



HIMSS Legislative Tracking For the 111th Congress



This document includes an inventory of legislation in the 111th Congress that is relevant to health information technology (IT). The document is divided into two categories: House Bills & Senate bills, and is organized in chronological order and categorized by topic area (i.e. funding and incentives, privacy and security, healthcare delivery transformation, etc.). Please access the [HIMSS Legislative Action Center](#) for additional information, such as legislative text and HIMSS positions. Please contact the [HIMSS Congressional Affairs Team](#) for any questions related to this document and HIMSS legislative activities.

House Bills

Bill Name	Bill Number	Sponsors	Introduced	Status	Topic	Relevant Text
MediKids Health Insurance Act of 2009	H.R.194	Rep Stark, Fortney Pete [CA-13]	1/6/2009	Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means	Population Health Monitoring	SECTION 1139A: CHILD HEALTH QUALITY MEASURES. 5) ADOPTION OF BEST PRACTICES IN IMPLEMENTING QUALITY PROGRAMS- The Secretary shall disseminate information to States regarding best practices among States with respect to measuring and reporting on the quality of health care for children, and shall facilitate the adoption of such best practices. In developing best practices approaches, the Secretary shall give particular attention to State measurement techniques that ensure the timeliness and accuracy of provider reporting, encourage provider reporting compliance, encourage successful quality improvement strategies, and improve efficiency in data collection using health information technology

Bill Name	Bill Number	Sponsors	Introduced	Status	Topic	Relevant Text
Children's Health Insurance Program Reauthorization Act of 2009	H.R.2	Rep Pallone, Frank, Jr. [NJ-6]	1/13/2009	Became Public Law No: 111-003 (2/4/2009)	Funding and Incentives	SECTION 401: CHILD HEALTH QUALITY IMPROVEMENT ACTIVITIES FOR CHILDREN ENROLLED IN MEDICAID OR CHIP. Strengthening Quality of Care And Health Outcomes of Children. Directs the Secretary to award: (1) grants and contracts for the development, testing, and validation of new, emerging, and innovative evidence-based measures for children's health care services; and (2) up to 10 grants to states and child health providers for demonstration projects to evaluate promising ideas for improving the quality of children's health care and the use of health information technology. Specifies funding.
Medicaid-SCHIP Dental Benefits Improvement Act of 2009	H.R.462	Rep Cummings, Elijah E. [MD-7]	1/13/2009	Referred to the House Committee on Energy and Commerce	Population Health Monitoring	SECTION 1139A: HEALTH QUALITY MEASURES. (5) ADOPTION OF BEST PRACTICES IN IMPLEMENTING QUALITY PROGRAMS- The Secretary shall disseminate information to States regarding best practices among States with respect to measuring and reporting on the quality of health care for children, and shall facilitate the adoption of such best practices. In developing best practices approaches, the Secretary shall give particular attention to State measurement techniques that ensure the timeliness and accuracy of provider reporting, encourage provider reporting compliance, encourage successful quality improvement strategies, and improve efficiency in data collection using health information technology.
More Children, More Choices Act of 2009	H.R.464	Rep Price, Tom [GA-6]	1/13/2009	Referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Rules	Healthcare Delivery Transformation	SEC. 301: STATE HEALTH REFORM PROJECTS (d) Requirements for Programs- (1) STATE PLAN- A State that seeks to operate a program under this section shall prepare and submit to the Commission, as part of the application under subsection (b), a State health care plan that shall have as its goal increased coverage, and in service of that goal such additional goals as improvements in quality, efficiency, cost-effectiveness, and the appropriate use of information technology. To achieve such goal, the State plan shall comply with the following: (D) HEALTH INFORMATION TECHNOLOGY- With respect to health information technology, the State plan may describe efforts to improve the appropriate use of health information technology, including an explanation of how such efforts would change (if at all) under the State plan.

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E-Centives Act of 2009	H.R.592	Rep Schwartz, Allyson Y. [PA-13]	1/15/2009	Referred to the House Committee on Energy and Commerce	Funding and Incentives	SECTION 2: INCREASED MATCHING PAYMENTS UNDER MEDICAID FOR HEALTH INFORMATION TECHNOLOGY Amends title XIX (Medicaid) of the Social Security Act to direct the Secretary of Health and Human Services to provide for payments to each state that provides incentive payments to physicians, hospitals, community health centers, rural health clinics, and community mental health centers that exhibit meaningful use of certified health information technology
To provide for a portion of the economic recovery package relating to revenue measures, unemployment, and health.	H.R.598	Rep Rangel, Charles B. [NY-15]	1/16/2009	Supplemental report filed by the Committee on Ways and Means (1/28/2009)	Privacy and Security; Funding and Incentive	SUBTITLE A PROMOTION OF HEALTH INFORMATION TECHNOLOGY-SECTION 3001: OFFICE OF THE ANTIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY Health Information Technology - Health Information Technology for Economic and Clinical Health Act or the HITECH Act - Subtitle A: Promotion of Health Information Technology - Part 1: Improving Health Care Quality, Safety, and Efficiency. Part 2: Application and Use of Adopted Health Information Technology Standards; Reports. Subtitle B: Testing of Health Information Technology. Subtitle C: Grants and Loans Funding. Subtitle D: Privacy - Part 1: Improved Privacy Provisions and Security Provisions. Part 2: Relationship to Other Laws; Regulatory References; Effective Date; Reports. Subtitle E: Miscellaneous Medicare Provisions
Energy and Commerce Recovery and Reinvestment Act	H.R.629	Rep Waxman, Henry A. [CA-30]	1/22/2009	Placed on the Union Calendar, Calendar No. 3. (1/27/2009)	Funding and Incentives; Standards; Privacy and Security;	SUBTITLE A PROMOTION OF HEALTH INFORMATION TECHNOLOGY-SECTION 3001 OFFICE OF THE ANTIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY Health Information Technology - Health Information Technology for Economic and Clinical Health Act or the HITECH Act - Subtitle A: Promotion of Health Information Technology - Part I: Improving Health Care Quality, Safety, and Efficiency. Part II: Application and Use of Adopted Health Information Technology Standards; Reports. Subtitle B: Testing of Health Information Technology. Subtitle C: Incentives for the Use of Health Information Technology - Part I: Grants and Loans Funding. Part II: Medicare Program. Part III: Medicaid Funding. Subtitle D: Privacy - Part I: Improved Privacy Provisions and Security Provisions. Part II: Relationship to Other Laws; Regulatory References; Effective Date; Reports.

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American Recovery and Reinvestment Act of 2009	H.R.1	Rep Obey, David R. [WI-7]	1/26/2009	Became Public Law No: 111-005 (2/17/2009)	Funding and Incentives; Standards; Privacy and Security	<u>SUBTITLE A PROMOTION OF HEALTH INFORMATION TECHNOLOGY-SECTION 3001 OFFICE OF THE ANTIONAL COORDINATOR FOR HEALTH INFORAMTION TECHNOLOGY</u> Health Information Technology - Health Information Technology for Economic and Clinical Health Act or the HITECH Act - Subtitle A: Promotion of Health Information Technology - Part 1: Improving Health Care Quality, Safety, and Efficiency. Part 2: Application and Use of Adopted Health Information Technology Standards; Reports. Subtitle B: Testing of Health Information Technology. Subtitle C: Grants and Loans Funding. Subtitle D: Privacy - Part 1: Improved Privacy Provisions and Security Provisions. Part 2: Relationship to Other Laws; Regulatory References; Effective Date; Reports. <u>Title IV</u> : Medicare and Medicaid Health Information Technology; Miscellaneous Medicare Provisions - Subtitle A: Medicare Incentives. Subtitle B: Medicaid Incentives. Subtitle C: Miscellaneous Medicare Provisions
American Recovery and Reinvestment Act of 2009	H.R.679	Rep Obey, David R. [WI-7]	1/26/2009	Placed on the Union Calendar, Calendar No. 1. (1/26/2009)	Funding and Incentives; Standards; Privacy and Security	See H.R. 1
United States National Health Care Act or the Expanded and Improved Medicare for All Act	H.R.676	Rep Conyers, John, Jr. [MI-14]	1/26/2009	Referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Natural Resources	Standards; Consumer Empowerment	<u>Section 304: CONFIDENTIAL ELECTRONIC PATIENT RECORD SYSTEM. CONFIDENTIAL ELECTRONIC PATIENT RECORD SYSTEM.</u> (a) In General- The Secretary shall create a standardized, confidential electronic patient record system in accordance with laws and regulations to maintain accurate patient records and to simplify the billing process, thereby reducing medical errors and bureaucracy. (b) Patient Option- Notwithstanding that all billing shall be preformed electronically; patients shall have the option of keeping any portion of their medical records separate from their electronic medical record.

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Strengthening America's Public Health System Act	H.R.805	Rep Baldwin, Tammy [WI-2]	2/3/2009	Referred to the House Committee on Energy and Commerce	Population Health Monitoring	SECTION 3.: STRENGTHENING PUBLIC HEALTH SURVEILLANCE SYSTEMS Amends the Public Health Service Act to require the Secretary of Health and Human Services, acting through the Director of the Centers for Disease Control and Prevention (CDC), to: (1) establish the Epidemiology and Laboratory Capacity Grant Program to assist public health agencies in improving surveillance for, and response to, infectious diseases and other conditions of public health importance; and (2) issue guidelines for public health entities relating to information systems to receive, monitor, and report infectious diseases and other such conditions.
Small Business CHOICE Act of 2009	H.R.850	Rep Velazquez, Nydia M. [NY-12]	2/4/2009	Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means	Funding and Incentives	SECTION 103: FULLY FUNDED SMALL BUSINESS HEALTH INSURANCE COOPERATIVES EXEMPTED FROM CERTAIN STATE LAWS. (b) Application of Exemptions- The exemptions specified in subsection (a) apply to-- (2) the provision of-- (D) health information technology, including electronic health records; to a Fully Funded Small Business Health Insurance cooperative or member of the cooperative.
Small Business CHOICE Act of 2009	H.R.859	Rep Velazquez, Nydia M. [NY-12]	2/4/2009	Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means	Funding and Incentives	SECTION 103: FULLY FUNDED SMALL BUSINESS HEALTH INSURANCE COOPERATIVES EXEMPTED FROM CERTAIN STATE LAWS. (b) Application of Exemptions- The exemptions specified in subsection (a) apply to-- (2) the provision of-- (D) health information technology, including electronic health records; to a Fully Funded Small Business Health Insurance cooperative or member of the cooperative.
National Trauma Center Stabilization Act of 2009	H.R.936	Rep Towns, Edolphus [NY-10]	2/10/2009	Referred to the House Committee on Energy and Commerce.	Healthcare Delivery Transformation; Structural; Consumer Empowerment	SECTION 2: FINDINGS The Congress finds the following: (7) Many trauma centers lack information technology that could improve the efficiency and effectiveness of trauma care delivery and decrease the costs of providing care by facilitating patient tracking and information flow, and strengthening patient information sharing within the trauma center and coordination among other health care providers. Connecting trauma care centers using health information technology is a part of the efforts to make health information technology available especially in medically underserved communities.

