describes the activities to be carried out by a State or by the qualified state-designated entity within such State to facilitate and expand the electronic movement and use of HI among organizations according to nationally recognized standards and implementation specifications. ◦ Pursued in public interest ◦ Consistent with the Strategic Plan ◦ Description on how activities will be carried out ◦ Other elements as required by the Secretary • A qualified state designated entity can be a not-for-profit entity with broad stakeholder representation on its governing board	Does not appear to be anything here for system implementation or purchasing for providers.

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			• Required Consultation—consult with and consider the recommendations of:
			  ○ Providers
			  ○ Plans
			  ○ Patients or consumer organizations representing the served population
			  ○ HIT vendors
			  ○ Health care purchasers and employers
			  ○ Public health agencies
			  ○ Health professions schools, universities and colleges
			  ○ Clinical researchers
			  ○ Other users of HIT as support and clerical staff of providers and others involved in the care and care coordination of patients
			  ○ Others as determined by the Secretary
			• Continuous Improvement—annual evaluation that requires implementation of lessons learned that lead to the greatest improvement in quality of care, decreased costs, and most effective and secure information exchange.
			• Matching funds—Begins in 2011. State must agree to non-Federal matching funds to receive a grant
			  ○ FY 2011: $1 for $10 in Federal Funds
			  ○ FY 2012: $1 for $7 in Federal Funds
			  ○ FY 2013: $1 for $3 in Federal funds
			  ○ Prior to 2011, the Secretary can determine matching amount.	

139	XIII	Competitive Grants	Sec. 3014. Competitive Grants to States and Indian Tribes for the Development of Loan Programs to Facilitate the Widespread Adoption of Certified EHR Technology.	Any efforts in this area should be incorporated into the National Coordinator's

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			• Secretary can award competitive grants to "eligible entities" to establish loan programs for facilitating the purchase of EHR technology, enhance utilization, training, and improving secure electronic exchange.
			• Defines eligible entity as a State or Indian Tribe that:
			  ○ Submits an application to the National Coordinator
			  ○ Submits a strategic plan to the National Coordinator
			  ○ Provides assurance to the National Coordinator that they will establish a loan fund.
			  ○ Assure National Coordinator that loan funds will not be provided to a provider unless:
			    ▪ Submit reports on quality measures (not later than 90 days after measures are adopted) to CMS
			    ▪ Satisfy the Secretary according to Sec's criteria concerning standards based exchange of health information
			    ▪ Compliance with determined requirements (Secretary or Entity)
			    ▪ Provider plan on how the certified EHR technology will be maintained and supported
			    ▪ Provider plan on how certified EHR tech will be maintained and supported including type of resources involved
			    ▪ Agrees to provide matching funds ($1 for $5 Federal)
			• Requirements concerning fund establishment for the eligible entity. These funds are strictly dedicated to this program. No other authorized users are permitted either.
				Strategic Plan.

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			• Strategic Plan—to identify the uses of the funds including
			  ○ List of projects
			  ○ Description of criteria and methods for distribution of funds
			  ○ Description of financial status as of submission
			  ○ Short and long-term goals
			• Use of funds—only for awarding loans or loan guarantees
			  ○ Facilitate purchase
			  ○ Enhance utilization
			  ○ Training
			  ○ Improve secure electronic exchange
			• Types of assistance
			  ○ Award loans
			  ○ As a guarantee or insurance purchase for a local obligation
			  ○ Source of revenue or security
			  ○ Earn interest on the loan fund
			  ○ Make reimbursements
			• Administration—may not exceed 4% of funds provided to the entity under a grant.
			  ○ National Coordinator will publish guidance and promulgate regulations—including guidance for waste, fraud and abuse
			  ○ Private sectors entities making contributions cannot specify who is to get a loan
			• Matching requirements—there must be a match to receive a grant.
			  ○ $1 for every $5 of Federal funds.
				There is an opportunity here to discuss potential workforce and education programs.

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142	XIII	Education and Training	Sec. 3014. Demonstration Program to Integrate Information Technology into Clinical Education.
			
