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TeleHealth and TeleMedicine in ARRA

Indian health services

For an additional amount for `Indian Health Services', for health information technology activities, \$85,000,000:

Provided,

That such funds may be used for both telehealth services development and related infrastructure requirements that are typically funded through the `Indian Health Facilities' account:

Provided further,

That notwithstanding any other provision of law, health information technology funds provided within this title shall be allocated at the discretion of the Director of the Indian Health Service.

Distance learning, telemedicine, and broadband program

For an additional amount for the cost of broadband loans and loan guarantees, as authorized by the Rural Electrification Act of 1936 (7 U.S.C. 901 et seq.) and for grants (including for technical assistance), \$2,500,000,000:

Provided,

That the cost of direct and guaranteed loans shall be as defined in section 502 of the Congressional Budget Act of 1974:

Provided further,

That, notwithstanding title VI of the Rural Electrification Act of 1936, this amount is available for grants, loans and loan guarantees for broadband infrastructure in any area of the United States: *Provided further,* That at least 75 percent of the area to be served by a project receiving funds from such grants, loans or loan guarantees shall be in a rural area without sufficient access to high speed broadband service to facilitate rural economic development, as determined by the Secretary of Agriculture:

Provided further,

That priority for awarding such funds shall be given to project applications for broadband systems that will deliver end users a choice of more than one service provider: *Provided further,* That priority for awarding funds made available under this paragraph shall be given to projects that provide service to the highest proportion of rural residents that do not have access to broadband service:

Provided further,

That priority shall be given for project applications from borrowers or former borrowers under title II of the Rural Electrification Act of 1936 and for project applications that include such borrowers or former borrowers:

Provided further,

That priority for awarding such funds shall be given to project applications that demonstrate that, if the application is approved, all project elements will be fully funded:

Provided further,

That priority for awarding such funds shall be given to project applications for activities that can be completed if the requested funds are provided:

Provided further,

That priority for awarding such funds shall be given to activities that can commence promptly following approval:

Provided further,

That no area of a project funded with amounts made available under this paragraph may receive funding to provide broadband service under the Broadband Technology Opportunities Program:

Provided further,

That the Secretary shall submit a report on planned spending and actual obligations describing the use of these funds not later than 90 days after the date of enactment of this Act, and quarterly thereafter until all funds are obligated, to the Committees on Appropriations of the House of Representatives and the Senate.

` (2) SPECIFIC AREAS OF STANDARD DEVELOPMENT-

` (A) IN GENERAL- The HIT Policy Committee shall recommend the areas in which standards, implementation specifications, and certification criteria are needed for the electronic exchange and use of health information for purposes of adoption under section 3004 and shall recommend an order of priority for the development, harmonization, and recognition of such standards, specifications, and certification criteria among the areas so recommended.

Such standards and implementation specifications shall include named standards, architectures, and software schemes for the authentication and security of individually identifiable health information and other information as needed to ensure the reproducible development of common solutions across disparate entities.

` (B) AREAS REQUIRED FOR CONSIDERATION- For purposes of subparagraph (A), the HIT Policy Committee shall make recommendations for at least the following areas:

` (i) Technologies that protect the privacy of health information and promote security in a qualified electronic health record, including for the segmentation and protection from disclosure of specific and sensitive individually identifiable health information with the goal of minimizing the reluctance of patients to seek care (or disclose information about a condition) because of privacy concerns, in accordance with applicable law, and for the use and disclosure of limited data sets of such information.

` (ii) A nationwide health information technology infrastructure that allows for the electronic use and accurate exchange of health information.

` (iii) The utilization of a certified electronic health record for each person in the United States by 2014.

` (iv) Technologies that as a part of a qualified electronic health record allow for an accounting of disclosures made by a covered entity (as defined for purposes of regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996) for purposes of treatment, payment, and health care operations (as such terms are defined for purposes of such regulations).

` (v) The use of certified electronic health records to improve the quality of health care, such as by promoting the coordination of health care and improving continuity of health care among health care providers, by reducing medical errors, by improving population health, by reducing health disparities, by reducing chronic disease, and by advancing research and education.