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Health Coverage, Affordability, Responsibility, and Equity Act of 2009	H.R.956	Rep Kaptur, Marcy [OH-9]	2/10/2009	Referred to the Subcommittee on Health, Employment, Labor, and Pensions	Funding and Incentives	SECTION 201: ADDITIONAL WAIVER AUTHORITY a) In General- Notwithstanding the requirements to submit a state waiver under title I, the Secretary shall establish a process by which States may apply for a waiver to implement policies that emphasize the use of preventive services, care coordination by a personal physician, and health information technology (in this section referred to as a qualified patient-centered medical
Community Mental Health Services Improvement Act	H.R.1011	Rep Green, Gene [TX-29]	2/12/2009	Referred to the House Committee on Energy and Commerce.	Funding and Incentives; Structural; Privacy and Security; Standards	SECTION 7: IMPROVING HEALTH INFORMATION TECHNOLOGY FOR MENTAL HEALTH PROVIDERS. Part A of title V of the Public Health Service Act (42 U.S.C. 290aa et seq.), as amended by section 5(c), is further amended by adding at the end the following: ` . IMPROVING HEALTH INFORMATION TECHNOLOGY FOR MENTAL HEALTH PROVIDERS. `(a) In General- The Secretary, in consultation with the Secretary of Veterans Affairs, shall collaborate with the Administrator of the Substance Abuse and Mental Health Services Administration and the National Coordinator for Health Information Technology to-- `(1) develop and implement a plan for ensuring that various components of the National Health Information Infrastructure, including data and privacy standards, electronic health records, and community and regional health networks, address the needs of mental health and substance abuse treatment providers; and `(2) finance related infrastructure improvements, technical support, personnel training, and ongoing quality improvements. `(b) Authorization of Appropriations- There are authorized to be appropriated to carry out this section \$10,000,000 for fiscal year 2010, and such sums as may be necessary for each of fiscal years 2011 through 2014.'

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Health Information Technology Promotion Act of 2009	H.R.1031	Rep Burgess, Michael C. [TX-26]	2/12/2009	Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means	Legal	<p>SECTION 101: SAFE HARBORS TO ANTICKICKBACK CIVIL PENALTIES AND CRIMINAL PENALTIES FOR PROVISION OF HEALTH INFORMATION TECHNOLOGY AND TRAINING SERVICES. Amends titles XI (General Provisions, Peer Review, and Administrative Simplification) and XVIII (Medicare) of the Social Security Act (SSA) to create safe harbors from civil and criminal penalties in current anti-kickback laws for providing certain health information technology and training services. Preempts state law imposing civil or criminal penalties where the conditions of this Act have been met. Requires the Secretary of Health and Human Services to report to Congress on the impact of such safe harbors. Directs the Secretary to encourage and facilitate the adoption of state reciprocity agreements for practitioner licensure in order to expedite the provision of telehealth services across state lines. Requires the Secretary to report to Congress on: (1) including coverage for telehealth services as part of Medicare home health services; and (2) expanding the list of telehealth payment-eligible originating sites to include publicly funded mental health facilities. Directs the Secretary, acting through the Director of the Office for the Advancement of Telehealth, to report to Congress on the use of store and forward technologies in the provision of telehealth services. Amends the Public Health Service Act to deem that any health care provider participating in certain government health programs meets any requirement for the maintenance of data in paper form if the required data is maintained in an electronic form. Directs the Secretary to: (1) report to Congress on state, regional, and community health information exchanges; and (2) establish a project to demonstrate the impact of health information technology on disease management under state Medicaid plans.</p>

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Promoting Health Information Technology Act of 2009	H.R.1039	Rep Johnson, Sam [TX-3]	2/12/2009	Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means	Legal	SECTION 302: ELIMINATION OF SUNSET APPLICABLE TO STARK EXCEPTION FOR ELECTRONIC HEALTH RECORDS ARRANGEMENTS. titles XI (General Provisions, Peer Review, and Administrative Simplification) and XVIII (Medicare) of the Social Security Act (SSA) to create safe harbors from civil and criminal penalties in current anti-kickback laws for providing certain health information technology and training services. Preempts state law imposing civil or criminal penalties where the conditions of this Act have been met. Requires the Secretary of Health and Human Services to report to Congress on the impact of such safe harbors. Directs the Secretary to encourage and facilitate the adoption of state reciprocity agreements for practitioner licensure in order to expedite the provision of telehealth services across state lines. Requires the Secretary to report to Congress on: (1) including coverage for telehealth services as part of Medicare home health services; and (2) expanding the list of telehealth payment-eligible originating sites to include publicly funded mental health facilities. Directs the Secretary, acting through the Director of the Office for the Advancement of Telehealth, to report to Congress on the use of store and forward technologies in the provision of telehealth services. Amends the Public Health Service Act to deem that any health care provider participating in certain government health programs meets any requirement for the maintenance of data in paper form if the required data is maintained in an electronic form. Directs the Secretary to: (1) report to Congress on state, regional, and community health information exchanges; and (2) establish a project to demonstrate the impact of health information technology on disease management under state Medicaid plans.
ADOPT HIT Act of 2009	H.R.1087	Rep Gingrey, Phil [GA-11]	2/13/2009	Referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce	Structural	SECTION 2: PURCHASE OF QUALIFIED HEALTH CARE INFORMATION TECHNOLOGY. Assisting Doctors to Obtain Proficient and Transmissible Health Information Technology Act of 2009 or the ADOPT HIT Act of 2009 - Amends the Internal Revenue Code to allow medical care providers to expense (i.e., deduct all costs in the current taxable year) up to \$250,000 of the cost of health care information technology used primarily for the electronic creation, maintenance, and exchange of medical care information. Directs the Secretary of Health and Human Services to develop standards for hardware, software, and support services for the electronic exchange of health information.

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Omnibus Appropriations Act, 2009	H.R.1105	Rep Obey, David R. [WI-7]	2/23/2009	Became Public Law No: 111-008 (3/11/2009)	Funding and Incentives	Provided further, That of the funds provided, \$15,000,000 is available for the Small Rural Hospital Improvement Grant Program for quality improvement and adoption of health information technology. office of the national coordinator for health information technology. For expenses necessary for the Office of the National Coordinator for Health Information Technology, including grants, contracts, and cooperative agreements for the development and advancement of interoperable health information technology, \$43,552,000: Provided, That in addition to amounts provided herein, \$17,679,000 shall be available from amounts available under section 241 of the Public Health Service Act.
Healthy Americans Act	H.R.1321	Rep Eshoo, Anna G. [CA-14]	3/5/2009	Referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, Education and Labor, and Oversight and Government Reform	Consumer Empowerment	SECTION 502: RESPONSIBILITIES AND AUTHORITIES. (a) Promotion of Prevention and Wellness- Each Health Help Agency (HHA) shall promote prevention and wellness for all State residents, including through the implementation of programs that-- (1) educate residents about responsibility for individual health and the health of children; (2) upon request, distribute information to covered individuals regarding the availability of wellness programs; (3) make available to the public, with respect to each health insurance issuer and each HAPI plan, the number of covered individuals who have designated a health home described in section 111(b); and (4) promote the use and understanding of health information technology.
Quality FIRST (From Incentives, Reporting, Standards, and Technology) Act of 2009	H.R.1776	Rep Altmire, Jason [PA-4]	3/30/2009	Referred to the House Committee on Ways and Means.	Healthcare Delivery Transformation	PERFORMANCE-BASED PAYMENT SYSTEM FOR INPATIENT HOSPITAL SERVICES. `(3) REQUIREMENT FOR EVIDENCE-BASED MEASURES- `(C) FIELD TESTING- `(vi) determining whether all data elements required on the measure are capable of being transmitted to the Secretary on a timely basis and evaluating the ability of automated data capture through health information technology systems.

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Wellness Trust Act	H.R.1940	Rep Matsui, Doris O. [CA-5]	4/2/2009	Referred to the House Committee on Energy and Commerce	Structural	<p>SECTION 399NN: INFRASTRUCTURE AND PRIORITIES.</p> <p>(b) Creation and Support of Infrastructure- The Trustees shall establish and otherwise support and sustain the infrastructure for an effective wellness system, including the following components:</p> <p>(2) QUALIFIED ELECTRONIC HEALTH RECORDS- The use and integration of qualified electronic health records (as defined in section 3000(13))--(A) to track provision of prevention over the course of individuals' lifetimes; (B) to facilitate reimbursement of certified prevention health workers and prevention health entities; and (C) to assist in evaluations of the efficacy of the policies of the Wellness Trust.. INTEGRATION OF PREVENTION HEALTH RECORD.</p> <p>(2) in section 3002(b)(2)(B), add at the end the following: (ix) The integration and inclusion of preventive and community-based health care services in any qualified electronic health record, in order to allow individuals and caregivers to track the provision of preventive health care services.</p>

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PRO-VETS Act of 2009	H.R.1902	Rep Brown-Waite, Ginny [FL-5]	4/2/2009	Referred to the Subcommittee on Military Personnel	Healthcare Delivery Transformation; Structural	SECTION 2: SHARING INFORMATION TO IMPROVE VETERANS' ACCESS TO BENEFITS. (a) Agreement on Data Transfer- (2) CONTENTS OF AGREEMENT-(A) SPECIFIC CRITERIA FOR IDENTIFICATION OF DATA- The agreement shall specify criteria to identify data of the Department of Defense, including personnel data and data contained in an electronic medical record system, that the Secretary of Defense and the Secretary of Veterans Affairs agree could be used by the Secretary of Veterans Affairs-- (i) to determine the eligibility of a member of the Armed Forces or veteran for veterans benefits; and (ii) as an indicator of a likelihood that a member of the Armed Forces or veteran is eligible for veterans benefits. (B) ELECTRONIC DATA TRANSFER METHOD- The agreement shall contain a description of an efficient electronic method to be used for the transfer of data identified in accordance with the criteria specified under subparagraph (A) under the agreement. (C) TRANSFER OF DATA- Under the agreement, the Secretary of Defense shall transfer data identified in accordance with the criteria under subparagraph (A) to the Secretary of Veterans Affairs as follows: (i) In the case of a member of the Armed Forces who is scheduled for discharge or separation from service, at the time the Secretary of Defense first learns of the scheduled discharge or separation, but not later than one month after the date of such discharge or separation. (ii) In the case of a member of the Armed Forces or veteran not covered under clause (i), at such time as is specified under the agreement, but subject to subsection (e).
Elder Justice Act	H.R.2006	Rep King, Peter T. [NY-3]	4/21/2009	Referred to the Subcommittee on Healthy Families and Communities.	Standards	SECTION 2041: ENHANCEMENT OF LONG-TERM CARE. (e) Development and Adoption of Standards for Transactions Involving Clinical Data by Long-Term Care Facilities- (1) STANDARDS- The Secretary shall develop and adopt uniform open electronic standards for transactions involving clinical data by long-term care facilities. Such standards shall include messaging and nomenclature standards. (2) COMPATIBILITY WITH OTHER STANDARDS- The standards developed and adopted under paragraph (1) shall be compatible with standards established under part C of title XI, standards established under subsections (b)(2)(B)(i) and (e)(4) of section 1860D-4, standards adopted under section 3004 of the Public Health Service Act, and with general health information technology standards.