			• Secretary may award grants to develop academic curricula for certified EHR technology into clinical education. Awards on a competitive basis.
			• Eligibility requires an application and a submission of a strategic plan to the Secretary.
			• The entities do include "any other graduate health professions school."
			• Data collection on effectiveness of the grant program in improving patient safety, healthcare delivery efficiency, graduates will implement.
			• Matching funds requirement: Secretary can provide no more than 50% of cost of activities unless national economic conditions make the cost-sharing requirement detrimental to the program.
			• Secretary will evaluate the projects
			• Within 1-year, Secretary submit a report to Senate HELP Committee, Senate Finance Committee, and the House Energy and Commerce Committee.
			  ○ Report will describe the project
			  ○ Have recommendations for Congress
				HIM and Informatics programs would be included in this section.

143	XIII	Education and Training	Sec. 3016. Information Technology Professionals in Healthcare. • Secretary/Director of NSF provide assistance to Institutions of Higher Education to expand or establish medical health informatics education programs, including certification, undergraduate and masters degree programs for both healthcare and information technology students.	This is the Wu (HR 461, "10,000 Trained by 2010 Act," language in condensed form. The language certainly seems broad enough to ensure coverage of HIM programs.

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			• Activities include:
			  ○ Developing and revising curricula
			  ○ Student recruitment and retention
			  ○ Acquiring necessary equipment for student instruction including installation of testbed networks
			  ○ Establishing or enhancing bridge programs in health informatics programs between community colleges and universities.
			• Priority should be given to existing education and training programs and programs designed to be completed in less than six months.	

143	XIII	Reports	Sec. 3017. General Grant and Loan Provisions.
			
			• The Secretary can require any entity receiving assistance under this section to provide a report within 1-year of enactment:
			  ○ Analysis of effectiveness
			  ○ Impact on healthcare quality and safety	

144	XIII	Appropriations	Sec. 3018. Authorization of Appropriations From FY 2009-2013, such sums as may be necessary are appropriated.	Although the appropriations portion of this legislation designates $2 billion in this area. Additional appropriations bills now have the authorization to appropriate more.
202	I	Computer Expenses	Sec. 1005. Computer Technology and Equipment Allowed as a Qualified Higher Education Expense for Section 529 Accounts in 2009 and 2010. • Purchase of any computer technology, equipment,	This provisions could be helpful to individual HIM students. Section 529 accounts are college savings plans that are

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			Internet access or related services, if used by the beneficiary for the years the beneficiary is enrolled in an institution of higher education. Software has to be predominantly educational in nature.	administered by the states.
221	I	Small Business losses	Sec. 1211. 5-Year Carryback of Operating Losses of Small Businesses. • Enables eligible small business (up to $15,000,000) to have 5-year carryback of their operating losses.	Potential tax assistance for small physician offices and other facilities.
353	IV	Medicare incentives	**SUBTITLE A—Medicare Incentives**	
353	IV	Medicare incentives	Sec. 4101. Incentives for Eligible Professionals. • Incentive Payments ○ An eligible professional must be a meaningful EHR user. ○ No incentive payments after 2016. ○ First payment year: 2011. ○ Amounts will not exceed: ▪ 1st payment year: $15,000 (or if first payment year is 2011 or 2012: $18,000) ▪ 2nd: $12,000 ▪ 3rd: $8,000 ▪ 4th: $4,000 ▪ 5th: $2,000 ▪ 6th and beyond: $0 ○ If adoption begins after 2013: $15,000 ○ Eligible professionals in a designated health professional shortage area will receive a 10% increase in the bonus. ○ No incentive payment for hospital-based eligible professionals. Hospital-based eligible	Incentive payments dedicated to physicians and physician offices.

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			professionals include pathologists, anesthesiologists, or emergency physicians, who furnish substantially all of such services in a hospital setting. Determination is made on site of service not employment or billing arrangement. ○ Meaningful EHR User includes: ▪ Meaningful use of EHR Technology including the use of electronic prescribing ▪ Information Exchange (standards-based) ▪ Reporting clinical quality measures using the certified EHR technology. ▪ To improve use over time, the Secretary may devise more stringent measures. ○ The Secretary will select quality measures for reporting and seek to avoid redundant or duplicative reporting. ○ Demonstrating meaningful use of certified EHR technology (determined by Secretary): ▪ An attestation ▪ Submission of claims with appropriate coding as a code indicating that the encounter was documented using certified EHR technology ▪ A survey response ▪ Reporting requirements ▪ Other means ○ Penalties for not becoming a meaningful user of certified EHR technology. If an eligible professional does not become a meaningful user, the Medicare fee schedule will be reduced to: ▪ 2015: 99% ▪ 2016: 98%	The regulations regarding this issue will be critical. It would be unfortunate to revert back to having to supply attestations or surveys.