` (vi) Technologies that allow individually identifiable health information to be rendered unusable, unreadable, or indecipherable to unauthorized individuals when such information is transmitted in the nationwide health information network or physically transported outside of the secured, physical perimeter of a health care provider, health plan, or health care clearinghouse.

` (vii) The use of electronic systems to ensure the comprehensive collection of patient demographic data, including, at a minimum, race, ethnicity, primary language, and gender information.

` (viii) Technologies that address the needs of children and other vulnerable populations.

` (C) OTHER AREAS FOR CONSIDERATION- In making recommendations under subparagraph

(A), the HIT Policy Committee may consider the following additional areas:

` (i) The appropriate uses of a nationwide health information infrastructure, including for purposes of--

` (I) the collection of quality data and public reporting;

` (II) biosurveillance and public health;

` (III) medical and clinical research; and

` (IV) drug safety.

` (ii) Self-service technologies that facilitate the use and exchange of patient information and reduce wait times.

` (iii) Telemedicine technologies, in order to reduce travel requirements for patients in remote areas.

` (iv) Technologies that facilitate home health care and the monitoring of patients recuperating at home.

` (v) Technologies that help reduce medical errors.

` (vi) Technologies that facilitate the continuity of care among health settings.

` (vii) Technologies that meet the needs of diverse populations.

` (viii) Methods to facilitate secure access by an individual to such individual's protected health information.

`SEC. 3011. IMMEDIATE FUNDING TO STRENGTHEN THE HEALTH INFORMATION TECHNOLOGY INFRASTRUCTURE.

` (a) In General- The Secretary shall, using amounts appropriated under section 3018, invest in the infrastructure necessary to allow for and promote the electronic exchange and use of health information for each individual in the United States consistent with the goals outlined in the strategic plan developed by the National Coordinator (and as available) under section 3001.

The Secretary shall invest funds through the different agencies with expertise in such goals, such as the Office of the National Coordinator for Health Information Technology, the Health Resources and Services Administration, the Agency for Healthcare Research and Quality, the Centers of Medicare & Medicaid Services, the Centers for Disease Control and Prevention, and the Indian Health Service to support the following:

` (1) Health information technology architecture that will support the nationwide electronic exchange and use of health information in a secure, private, and accurate manner, including connecting health information exchanges, and which may include updating and implementing the infrastructure necessary within different agencies of the

Department of Health and Human Services to support the electronic use and exchange of health information.

`(2) Development and adoption of appropriate certified electronic health records for categories of health care providers not eligible for support under title XVIII or XIX of the Social Security Act for the adoption of such records.

`(3) Training on and dissemination of information on best practices to integrate health information technology, including electronic health records, into a provider's delivery of care, consistent with best practices learned from the Health Information Technology Research Center developed under section 3012(b), including community health centers receiving assistance under section 330, covered entities under section 340B, and providers participating in one or more of the programs under titles XVIII, XIX, and XXI of the Social Security Act (relating to Medicare, Medicaid, and the State Children's Health Insurance Program).

`(4) Infrastructure and tools for the promotion of telemedicine, including coordination among Federal agencies in the promotion of telemedicine.

`(5) Promotion of the interoperability of clinical data repositories or registries.

`(6) Promotion of technologies and best practices that enhance the protection of health information by all holders of individually identifiable health information.

`(7) Improvement and expansion of the use of health information technology by public health departments.

`(b) Coordination- The Secretary shall ensure funds under this section are used in a coordinated manner with other health information promotion activities.

`(c) Additional Use of Funds- In addition to using funds as provided in subsection (a), the Secretary may use amounts appropriated under section 3018 to carry out health information technology activities that are provided for under laws in effect on the date of the enactment of this title.

`(d) Standards for Acquisition of Health Information Technology- To the greatest extent practicable, the Secretary shall ensure that where funds are expended under this section for the acquisition of health information technology, such funds shall be used to acquire health information technology that meets applicable standards adopted under section 3004. Where it is not practicable to expend funds on health information technology that meets such applicable standards, the Secretary shall ensure that such health information technology meets applicable standards otherwise adopted by the Secretary.