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National Health Care Quality Act	H.R.2252	Rep DeGette, Diana [CO-1]	5/5/2009	Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means	Population Health Monitoring	<p>SECTION 4 NATIONAL HEALTH CARE QUALITY PRIORITIES.</p> <p>(a) Establishment of the Office of National Health Care Quality Improvement- There is established within the Executive Office of the President an Office of National Health Care Quality Improvement (`NHCQI') (referred to in this section as the `Office'). The Office shall be headed by a Director of National Health Care Quality (referred to in this section as the `Director') who shall be appointed by the President and shall report directly to the President. (3) DUTIES OF THE DIRECTOR- The Director shall-- (G) in consultation with the National Coordinator of Health Information Technology, develop an open source framework for Federal quality communication to create and maintain a standardized, electronic language or interface that enables all relevant Federal entities to communicate information or make requests regarding quality research, definitions, activities, or regulations, or to provide any other functionality, as the Director determines. QUALITY MEASURES. (b) Quality Measure Reporting to Federal Health Programs- The Director, in cooperation with the Administrator of the Centers for Medicare & Medicaid Services, the National Coordinator for Health Information Technology, the Administrator of the Health Resources and Services Administration, the Director of the Centers for Disease Control and Prevention, and the Commissioner of Food and Drugs, shall create a streamlined process for health care providers to report quality measures to the heads of relevant agencies and departments for the purpose of quality improvement in the Federal health programs described in subsection (a)(1 PUBLIC EDUCATION CAMPAIGNS. ` (4) IMPLEMENTATION ASSISTANCE- The Health Information Technology regional extension centers under section 3012(c) shall operate as extension centers for the NQRC, for the purposes of implementation assistance.</p>

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RE-Aligning Care Act	H.R.2307	Rep Green, Gene [TX-29]	5/7/2009	Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means	Population Health Monitoring	<p>SECTION 3 MEDICARE COVERAGE OF GERIATRIC ASSESSMENTS.</p> <p>REQUIREMENTS- In establishing payment amounts under subparagraph (A)(ii), the Secretary shall—(II) all of the costs associated with the geriatric assessment, including labor, supplies, equipment, and the costs of health information technologies and systems incurred by the physician, practitioner, or other provider (as described in section 1861(hhh)(2)) in providing the assessment. (C)(i) Subject to clause (ii), the requirements of this subparagraph are met if the agreement requires the chronic care manager to perform, or provide for the performance of, the following services: (III) Using health information technology, including, where appropriate, remote monitoring and patient registries, to monitor and track the health status of patients and to provide patients with enhanced and convenient access to health care services. (p) Payment for Chronic Care Management and Coordination Services- (B) REQUIREMENTS- In establishing payment amounts under subparagraph (A)(ii), the Secretary shall--` (II) all of the costs associated with providing chronic care management and coordination services, including labor, supplies, equipment, and the costs of health information technologies and systems incurred by the chronic care manager in providing such services.</p>
Improving the Quality of Mental and Substance Use Health Care Act of 2009	H.R.2369	Rep Kennedy, Patrick J. [RI-1]	5/12/2009	Referred to the House Committee on Energy and Commerce	Healthcare Delivery Transformation	<p>SECTION 4 INFORMATION TECHNOLOGY FOR MENTAL HEALTH AND SUBSTANCE USE HEALTH CARE PROVIDERS.(a) Development and Implementation of Plan- The Secretary, acting through the National Coordinator for Health Information Technology and the Administrator of the Substance Abuse and Mental Health Services Administration, shall develop and implement a plan for ensuring that activities of the Department of Health and Human Services to promote the use of information technology by health care providers include promotion of information technology that is accessible and pertinent to mental health and substance use health care providers and consumers.</p>

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American Health Benefits Program Act of 2009	H.R.2399	Rep Langevin, James R. [RI-2]	5/13/2009	Referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce	Legal	<p>SECTION 5 CONSULTATION IN IMPLEMENTATION OF HEALTH INFORMATION TECHNOLOGIES. The Administrator of Health Benefits (appointed under section 2206 (d)(1) of the Social Security Act, as added by section 2 (a) shall consult with the Office of the National Coordinator for Health Information Technology and the Secretary of Health and Human Services in carrying out the implementation of health information technology in compliance with the amendments made by division B of the American Recovery and Reinvestment Act of 2009 and regulations promulgated under section 264 (c) of the Health Insurance Portability and Accountability Act of 1996</p> <p>Amends the Social Security Act (SSA) to establish under a new title XXII (American Health Benefits Program) a program to provide comprehensive health insurance coverage to all Americans who are: (1) not covered under certain federal health insurance programs; and (2) not eligible for employer-provided insurance coverage. Requires provision of such coverage in a manner similar to that in which coverage has been provided to Members of Congress, federal government employees, retirees, and their dependents under the Federal Employees Health Benefits Program. Directs the Administrator of Health Benefits to establish new guidelines that promote the proper use and understanding of health information technologies.</p>
Autism Treatment Acceleration Act of 2009	H.R.2413	Rep Doyle, Michael F. [PA-14]	5/14/2009	Referred to the Subcommittee on Health, Employment, Labor, and Pensions.	Legal	<p>SECTION 399H AUTISM CARE CENTER DEMONSTRATION PROJECT. (c) Eligible Entities- To be eligible to receive assistance under the Program, an entity shall-- (E) utilizes health information technology to facilitate the provision and coordination of health care by network participants</p>

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Patients' Choice Act	H.R.2520	Rep Ryan, Paul [WI-1]	5/20/2009	Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means	Legal	SECTION 701 PROMOTING HEALTH INFORMATION TECHNOLOGY Subtitle A —Assisting the Development of Health Information Technology SEC. 701. PURPOSE. It is the purpose of this subtitle to promote the utilization of health record banking by improving the coordination of health information through an infrastructure for the secure and authorized exchange and use of healthcare information. SEC. 702. HEALTH RECORD BANKING. SEC. 703. APPLICATION OF FEDERAL AND STATE SECURITY AND CONFIDENTIALITY STANDARDS. Subtitle B--Removing Barriers to the Use of Health Information Technology to Better Coordinate Health Care SEC. 711. SAFE HARBORS TO ANTIKICKBACK CIVIL PENALTIES AND CRIMINAL PENALTIES FOR PROVISION OF HEALTH INFORMATION TECHNOLOGY AND TRAINING SERVICES. SEC. 712. EXCEPTION TO LIMITATION ON CERTAIN PHYSICIAN REFERRALS (UNDER STARK) FOR PROVISION OF HEALTH INFORMATION TECHNOLOGY AND TRAINING SERVICES TO HEALTH CARE PROFESSIONALS. SEC. 713. RULES OF CONSTRUCTION REGARDING USE OF CONSORTIA.

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Blueprint for Health Act of 2009	H.R.2535	Rep Welch, Peter [VT]	5/20/2009	Referred to the House Committee on Energy and Commerce	Structural	SECTION 3. ESTABLISHMENT OF A BLUEPRINT FOR HEALTH FOR DISEASE PREVENTION, HEALTH PROMOTION, AND EDUCATION ABOUT AND BETTER MANAGEMENT OF CHRONIC CONDITIONS. Requires the Secretary of Health and Human Services (HHS) to create the Blueprint for Health program to provide a national infrastructure for disease prevention, health promotion, and education about, and better management of, chronic conditions. Sets forth elements to be included in the Blueprint, including: (1) a strategic plan for designing an integrated medical home model of care; (2) chronic management programs; (3) incentives for the prevention of chronic diseases, including investments in health and sustainable local and regional food systems; and (4) a plan for the assessment of current health information technology initiatives. Requires the Secretary to convene an executive committee to advise the Secretary on the creation and implementation of the Blueprint for Health. Requires the Blueprint for Health to promote the effective, efficient, national use of health care information technology initiatives. Directs the Secretary to commission an assessment that examines the implementation of the health information technology provisions of the American Recovery and Reinvestment Act of 2009. Requires the Secretary to recommend to Congress legislation to implement the Blueprint for Health, including the establishment of programs designed to enhance primary care, promote multidisciplinary care coordination, prevent disease, improve quality, contain costs, more effectively manage chronic illness, and promote good health and prevention initiatives.

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Independence at Home Act of 2009	H.R.2560	Rep Markey, Edward J. [MA-7]	5/21/2009	Referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce	Health Delivery Transformation	SECTION 3. ESTABLISHMENT OF VOLUNTARY INDEPENDENCE AT HOME CHRONIC CARE COORDINATION PILOT PROJECT UNDER TRADITIONAL MEDICARE FEE-FOR-SERVICE PROGRAM. INDEPENDENCE AT HOME CHRONIC CARE COORDINATION PILOT PROJECT. `(2) INITIAL IMPLEMENTATION (PHASE I)- `(B) PREFERENCE- In selecting Independence at Home organizations under this paragraph, the Secretary shall give a preference, to the extent practicable, to organizations that-- `(iii) use electronic medical records, health information technology , and individualized plans of care. (d) Independence at Home Program Requirements- (1) IN GENERAL- Each Independence at Home program shall, for each participant enrolled in the program-- `(F) provide for an electronic medical record and electronic health information technology to coordinate the participant's care and to exchange information with the Medicare program and electronic monitoring and communication technologies and mobile diagnostic and therapeutic technologies as appropriate and accepted by the participant.
Protect Patients and Physicians Privacy Act	H.R.2630	Rep Paul, Ron [TX-14]	5/21/2009	Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means	Legal	SECTION 2 PATIENT RIGHT TO OPT OUT OF ELECTRONIC HEALTH RECORDS SYSTEM. All individuals shall have the ability to opt out of any Federally mandated, created, or funded electronic system for maintaining health care information

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National Defense Authorization Act for Fiscal Year 2010	H.R.2647	Rep Skelton, Ike [MO-4]	6/2/2009	Became Public Law No: 111-084 (10/28/2009)	Legal	SECTION 716 LIMITATION ON OBLIGATION OF FUNDS UNDER DEFENSE HEALTH PROGRAM INFORMATION TECHNOLOGY PROGRAMS. (a) Limitation- Of each amount described in subsection (c), not more than 50 percent of the amount remaining unobligated as of the date of the enactment of this Act may be obligated until 30 days after the Deputy Secretary of Defense, acting in the capacity of Chief Management Officer of the Department of Defense pursuant to section 132 of title 10, United States Code, submits to the congressional defense committees a report in accordance with subsection (b). (b) Report- The report required under subsection (a) shall be on improvements to the governance and execution of health information management and information technology programs planned and programmed to electronically support clinical medical care within the military health system. Such report shall include each of the following: (1) An assessment of the capability of the enterprise architecture to achieve optimal clinical practices and health care outcomes. (2) For each health information management and information technology program covered by the report, an identification and assessment of the risks associated with achieving the timelines and goals of the program. (3) A plan of action to mitigate the risks identified under paragraph (2). (4) An assessment of the appropriateness of the health information management and information technology technical architecture and whether that architecture leverages the current best practices of industry, including the ability to meet the interoperability standards required by section 1635 of the Wounded Warrior Act (title XVI of Public Law 110-181; 10 U.S.C. 1071 note), as amended by section 252 of the Duncan Hunter National Defense Authorization Act for Fiscal Year for 2009 (Public Law 110-417; 122 Stat. 4400).