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			▪ 2017 and beyond: 97% ▪ For 2018 and beyond, Secretary can decrease an additional percentage point if meaningful users are less than 75%. Payment rate cannot drop below 95% of fee schedule. ▪ Secretary can provide hardship exceptions. o Applies to eligible professionals employed by Medicare Advantage organizations, or a partner of. ▪ Secretary can set a different payment amount. ▪ A qualifying Medicare Advantage organization must submit an attestation. o Requires a study and report for Medicare Advantage organizations.	
363	IV	Hospital Incentives	Sec. 4102. Incentives for Hospitals. • If inpatient hospital services are furnished by an eligible hospital and the hospital is an eligible EHR user, they are eligible for incentive payments from the Medicare trust fund. ▪ Base amount: $2,000,000 ▪ Discharge Related Amount - A hospital that has less than 1150 inpatient discharges for a year only base amount, a hospital with 1150 – 23,000 inpatient discharges gets a $200 per discharge payment in addition to the base amount. ▪ Medicare share is also factored in ▪ Hospitals need to implement meaningful	

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			EHR before 2015 and ideally before 2013, otherwise these factors engage to lower payments.
			• Meaningful EHR User
			  ○ Meaningful Use of Certified EHR Technology - The eligible hospital demonstrates to the satisfaction of the Secretary that they are a meaningful certified EHR user.
			  ○ The eligible hospital demonstrates to the satisfaction of the Secretary that during such period such certified EHR technology is connected in a manner that provides in accordance to law and standards applicable to the exchange of information for the electronic exchange of health information to improve quality of health care, such as the promotion of care coordination.
			  ○ Reporting on measures Using EHR – Eligible hospital reports on such clinical quality and other measures as selected by the Secretary.
			  ○ Reporting on Measures – Limitations – The Secretary may not require electronic reporting of information on clinical quality measures unless the Secretary has the capacity to accept the information electronically, which may be on a pilot basis.
			• Demonstration of meaningful Use of Certified EHR technology and Information Exchange. A hospital may satisfy the demonstration requirements clauses through means specified by the Secretary which may include:
			  ○ an attestation
			  ○ Submission of claims with appropriate code
				Must pay attention to the regulations on this issue. It would be unfortunate to revert back to having to supply attestations or surveys.

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			indicating inpatient care was documented using certified EHR technology ○ a survey response ○ reporting under (A)(iii) ○ other means specified by the Secretary • Names of hospitals eligible for meaningful use of certified EHR technology will be posted on the Centers for Medicare and Medicaid Services website. • Applies to Medicare Advantage hospitals	
374	IV	Reports	Sec. 4104. Studies and Reports on Health Information Technology • Study and Report on EHR Payment Incentives for Providers not Receiving other Incentive Payments ○ Secretary report to Congress by June 30, 2010 • Study and Report on Availability of Open Source Health Information Technology Systems ○ Secretary report to Congress by October 1, 2010	
375	IV	Medicaid Incentives	Sec. 4201. Medicaid Provider HIT Adoption and Operation Payments; Implementation Funding. • Payment formulas are complex • Eligible professionals include: ○ Physician ○ Dentist ○ Certified nurse mid-wife ○ Nurse practitioner ○ Physician assistants that are practicing in a rural health clinic. ○	
398	VI		**TITLE VI—Broadband Technology Opportunities Program**	

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398	VI	Broadband	Sec. 6001. Broadband Technology Opportunities Program.
			
			• Purpose:
			  ○ Provide access to broadband service to consumers residing in unserved areas of the US
			  ○ Provide improved access to broadband service to consumers residing in underserved areas of the US
			  ○ Provide broadband education, awareness, training, access, equipment, and support to
			    ▪ Schools, libraries medical and healthcare providers, community colleges and other institutions of higher education…amongst other entities.
			  ○ Improve access to and use of broadband service by public safety agencies
			  ○ Stimulate the demand for broadband, economic growth, and job creation.
			• Assistant Secretary of Commerce will implement the program as soon as possible and ensure all awards are made before the end of FY 2010.
			• Grant eligible entities include:
			  ○ A state or political subdivision
			  ○ A nonprofit (foundation, corporation, institution, association)
			  ○ Any other entity
			• Federal share may not exceed 80%.
			• Not less than 1 grant per state
			• $4.7 billion appropriated (see NTIA Appropriations Provisions).	