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Indian Health Care Improvement Act Amendments of 2009	H.R.2708	Rep Pallone, Frank, Jr. [NJ-6]	6/4/2009	Referred to the Committee on Natural Resources, and in addition to the Committees on Energy and Commerce, and Ways and Means	Legal	<p>SECTION 522: HEALTH INFORMATION TECHNOLOGY . The Secretary, acting through the Service, may make grants to urban Indian organizations under this title for the development, adoption, and implementation of health information technology (as defined in section 3000(5) of the American Recovery and Reinvestment Act), telemedicine SEC. 602. AUTOMATED MANAGEMENT INFORMATION SYSTEM.</p> <p>`(a) Establishment-` (1) IN GENERAL- The Secretary shall establish an automated management information system for the Service.` (2) REQUIREMENTS OF SYSTEM- The information system established under paragraph (1) shall include—</p> <p>(A) a financial management system; `(B) a patient care information system for each area served by the Service;(C) privacy protections consistent with the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996 or, to the extent consistent with such regulations, other Federal rules applicable to privacy of automated management information systems of a Federal agency; `(D) a services-based cost accounting component that provides estimates of the costs associated with the provision of specific medical treatments or services in each Area office of the Service; `(E) an interface mechanism for patient billing and accounts receivable system; and (F) a training component. (b) Provision of Systems to Tribes and Organizations- The Secretary shall provide each Tribal Health Program automated management information systems which-- (1) meet the management information needs of such Tribal Health Program with respect to the treatment by the Tribal Health Program of patients of the Service; and (2) meet the management information needs of the Service.(c) Access to Records- The Service shall provide access of patients to their medical or health records which are held by, or on behalf of, the Service in accordance with the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996 or, to the extent consistent with such regulations, other Federal rules applicable to access to health care records. (d) Authority To Enhance Information Technology- The Secretary, acting through the Assistant Secretary, shall have the authority to enter into contracts, agreements, or joint ventures with other Federal agencies, States, private and nonprofit organizations, for the purpose of enhancing information technology in Indian Health Programs and facilities.</p> <p>ne services development, and related infrastructure.</p>

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Medicare Payment Advisory Commission (MedPAC) Reform Act of 2009	H.R.2718	Rep Cooper, Jim [TN-5]	6/4/2009	Referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce	Population Health Monitoring	SECTION 2: RENAMING AND REFORMING THE MEDICARE PAYMENT ADVISORY COMMISSION. (e) Research and Information Access- Section 1805(e) of the Social Security Act (42 U.S.C. 1395b-6(e)) is amended by adding at the end the following new paragraphs: (7) ELECTRONIC ACCESS- The National Director for Health Information Technology, in coordination with the Secretary, the Administrator of the Centers for Medicare & Medicaid Services, and the Commission, shall establish a direct electronic link for raw data, including claims data under this title, to be accessed by the Commission for the purposes of evaluating and determining recommendations under this title, in accordance with applicable privacy laws and data use agreements.
Medicare Transitional Care Act of 2009	H.R.2773	Rep Blumenauer, Earl [OR-3]	6/9/2009	Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means	Funding and Incentives	SECTION 3: MEDICARE COVERAGE OF TRANSITIONAL CARE. ENCOURAGEMENT OF HIT- The Secretary may provide for an additional payment to encourage transitional care clinicians and qualified transitional care entities to use health information technology in the provision of transitional care services.
National Knee and Hip Replacement Registry Act of 2009	H.R.2813	Rep Pascrell, Bill, Jr. [NJ-8]	6/10/2009	Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means	Population Health Monitoring	SECTION 4: ACTIVITIES OF THE REGISTRY. Directs the Secretary of Health and Human Services (HHS) to establish within the Agency for Healthcare Research and Quality (AHRQ) a national knee and hip replacement registry for identifying predictors that may lead to poor outcomes in knee and hip replacement surgeries. Authorizes: (1) the head of the registry to request data from federal agencies; and (2) the Secretary to modify the information required to be reported under administrative data sets under Medicare to the extent it would result in the reporting of useful information.

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Medicare Quality Improvement Organization Modernization Act of 2009	H.R.2858	Rep Kind, Ron [WI-3]	6/12/2009	Ordered to be Reported (Amended) by the Yeas and Nays: 29 - 18.	Healthcare Delivery Transformation	SECTION 2: QUALITY IMPROVEMENT ACTIVITIES. (G) Guidance on redesigning clinical processes, including the adoption and effective use of health information technology, to improve the coordination, effectiveness, efficiency, and safety of care. (H) Assistance in improving the quality of care delivered in rural and frontier areas and reducing health care disparities among racial and ethnic minorities, as well as gender disparities, including efforts to prevent or address any inconsistencies or delays in the rate of adoption of health information technology and in the effective use of such technology among such entities that treat racial and ethnic minorities or individuals dually eligible for benefits under this title and title XVIII or that furnish such services in rural areas. (I) Assistance in improving coordination of care as patients transition between providers and practitioners, including developing the capacity to securely exchange electronic health information and helping providers and practitioners to effectively use secure electronic health information to improve quality
Rural Veterans Health Care Improvement Act of 2009	H.R.2879	Rep Kirkpatrick, Ann [AZ-1]	6/15/2009	Subcommittee Hearings Held	Structural	SECTION 7330C : Indian Veterans Health Care Coordinators. (b) Integration of Electronic Health Records With Indian Health Service- Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs and Secretary of the Interior shall enter into a memorandum of understanding to ensure that the health records of Indian veterans may be transferred electronically between facilities of the Indian Health Service and the Department of Veterans Affairs.
Advance Planning and Compassionate Care Act of 2009	H.R.2911	Rep Blumenauer, Earl [OR-3]	6/17/2009	Referred to the Subcommittee on Commercial and Administrative Law.	Legal	SECTION 131: PORTABILITY OF ADVANCE DIRECTIVES. Portability of Advance Directives; Health Information Technology SEC. 131. PORTABILITY OF ADVANCE DIRECTIVES. (a) Medicare-Section 1866(f) of the Social Security Act (42 U.S.C. 1395cc(f)) is amended
Health Care Workforce Incentive Act of 2009	H.R.2929	Rep Sarbanes, John P. [MD-3]	6/17/2009	Referred to the House Committee on Energy and Commerce	Workforce	SECTION 202: STATE AND REGIONAL HEALTH WORKFORCE COUNCILS. Establishes an independent National Health Workforce Advisory Board to advise Congress on issues affecting the health care workforce. Establishes a National Center for Workforce Data and Analysis in the Department of Health and Human Services (HHS). Directs the HHS Secretary, through the Center, to establish a competitive State Health Workforce Shortage grants program to harmonize health workforce needs and medical education.

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Healthcare Improvements for Generating High Performance (HIGH Performance) Act of 2009	H.R.2948	Rep Levin, Sander M. [MI-12]	6/18/2009	Referred to the House Committee on Energy and Commerce.	Population Health Monitoring	SECTION 943: MISSION AND FUNCTIONS OF THE CENTER FOR HEALTH EXTENSION. (D) where applicable, be designed to be consistent with standards adopted by the Secretary (under section 3004 of the Public Health Service Act) for health information technology used in the collection and reporting of quality information, including for purposes of the demonstration of meaningful use of certified Electronic Medical Record technology by physicians and hospitals under the Medicare program (under sections 1842(o)(2) and 1886(n)(3), respectively, of the Social Security Act (42 U.S.C. 1395w-4(o)(2), 1395ww(n)(3))). (J) COORDINATION WITH OTHER QUALITY IMPROVEMENT ENTITIES- If an Extension Center is not the organization holding a contract under section 1153 of the Social Security Act or a health information technology regional extension center under section 3012(c) of the Public Health Service Act, the Extension Center shall cooperate with and avoid duplicating the activities of these entities. SEC. 944. REGIONAL HEALTH EXTENSION CENTERS. (4) ENTITIES WITH OTHER EXISTING CONTRACTS- The performance of services under this act shall be deemed not to create a conflict of interest under other existing Federal contracts for quality improvement, health information technology technical assistance, or data aggregation.
Accountable Care Promotion Act of 2009	H.R.2959	Rep Welch, Peter [VT]	6/18/2009	Referred to the Committee on Ways and Means, and in addition to the Committee on Energy and Commerce	Funding and Incentives	SECTION 2: ACCOUNTABLE CARE ORGANIZATION PILOT PROGRAM. (c) Specific Payment Incentive Models- The specific payment incentive models described in this subsection are the following: (1) PERFORMANCE TARGET MODEL- Under the performance target model under this paragraph (in this paragraph referred to as the `performance target model'): (D) REPORTING AND OTHER REQUIREMENTS- In carrying out such model, the Secretary may (as the Secretary determines to be appropriate) incorporate reporting requirements, incentive payments, and penalties related to the physician quality reporting initiative (PQRI), electronic prescribing, electronic health records, and other similar initiatives under section 1848, and may use alternative criteria than would otherwise apply under such section for determining whether to make such payments. The incentive payments described in this subparagraph shall not be included in the limit described in subparagraph (C)(ii) or in the performance target model described in this paragraph.

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Small Business Health Information Technology Financing Act	H.R.3014	Rep Dalkemper, Kathleen A. [PA-3]	6/24/2009	Received in the Senate and Read twice and referred to the Committee on Small Business and Entrepreneurship. (11/19/2009)	Funding and Incentives	SECTION 44: LOAN GUARANTEES FOR HEALTH INFORMATION TECHNOLOGY. Amends the Small Business Act to authorize the Administrator of the Small Business Administration (SBA) to guarantee up to 90% of the amount of a loan, up to specified loan amounts, to a small business health professional to be used for the acquisition and installation of health information technology for the professional's medical practice. Defines the term "health information technology" to mean computer hardware, software, and related technology that supports the meaningful electronic health record use requirements of title XVIII (Medicare) of the Social Security Act and is purchased by an eligible professional to aid in the provision of health care, including electronic medical records, but excludes information technology whose sole use is financial management, maintenance of inventory of basic supplies, or appointment scheduling. Sets loan limits at \$350,000 for an individual professional and \$2 million for a group of affiliated professionals. Authorizes the Administrator to impose a guarantee fee on such borrowers, but prohibits any service, processing, or other fees. Allows such loans for a period of not less than one year or more than three years.

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Small Business Health Information Technology Financing Act	H.R. 3014	Rep Dahlkemper, Kathleen A. [PA-3]	6/24/2009	Received in the Senate and Read twice and referred to the Committee on Small Business and Entrepreneurship.	Funding and Incentives	<p><u>SECTION 44. LOAN GUARANTEES FOR HEALTH INFORMATION TECHNOLOGY</u></p> <p>Amends the Small Business Act to authorize the Administrator of the Small Business Administration (SBA) to guarantee up to 90% of the amount of a loan, up to specified loan amounts, to a small business health professional to be used for the acquisition and installation of health information technology for the professional's medical practice. Defines the term "health information technology" to mean computer hardware, software, and related technology that supports the meaningful electronic health record use requirements of title XVIII (Medicare) of the Social Security Act and is purchased by an eligible professional to aid in the provision of health care, including electronic medical records, but excludes information technology whose sole use is financial management, maintenance of inventory of basic supplies, or appointment scheduling. Sets loan limits at \$350,000 for an individual professional and \$2 million for a group of affiliated professionals. Authorizes the Administrator to impose a guarantee fee on such borrowers, but prohibits any service, processing, or other fees. Allows such loans for a period of not less than one year or more than three years.</p>
Health Equity and Accountability Act of 2009	H.R.3090	Rep Christensen, Donna M. [VI]	6/26/2009	Referred to the Subcommittee on Rural Development, Biotechnology, Specialty Crops, and Foreign Agriculture.	Population Health Monitoring	<p><u>TITLE III—DATA COLLECTION AND REPORTING SECTION 301: Amendment to the Public Health Service Act .</u> Collection of race and ethnicity data by the Social Security Administration. Sec. 303. Revision of HIPAA claims standards. National Center for Health Statistics. Sec. 305. Geo-access study. Sec. 306. Racial, ethnic, and linguistic data collected by the Federal Government. Sec. 307. Health information technology grants. Sec. 308. Study of health information technology in medically underserved communities. . 309. Health information technology in medically underserved communities. . 310. Data collection and analysis grants to minority-serving institutions. . 311. Health information technology grants for rural health care providers. . 312. Survey questions on sexual orientation and gender identity. . 313. Disaggregation of comparative effectiveness research data.</p>

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HAHPA 2009	H.R.3109	Rep Teague, Harry [NM-2]	6/26/2009	Referred to the Subcommittee on Military Personnel	Funding and Incentives	SECTION 101: PERMANENT NATIONAL HEALTH WORKFORCE COMMISSION. (2) SPECIFIC TOPICS DESCRIBED- (vii) The establishment of incentives to promote interdisciplinary, team-based, and care coordination-based education of health professionals, including incentives to encourage the development of health information technology (such as a repository of consumer health status information in computer processable form) which can be used for diagnosis, management, and treatment and includes price and cost information. (4) REDUCING HEALTH PROFESSIONAL ISOLATION AND BUILDING COMMUNITY HEALTH PROFESSIONAL TRAINING INFRASTRUCTURE- (A) IDENTIFICATION OF PROGRAMS- The Commission shall identify programs to reduce health professional isolation and build community health professional training infrastructure in rural, frontier, and urban underserved areas through continuing education (including continuing education utilizing information technology, such as telehealth and health information technology), mentoring, and precepting activities.

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Health Information Technology (IT) Public Utility Act of 2009	H.R.3124	Rep Fudge, Marcia L. [OH-11]	7/8/2009	Referred to the Subcommittee on Health.	Funding and Incentives; Healthcare Delivery Transformation	SECTION 3: FEDERAL CONSOLIDATED HEALTH INFORMATION TECHNOLOGY BOARD Establishes within the Office of the National Coordinator for Health Information Technology of the Department of Health and Human Services (HHS) a Federal Consolidated Health Information Technology Board to facilitate the implementation of electronic health record systems among safety-net health care providers, particularly small, rural providers. Sets forth the duties of the Board, which include: (1) ensuring that there is a constant interoperability between VistA (the software program utilized by the Department of Veterans Affairs [VA]) and the RPMS (the Resource and Patient Management System of the Indian Health Service); (2) updating VistA and RPMS open source software on a timely basis; (3) establishing a child-specific electronic health record; and (4) developing and integrating quality and performance measurements. Directs the Board to establish the 21st Century Health Information Technology (HIT) Grant Program to award competitive grants to eligible safety-net health care providers to enable such providers to fully implement VistA or RPMS with respect to the patients served by such providers. Directs the Board to give preference to applicants that: (1) are located in geographical areas that have a greater likelihood of serving the same patients and utilizing interoperability to promote coordinated care management; or (2) demonstrate the greatest need for such award. Authorizes the Board to award competitive grants to eligible long-term care providers for demonstration projects to implement VistA or RPMS with respect to the individuals served by such providers.
Healthcare Innovation Zone Program Act of 2009	H.R.3134	Rep Schwartz, Allyson Y. [PA-13]	7/8/2009	Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means	Healthcare Delivery Transformation	SECTION 4: HEALTHCARE INNOVATION ZONE DEMONSTRATION PROJECT. _(d) Eligibility- To be eligible to participate in the demonstration project established under this tion, a person must-- (8) have significant investment in health information technology that extends across the system to include healthcare providers, physicians, and other clinicians.

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Reducing Barack Obama's Unsustainable Deficit Act	H.R.3140	Rep Price, Tom [GA-6]	7/9/2009	Referred to the Subcommittee on Water Resources and Environment.	Funding and Incentives	SECTION 2: RESCISSION AND REPEAL IN ARRA Repeals subtitles B (Assistance for Vulnerable Individuals) and C (Economic Recovery Payments to Certain Individuals) of title II (the Assistance for Unemployed Workers and Struggling Families Act) and titles III (Premium Assistance for COBRA Benefits), IV (Medicare and Medicaid Health Information Technology; Miscellaneous Medicare Provisions), V (State Fiscal Relief), VI (Broadband Communications), and VII (Limits on Executive Compensation) of division B of ARRA.
Place Based Health Care Act of 2009	H.R.3158	Rep Sarbanes, John P. [MD-3]	7/9/2009	Referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and Education and Labor	Funding and Incentives	SECTION 302: OFFERING MEDICARE ADVANTAGE PLAN IN A SENIOR HOUSING FACILITY. Section 1851(b)(1) of the Social Security Act (42 U.S.C. 1395w-21(b)(1)) is amended by adding at the end the following new subparagraph: (D) SPECIAL RULE FOR SENIOR CITIZEN FACILITIES- Notwithstanding any other provision of this part, a Medicare Advantage organization may operate a Medicare Advantage plan exclusively within a geographic area that is limited to a senior housing facility if the plan-- (iv) makes meaningful use of health information technology
Senior Navigation and Planning Act of 2009	H.R.3172	Rep Baldwin, Tammy [WI-2]	7/10/2009	Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means	Population Health Monitoring	SECTION 12: OFFICE OF MEDICARE/MEDICAID INTEGRATION. (d) Study- Not later than January 1, 2011, the Secretary of Health and Human Services, in consultation with private health information technology stakeholders and in coordination with other Federal health information technology efforts, shall conduct a study to determine the data that the Office should collect and analyze in order to improve health care outcomes, create efficiencies in care delivery, and impact Federal health care spending.
America's Affordable Health Choices Act of 2009	H.R. 3200	Rep Dingell, John D. [MI-15]	7/14/2009	Placed on the Union Calendar, Calendar No. 168. (10/14/2009)		Sets forth provisions governing health insurance plans and issuers, including: (1) exempting grandfathered health insurance coverage from requirements of this Act; (2) prohibiting preexisting condition exclusions; (3) providing for guaranteed coverage to all individuals and employers and automatic renewal of coverage; (4) prohibiting premium variances, except for reasons of age, area, or family enrollment; and (5) prohibiting rescission of health insurance coverage without clear and convincing evidence of fraud.

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Bill Name	Bill Number	Sponsors	Introduced	Status	Topic	Relevant Text
Consolidated Appropriations Act, 2010	H.R.3288	Rep Olver, John W. [MA-1]	7/22/2009	Became Public Law No: 111-117 (12/16/2009)	Funding and Incentives	Provided further, That of the funds provided, \$15,000,000 shall be available for the Small Rural Hospital Improvement Grant Program for quality improvement and adoption of health information technology. office of the national coordinator for health information technology. For expenses necessary for the Office of the National Coordinator for Health Information Technology, including grants, contracts, and cooperative agreements for the development and advancement of interoperable health information technology, \$42,331,000: Provided, That in addition to amounts provided herein, \$19,011,000 shall be available from amounts available under section 241 of the Public Health Service Act.
Department of Education Appropriations Act, 2010	H.R.3293	Rep Obey, David R. [WI-7]	7/22/2009	Placed on Senate Legislative Calendar under General Orders. Calendar No. 149.	Funding and Incentives	Office of the national coordinator for health information technology. For expenses necessary for the Office of the National Coordinator for Health Information Technology, including grants, contracts, and cooperative agreements for the development and advancement of interoperable health information technology, \$61,342,000, which shall be available from amounts available under section 241 of the Public Health Service Act.
Medicare and Medicaid Access Project through Information Technology (MAP IT) Act	H.R.3374	Rep Smith, Adam [WA-9]	7/29/2009	Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means	Population Health Monitoring	Directs the Secretary of Health and Human Services to establish at least one two-year project to demonstrate the impact of health information technology on chronic disease management under the Medicare and Medicaid programs under titles XVIII and XIX of the Social Security Act.
Comprehensive Medical Malpractice Reform Act of 2009	H.R.3459	Rep Baird, Brian [WA-3]	7/31/2009	Referred to the Committee on Energy and Commerce, and in addition to the Committee on the Judiciary	Population Health Monitoring	<u>SECTION 923: NATIONAL PATIENT SAFETY DATABASE.</u> (b) Standards- In establishing or designating a database under subsection (a)(1), the Secretary shall, in consultation with representatives of patient safety organizations, the provider community, and the health information technology industry, determine common formats for the voluntary reporting of nonidentifiable patient safety work product, including necessary elements, common and consistent definitions, and a standardized computer interface for the processing of the work product. To the extent practicable, such standards shall be consistent with the administrative simplification provisions of part C of title XI of the Social Security Act.

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Patient Protection and Affordable Care Act	H.R.3590	Rep Rangel, Charles B. [NY-15]	9/17/2009	Became Public Law No: 111-148 (3/23/2010)	Population Health Monitoring, Healthcare Delivery Transformation, Funding and Incentives	Requires the Secretary, acting through the National Coordinator for Health Information Technology, to develop: (1) national standards for the management of data collected; and (2) interoperability and security systems for data management. Authorizes appropriations for FY2009-FY2012 for family-to-family health information centers.
Patient Protection and Affordable Care Act	H.R. 3590	Rep Rangel, Charles B. [NY-15]	9/17/2009	Became Public Law No: 111-148 (3/23/2010)	Standards, Structural and Workforce	Healthcare reform bill. Affects Health IT in the following areas: healthcare quality (including data quality, programs, and reimbursement structures), operating rules and procedures, and the health IT workforce.
Ensuring the Future Physician Workforce Act of 2009	H.R.3693	Rep Burgess, Michael C. [TX-26]	10/1/2009	Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means	Funding and Incentives	Amends title XVIII (Medicare) of the Social Security Act (SSA) with respect to the formula for calculating payments for physicians' services. Resets to 2009 the base year for application of the sustainable growth rate formula, which shall be eliminated in 2011. Amends SSA title XI to create safe harbors to antikickback and civil and criminal penalties for provision of health information technology (HIT) and training services.

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Family Asthma Act	H.R.3754	Rep McCarthy, Carolyn [NY-4]	10/7/2009	Referred to the House Committee on Energy and Commerce	Consumer Empowerment and Population Health Monitoring	<p>SECTION 3: FAMILY ASTHMA CLINICAL AND ENVIRONMENTAL HEALTH RESEARCH GRANTS. (a) Purpose- The purpose of this section is to authorize the National Institutes of Health to award grants to carry out pilot projects to prevent and control asthma symptoms and to reduce asthma attacks and improve patient self-management for individuals and in families containing individuals with asthma including-- (1) utilizing electronic health records, telehealth, and other novel electronic communications to prevent acute asthma attacks, and to improve asthma surveillance activities as described under section 317I(c). .</p> <p>5. ASTHMA-RELATED ACTIVITIES OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION. ` (c) Compilation of Data- The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall, in cooperation with State and local public health officials-- (1) conduct asthma surveillance activities to collect data on the prevalence and severity of asthma, the effectiveness of public health asthma interventions, and the quality of asthma management, including-- (A) collection of household data on the local burden of asthma; (B) surveillance of health care facilities; and (C) collection of data not containing individually identifiable information from electronic health records or other electronic communications.</p>

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Small Business Financing and Investment Act of 2009	H.R.3854	Rep Schrader, Kurt [OR-5]	10/20/2009	Received in the Senate and Read twice and referred to the Committee on Small Business and Entrepreneurship. (11/2/2009)	Funding and Incentives	<p><u>Title VI: Small Business Health Information Technology Financing Program – SECTION 601</u></p> <p>Authorizes the Administrator to guarantee up to 90% of the amount of a loan, up to specified loan amounts, to a small business health professional to be used for the acquisition and installation of health information technology for the professional's medical practice. Defines the term "health information technology" to mean computer hardware, software, and related technology that supports the meaningful electronic health record use requirements of title XVIII (Medicare) of the Social Security Act and purchased by an eligible professional to aid in the provision of health care, including electronic medical records, but excluding information technology whose sole use is financial management, maintenance of inventory of basic supplies, or appointment scheduling. Sets loan limits at \$350,000 for an individual professional and \$2 million for a group of affiliated professionals. Authorizes the Administrator to impose a guarantee fee on such borrowers, but prohibits any service, processing, or other fees. Allows such loans for a period of not less than one year or more than three years. Authorizes appropriations.</p>
Small Business Financing and Investment Act of 2009	H.R. 3854	Rep Schrader, Kurt [OR-5]	10/20/2009	Received in the Senate and Read twice and referred to the Committee on Small Business and Entrepreneurship.	Funding and Incentives	<p><u>SECTION 123: INCREASED LOAN LIMITS.</u> Increases the maximum gross size of 7(a) loans by 33 percent – from the current level of \$2 million to \$3 million. Provides assistance to lenders in the application, processing, and underwriting functions for 7(a) loans. Reduces bureaucratic red tape and paperwork burdens currently facing 7(a) loans. Increases the maximum size of loans made under the Microloan program, both for intermediaries and borrowers. Updates and streamlines the SBA's largest investment program, the Small Business Investment Company (SBIC) program. H.R. 3854 seeks to increase the number and size of investments made in small firms under the program. Provides training to help encourage small banks, credit unions, and community lenders to participate in the 7(a) loan program.</p>

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Medical Rights and Reform Act of 2009	H.R.3970	Rep Kirk, Mark Steven [IL-10]	10/29/2009	Referred to the Subcommittee on Health, Employment, Labor, and Pensions.	Funding and Incentives	SECTION 231: STRATEGIC PLAN FOR COORDINATING IMPLEMENTATION OF MEDICARE AND MEDICAID HEALTH INFORMATION TECHNOLOGY INCENTIVE PAYMENTS. Amends the Public Health Service Act to require the National Coordinator for Health Information Technology to publish a strategic plan for applying incentive payments and adjustments to encourage health care providers to adopt health information technology programs. Requires the Secretary of Health and Human Services (HHS) to study and report to Congress on federal security and confidentiality standards for health information.
To amend titles XI and XVIII of the Social Security Act to promote the use of health information technology to better coordinate health care.	H.R.3987	Rep Blunt, Roy [MO-7]	11/3/2009	Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means	Legal	SECTION 1: SAFE HARBORS TO ANTIKICKBACK CIVIL PENALTIES AND CRIMINAL PENALTIES FOR PROVISION OF HEALTH INFORMATION TECHNOLOGY AND TRAINING SERVICES. Amends title XI of the Social Security Act to exclude (provide safe harbors for) the practical or other advantages resulting from health information technology or related installation, maintenance, support, or training services from the ban on hospital payments to physicians (kickbacks) to induce reduction or limitation of services, which are subject to antikickback civil penalties. Exempts related nonmonetary remunerations meeting specified requirements from criminal penalties. Requires the Secretary of Health and Human Services (HHS) to assess and report to Congress on the effect of these safe harbors on the health system, especially the adoption of health information technology. Amends SSA title XVIII (Medicare) to except from the limitation on certain physician referrals the provision of health information technology and training services to health care professionals. Requires the Secretary to assess and report to Congress similarly on the impact of this exception on the health system, especially the adoption of health information technology.
Rural, American Indian Veterans Health Care Improvement Act of 2009	H.R.4006	Rep Kirkpatrick, Ann [AZ-1]	11/3/2009	Subcommittee Hearings Held	Structural	SECTION 2: IMPROVEMENT OF CARE OF AMERICAN INDIAN VETERANS. (b) Integration of Electronic Health Records With Indian Health Service- Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs and Secretary of the Interior shall enter into a memorandum of understanding to ensure that the health records of Indian veterans may be transferred electronically between facilities of the Indian Health Service and the Department of Veterans Affairs.

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Common Sense Health Care Reform and Affordability Act	H.R.4038	Rep Camp, Dave [MI-4]	11/6/2009	Referred to the Subcommittee on Health, Employment, Labor, and Pensions	Standards	SECTION 113: ADMINISTRATIVE SIMPLIFICATION. (g) Operating Rules- (3) REVIEW AND RECOMMENDATIONS- The National Committee on Vital and Health Statistics shall-- (C) evaluate whether such rules are consistent with electronic standards adopted for health information technology. (h) Compliance - (4) REVIEW COMMITTEE- (B) COORDINATION OF HIT STANDARDS- In developing recommendations under this subsection, the review committee shall consider the standards approved by the Office of the National Coordinator for Health Information Technology.
Cybersecurity Enhancement Act of 2010	H.R.4061	Rep Lipinski, Daniel [IL-3]	11/7/2009	Received in the Senate and Read twice and referred to the Committee on Commerce, Science, and Transportation.	Standards and Privacy and Security	SECTION 204: IDENTITY MANAGEMENT RESEARCH AND DEVELOPMENT. The Director shall establish a program to support the development of technical standards, metrology, testbeds, and conformance criteria, taking into account appropriate user concerns, to-- (1) improve interoperability among identity management technologies; (2) strengthen authentication methods of identity management systems; and (3) improve privacy protection in identity management systems, including health information technology systems, through authentication and security protocols.
Cybersecurity Enhancement Act of 2010	H.R. 4061	Rep Lipinski, Daniel [IL-3]	11/7/2009	Received in the Senate and Read twice and referred to the Committee on Commerce, Science, and Transportation.	Workforce, Privacy and Security and Standards	SECTION 105: NATIONAL SCIENCE FOUNDATION CYBERSECURITY RESEARCH AND DEVELOPMENT PROGRAMS. H.R. 4061 reauthorizes several National Science Foundation (NSF) programs that aim to enhance cybersecurity. The bill would require agencies participating in the Networking and Information Technology Research and Development program (NITRD) to develop, update, and implement a plan to guide the direction of federal cybersecurity and information assurance research and development. H.R. 4061 requires the President to conduct an assessment of cybersecurity workforce needs across the federal government and authorizes NSF to carry out the Scholarship for Service program (which has never been authorized but has been funded previously). H.R. 4061 requires the Director of the Office of Science and Technology Policy to convene a university-industry task force to find ways to carry out collaborative research and development on cybersecurity technology. The bill requires the National Institute of Standards and Technology (NIST) to develop and implement a plan to include U.S. representation in the development of international cybersecurity technical standards.

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Medicare SGR Improvement and Reform Act of 2009	H.R.4138	Rep Gingrey, Phil [GA-11]	11/19/2009	Referred to the Committee on Energy and Commerce, and in addition to the Committees on Ways and Means, and the Judiciary	Standards	SECTION 231: ADMINISTRATIVE SIMPLIFICATION. (g) Operating Rules- (3) REVIEW AND RECOMMENDATIONS- The National Committee on Vital and Health Statistics shall-- (C) evaluate whether such rules are consistent with electronic standards adopted for health information technology. (h) Compliance - (4) REVIEW COMMITTEE- (B) COORDINATION OF HIT STANDARDS- In developing recommendations under this subsection, the review committee shall consider the standards approved by the Office of the National Coordinator for Health Information Technology.
ENHANCED Act of 2009	H.R.4204	Rep Kennedy, Patrick J. [RI-1]	12/3/2009	Referred to the House Committee on Energy and Commerce	Structural	SECTION 3: CENTERS OF EXCELLENCE FOR DEPRESSION. (3) COORDINATION AND INTEGRATION OF PHYSICAL, MENTAL, AND SOCIAL CARE- Each center of excellence shall-- (E) use electronic health records and telehealth technology to better coordinate and manage, and improve access to, care, as determined by the coordinating center.

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Personal Health Record Act of 2009	H.R.4216	Rep Kennedy, Patrick J. [RI-1]	12/7/2009	Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means	Healthcare Delivery Transformation; Structural; Consumer Empowerment	SECTION 2: ENHANCING MEANINGFUL USE OF ELECTRONIC HEALTH RECORDS THROUGH INTEROPERABILITY. Amends the Public Health Service Act to require the National Coordinator for Health Information Technology, in developing a nationwide health information technology infrastructure, to allow individuals to access their individually identifiable health information. Requires the inclusion in the Federal Health IT Strategic Plan objectives, milestones, and metrics related to the interoperability of a personal health record with an electronic health record (EHR). Directs the National Coordinator to develop guidelines for making EHRs interoperable with personal health records for the purpose of improving health care quality, reducing medical errors, and advancing the delivery of patient-centered medical care and health management. Requires the National Coordinator to report to the appropriate congressional committees on: (1) personal health records, including the extent to which the use of personal health records improve communication between individuals and covered entities and improve patient health management; and (2) issues related to an individual's control of the personal health record. Requires the HIT Policy Committee to make recommendations for standards and implementation specifications for the interoperability of personal health records and EHRs. Amends titles XVIII (Medicare) and XIX (Medicaid) of the Social Security Act to establish as an eligibility requirement for an incentive payment for the meaningful use of EHR technology that a health professional, hospital, or Medicaid provider must demonstrate the availability of certified EHR technology to and use of such technology by individuals furnished items and services by such professional, hospital, or provider in the form of electronic and personal health records.
American Jobs and Closing Tax Loopholes Act of 2010	H.R. 4213	Rep Rangel, Charles B. [NY-15]	12/7/2009	Considered by Senate (6/30/2010)	Funding and Incentives	The Tax Extenders Act of 2009 would provide individuals and businesses with approximately \$31 billion in tax relief in 2009 by extending for one year (through 2010) more than forty provisions that are scheduled to expire at the end of 2009. This \$31 billion in tax relief includes more than \$5 billion in individual tax relief and more than \$17 billion in business tax relief. The Tax Extenders Act of 2009 also extends more than \$7 billion of tax provisions that encourage charitable contributions, provide community development incentives, provide tax relief in the event of a Presidentially-declared disaster, and support the deployment of alternative vehicles and alternative fuels. The Tax Extenders Act of 2009 provides this relief without adding to the deficit.

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Department of Veterans Affairs Acquisition Improvement Act of 2009	H.R.4221	Rep Buyer, Steve [IN-4]	12/8/2009	Referred to the Committee on Veterans' Affairs, and in addition to the Committee on Oversight and Government Reform	Workforce	SECTION 310A: CHIEF ACQUISITION OFFICER; OTHER ACQUISITION OFFICER. Requires the Secretary of Veterans Affairs to include in the responsibilities of the Assistant Secretaries responsibilities for acquisition, construction, and asset management functions. Requires the Secretary to assign one Deputy Assistant Secretary to each of the following: (1) information technology acquisition; (2) acquisition services for the Veterans Benefits Administration, the National Cemetery Administration, and the Department headquarters; (3) construction acquisitions and leasing; (4) acquisition services for the Veterans Health Administration (VHA); (5) national contracts, including contracts for health care products and services awarded by the National Acquisition Center (other than contracts for information technology); (6) policy; and (7) asset enterprise management and logistics.
Freedom from Rationed Health Care Act	H.R.4500	Rep McCotter, Thaddeus G. [MI-11]	1/21/2010	Referred to the Committee on Appropriations, and in addition to the Committees on Energy and Commerce, and Science and Technology	Funding and Incentives	SECTION 2: RESCISSION AND REPEAL OF CERTAIN ARRA PROVISIONS. Repeals provisions of the American Recovery and Reinvestment Act of 2009 making appropriations for the Agency for Healthcare Research and Quality and for the Office of the National Coordinator for Health Information Technology and rescinds any unobligated balances of funds made available under such provisions. Repeals specified provisions of such Act: (1) establishing a Federal Coordinating Council for Comparative Effectiveness Research; and (2) concerning health information technology, including provisions establishing the Office of the National Coordinator for Health Information Technology and the HIT Policy Committee. Requires that amounts rescinded under this Act be deposited in the Treasury to pay down the national debt.
Roadmap for America's Future Act of 2010	H.R.4529	Rep Ryan, Paul [WI-1]	1/27/2010	Referred to the Subcommittee on Health, Employment, Labor, and Pensions.	Healthcare Delivery Transformation	Establishes a Health Care Services Commission, including an Office of the Forum for Quality and Effectiveness in Health Care, to conduct and support research, demonstration projects, and dissemination of information on health care services and delivery systems. Independent Health Record Trust Act of 2008 - Prescribes requirements for establishment of a nationwide health information technology via independent health record trusts (IHRTs).

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To amend title XVIII of the Social Security Act to provide that hospitals located in territories are eligible for electronic health record incentive payments...	H.R.4669	Rep Pierluisi, Pedro R. [PR]	2/23/2010	Referred to the House Committee on Ways and Means.	Funding and Incentives	Amends title XVIII (Medicare) of the Social Security Act to make subsection (d) hospitals located in the Commonwealth of Puerto Rico, the Virgin Islands, Guam, American Samoa, or the Northern Mariana Islands eligible for electronic health record (EHR) incentive payments in the same manner as subsection (d) hospitals located in the 50 states. (Generally, a subsection [d] hospital is an acute care hospital, particularly one that receives payments under Medicare's inpatient prospective payment system when providing covered inpatient services to eligible beneficiaries.)
Temporary Extension Act of 2010	H.R. 4691	Rep Rangel, Charles B. [NY-15]	2/25/2010	Became Public Law No: 111-144 (3/2/2010)	Legal	To provide a temporary extension of certain programs, and for other purposes. Amends the American Recovery and Reinvestment Act of 2009 (ARRA) to extend through March 31, 2010, the eligibility of a qualified beneficiary for COBRA (health insurance continuation benefits under the Consolidated Omnibus Budget Reconciliation Act of 1985) continuation coverage and premium assistance. Amends title XVIII (Medicare) of the Social Security Act to extend through March 31, 2010: (1) the 0% update to the conversion factor in the Medicare physician payment computation; and (2) the Medicare physical therapy services caps exceptions process.
Continuing Extension Act of 2010	H.R. 4851	Rep Levin, Sander M. [MI-12]	3/16/2010	Became Public Law No: 111-157 (4/15/2010)	Legal	The legislation extends critical unemployment and health care benefits, ensures that Medicare beneficiaries can continue seeing their doctors and extends other programs set to expire at the end of March.
Health Care and Education Reconciliation Act of 2010	H.R. 4872	Rep Spratt, John M., Jr. [SC-5]	3/17/2010	Became Public Law No: 111-152 (3/30/2010)	Funding and Incentives	The bill makes a number of health-related financing and revenue changes to the Patient Protection and Affordable Care Act enacted by H.R.3590 and modifies higher education assistance provisions.

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Bill Name	Bill Number	Sponsors	Introduced	Status	Topic	Relevant Text
To amend the Public Health Service Act and the Social Security Act to extend health information technology assistance eligibility to behavioral health, mental health, and substance abuse professionals and facilities, and for other purposes.	H.R.5025	Rep Kennedy, Patrick J. [RI-1]	4/14/2010	Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means	Funding and Incentives, Healthcare Delivery Transformation and Structural	HITECH Extension for Behavioral Health Services Act of 2010 - Amends the Public Health Service Act to expand the definition of "health care provider" for purposes of health information technology provisions to include a behavioral or mental health professional, a substance abuse professional, a psychiatric hospital, a behavioral and mental health clinic, and a substance abuse treatment facility. Requires the Secretary of Health and Human Services (HHS), acting through the National Coordinator for Health Information Technology, to award grants to eligible entities to: (1) facilitate the purchase of health information technology; (2) enhance the use of such technology, including covering costs associated with upgrading such technology in order to meet the criteria required to become a certified electronic health record (EHR) technology; (3) train personnel in the use of such technology; (4) improve the secure electronic exchange of health information among behavioral and mental health professionals, substance abuse professionals, and other health care providers; (5) improve such technology for adaptation to community-based behavioral health settings; (6) assist with the implementation of telemedicine, including facilitation of distance clinical consultations in rural and underserved areas; and (7) collaborate and integrate with health information technology regional extension centers. Amends titles XVIII (Medicare) and XIX (Medicaid) of the Social Security Act to include qualified clinical psychologists, clinical social workers, psychiatric hospitals, mental health treatment facilities, and substance abuse treatment facilities within the health professionals, hospitals, and Medicaid providers eligible for incentive payments for the meaningful use of certified EHR technology.
Economic Freedom Act of 2010	H.R.5029	Rep Jordan, Jim [OH-4]	4/15/2010	Referred to the Committee on Ways and Means, and in addition to the Committees on Financial Services, and Appropriations		Rescinds unobligated balances available in the American Recovery and Reinvestment Act of 2009. Repeals provisions of such Act relating to the Temporary Assistance to Needy Families program, economic recovery payments, premium assistance for COBRA (health insurance continuation benefits) payments, Medicare and Medicaid health information technology, state fiscal relief, broadband technology, and limits on executive compensation.

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Health Information Technology Extension for Behavioral Health Services Act of 2010	H.R.5040	Rep Kennedy, Patrick J. [RI-1]	4/15/2010	Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means	Funding and Incentives Healthcare Delivery Transformation and Structural	SECTION 3. BEHAVIORAL HEALTH INFORMATION TECHNOLOGY GRANT PROGRAM. Amends the Public Health Service Act to expand the definition of "health care provider" for purposes of health information technology provisions to include a behavioral or mental health professional, a substance abuse professional, a psychiatric hospital, a behavioral and mental health clinic, and a substance abuse treatment facility. Requires the Secretary of Health and Human Services (HHS), acting through the National Coordinator for Health Information Technology, to award grants to eligible entities to: (1) facilitate the purchase of health information technology; (2) enhance the use of such technology, including covering costs associated with upgrading such technology in order to meet the criteria required to become a certified electronic health record (EHR) technology; (3) train personnel in the use of such technology; (4) improve the secure electronic exchange of health information among behavioral and mental health professionals, substance abuse professionals, and other health care providers; (5) improve such technology for adaptation to community-based behavioral health settings; (6) assist with the implementation of telemedicine, including facilitation of distance clinical consultations in rural and underserved areas; and (7) collaborate and integrate with health information technology regional extension centers. Amends titles XVIII (Medicare) and XIX (Medicaid) of the Social Security Act to include qualified clinical psychologists, clinical social workers, psychiatric hospitals, mental health treatment facilities, and substance abuse treatment facilities within the health professionals, hospitals, and Medicaid providers eligible for incentive payments for the meaningful use of certified EHR technology.
National Defense Authorization Act for Fiscal Year 2011	H.R.5136	Rep Skelton, Ike [MO-4] (by request)	4/26/2010	Read twice. Placed on Senate Legislative Calendar under General Orders. Calendar No. 447.	Population Health Monitoring	SECTION 718: ENTERPRISE RISK ASSESSMENT OF HEALTH INFORMATION TECHNOLOGY PROGRAMS. (a) Study- The Secretary of Defense shall conduct an enterprise risk assessment methodology study of all health information technology programs of the Department of Defense. (b) Report- Not later than 180 days after the date of the enactment of this Act, the Secretary shall submit to the congressional defense committees a report containing the results of the study required under subsection (a).

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Bill Name	Bill Number	Sponsors	Introduced	Status	Topic	Relevant Text
Genomics and Personalized Medicine Act of 2010	H.R. 5440	Rep Kennedy, Patrick J. [RI-1]	5/27/2010	Referred to the House Committee on Energy and Commerce	Funding and Incentives	The Genomics and Personalized Medicine Act aims to stimulate and accelerate the research and development of products used in personalized medicine and to move these diagnostic and treatment modalities from the lab into clinic practice. This goal is accomplished through the establishment a human biological specimen repository within the National Institutes of Health (NIH) to increase our understanding of diseases, our environment and the genome, and through establishing numerous grants to expand and accelerate the creation and use of products used in personalized medicine.
SAMHSA Modernization Act of 2010	H.R.5466	Rep Kennedy, Patrick J. [RI-1]	5/28/2010	Referred to the House Committee on Energy and Commerce	Funding and Incentives	<u>SECTION 535: GRANTS FOR TELE-MENTAL HEALTH IN RURAL AND MEDICALLY UNDERSERVED AREAS.</u> (a) Program Authorized- The Secretary, acting through the Administrator of the Substance Abuse and Mental Health Services Administration and in coordination with the Administrator of the Health Resources and Services Administration and the National Coordinator for Health Information Technology, shall award grants to eligible entities to provide tele-mental health in rural and medically underserved areas. The Secretary shall ensure that such grant are coordinated with, and are not duplicative of, activities funded by the Federal Communications Commission. IMPROVING HEALTH INFORMATION TECHNOLOGY FOR MENTAL HEALTH PROVIDERS. The Secretary, in consultation with the Secretary of Veterans Affairs, shall collaborate with the Administrator and the National Coordinator for Health Information Technology to develop and implement a plan for ensuring that the National Health Information Infrastructure addresses the needs of mental health and substance abuse treatment providers.

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Bill Name	Bill Number	Sponsors	Introduced	Status	Topic	Relevant Text
Small Business Assistance and Relief Act of 2010	H.R.5554	Rep Castle, Michael N. [DE]	6/17/2010	Referred to the Committee on Small Business, and in addition to the Committees on Ways and Means, Appropriations, Energy and Commerce, and Financial Services	Funding and Incentives, Healthcare Delivery Transformation and Structural	<p><u>Subtitle F--Small Business Health Information Technology Financing Program SECTION 631: Small Business Health Information Technology Financing Program. SMALL BUSINESS HEALTH INFORMATION TECHNOLOGY FINANCING PROGRAM.</u></p> <p>The Small Business Act, as amended by this Act, is further amended by redesignating section 45 as section 46 and by inserting the following new section after section LOAN GUARANTEES FOR HEALTH INFORMATION TECHNOLOGY. ` (a) Definitions- As used in this section: ` (1) The term `health information technology' means computer hardware, software, and related technology that supports the meaningful EHR use requirements set forth in section 1848(o)(2)(A) of the Social Security Act (42 U.S.C. 1395w-4(o)(2)(A)) and is purchased by an eligible professional to aid in the provision of health care in a health care setting, including, but not limited to, electronic medical records, and that provides for-- (A) enhancement of continuity of care for patients through electronic storage, transmission, and exchange of relevant personal health data and information , such that this information is accessible at the times and places where clinical decisions will be or are likely to be made; (B) enhancement of communication between patients and health care providers; (C) improvement of quality measurement by eligible professionals enabling them to collect, store, measure, and report on the processes and outcomes of individual and population performance and quality of care; (D) improvement of evidence-based decision support; or (E) enhancement of consumer and patient empowerment. Such term shall not include information technology whose sole use is financial management, maintenance of inventory of basic supplies, or appointment scheduling. ` (b) Loan Guarantees for Qualified Eligible Professionals- (1) IN GENERAL- Subject to paragraph (2), the Administrator may guarantee up to 90 percent of the amount of a loan made to a qualified eligible professional to be used for the acquisition of health information technology for use in such eligible professional's medical practice and for the costs associated with the installation of such technology. Except as otherwise provided in this section, the terms and conditions that apply to loans made under section 7(a) of this Act shall apply to loan guarantees made under this section.</p>

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Bill Name	Bill Number	Sponsors	Introduced	Status	Topic	Relevant Text
Veterans', Seniors', and Children's Health Technical Corrections Act of 2010	H.R.5712	Rep Levin, Sander M. [MI-12]	7/13/2010	Placed on Senate Legislative Calendar under General Orders. Calendar No. 465.	Funding and Incentives	<p>SECTION 515: MEDICAID AND CHIP TECHNICAL CORRECTIONS. (e) Electronic Health Records-</p> <p>Effective as if included in the enactment of section 4201(a)(2) of the American Recovery and Reinvestment Act of 2009 (Public Law 111-5), section 1903(t) of the Social Security Act (42 U.S.C. 1396b(t)) is amended-- (1) in paragraph (3)(E), by striking `reduced by any payment that is made to such Medicaid provider from any other source (other than under this subsection or by a State or local government)' and inserting `reduced by the average payment the Secretary estimates will be made to such Medicaid providers (determined on a percentage or other basis for such classes or types of providers as the Secretary may specify) from other sources (other than under this subsection, or by the Federal government or a State or local government)'; and (2) in paragraph (6)(B), by inserting before the period the following: `and shall be determined to have met such responsibility to the extent that the payment to the Medicaid provider is not in excess of 85 percent of the net average allowable cost'.</p>

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Medical Checklist Act of 2010	H.R.5742	Rep Holt, Rush D. [NJ-12]	7/15/2010	Referred to the House Committee on Energy and Commerce	Population Health Monitoring	<p>SECTION 3: COORDINATING MEDICAL CHECKLISTS AND HEALTH INFORMATION TECHNOLOGY SYSTEMS.</p> <p>(a) In General- The HIT Policy Committee in the Office of the National Coordinator for Health Information Technology (as established in section 3002 of the Public Health Service Act (42 U.S.C. 300jj-12) shall develop policy recommendations regarding-- (1) the extent to which the use of medical checklists should be incorporated into health information technology systems; and(2) measures to determine the effectiveness of such use. (b) Areas of Consideration- In making recommendations under subsection (a), the HIT Policy Committee may consider the following areas: (1) The ease with which medical checklists in electronic formats can be used by health care professionals. (2) The effect of the availability of medical checklists in electronic formats on the adoption and use of medical checklists by health care professionals. (3) The effect of the use of medical checklists in electronic formats on the time spent by health care professionals on medical procedures. (4) The ability of the health information technology system to collect data on patient safety and health outcomes that could be analyzed to aid in the design and update of medical checklists. (5) The ease with which medical checklists in electronic formats can be updated on an ongoing basis based on evidence from medical research and local experience. (6) The capability of health information technology systems to collect data, where applicable, regarding the use of medical checklists by health care providers, and any relation between that use and patient safety and health outcomes.</p>

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Bill Name	Bill Number	Sponsors	Introduced	Status	Topic	Relevant Text
Personalize Your Care Act of 2010	H.R.5795	Rep Blumenauer, Earl [OR-3]	7/20/2010	Referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means	Standards	<p>SECTION 4: ADVANCE CARE PLANNING STANDARDS FOR ELECTRONIC HEALTH RECORDS.</p> <p>Notwithstanding section 3004(b)(3) of the Public Health Service Act (42 U.S.C. 300jj-14(b)(3)), not later than January 1, 2012, the Secretary of Health and Human Services shall adopt, by rule, standards for a qualified electronic health record (as defined in section 3000(13) of such Act (42 U.S.C. 300jj(13))), with respect to patient communications with a health care provider about values and goals of care, to adequately display the following: (1) The patient's current advance directive (as defined in section 1866(f)(3) of the Social Security Act (42 U.S.C. 1395cc(f)(3))), as applicable. (2) The patient's current physician order for life-sustaining treatment (as defined in section 1861(iii)(4) of the Social Security Act (42 U.S.C. 1395x(iii)(4))), as applicable. A standard adopted under this section shall be treated as a standard adopted under section 3004 of the Public Health Service Act (42 U.S.C. 300jj-14) for purposes of certifying qualified electronic health records pursuant to section 3001(c)(5) of such Act (42 U.S.C. 300jj-11(c)(5)).</p>

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Bill Name	Bill Number	Sponsors	Introduced	Status	Topic	Relevant Text
To foster transparency about the commercial use of personal information	H.R. 5777	Bobby L. Rush (ILL- h	7/19/2010	July 22, 2010 — Subcommittee hearing held by the House Energy and Commerce Committee, Subcommittee on Commerce, Trade and Consumer Protection	Consumer Empowerment	SECTION 301: DATA SECURITY. In General- Each covered entity and service provider shall establish, implement, and maintain reasonable and appropriate administrative, technical, and physical safeguards to— (1) ensure the security, integrity, and confidentiality of the covered information or sensitive information it collects, assembles, or maintains; (2) protect against any anticipated threats, reasonably foreseeable vulnerabilities, or hazards to the security or integrity of such information; and (3) protect against unauthorized access to or use of such information and loss, misuse, alteration, or destruction of such information. (b) Factors for Appropriate Safeguards-Not later than 18 months after the date of the enactment of this Act, the Commission shall promulgate regulations under section 553 of title 5, Unites States Code, to implement this section. In promulgating such regulations, the Commission shall consider—(1) the size and complexity of an entity; (2) the nature and scope of the activities of an entity; (3) the sensitivity of the information; (4) the current state of the art in administrative, technical and physical safeguards for protecting information; and (5) the cost of implementing such safeguards.

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Bill Name	Bill Number	Sponsors	Introduced	Status	Topic	Relevant Text
Multi-Campus Hospitals Act of 2010'.	H.R. 6072	Rep, Zach Space (D-OH 18 th)			Funding and Incentives	<p>SECTION 2: CLARIFICATION OF INCENTIVES FOR MULTI-CAMPUS HOSPITALS FOR ADOPTION AND MEANINGFUL USE OF CERTIFIED ELECTRONIC HEALTH RECORDS. (a) Special Rule for Applying Medicare EHR Incentive Payments to Remote Inpatient Locations of a Hospital- Section 1886(n) of the Social Security Act (42 U.S.C. 1395ww(n)) is amended--</p> <p>(1) in paragraph (2), by adding at the end the following new subparagraph: `(H) SPECIAL RULE FOR REMOTE INPATIENT LOCATIONS OF A HOSPITAL-`(i) IN GENERAL- In the case of an eligible hospital that consists of a qualified main provider and one or more qualified remote inpatient locations, the hospital may elect (in such form and manner as specified by the Secretary) for all applicable payment years to--</p> <p>`(I) substitute the base amount alternative described in clause (ii) for the base amount described in subparagraph (A)(i)(I); or</p> <p>`(II) Substitute the discharge related amount alternative described in clause (iii) for the discharge related amount described in subparagraph (A)(i)(II). The election described in the previous sentence, with respect to an eligible hospital, shall be made once for such hospital and shall apply to such hospital for all applicable payment years.</p>

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Ensuring Equality for Early EHR Adoption Act of 2010	H.R. 6005	Rep. Michael Burgess (R-TX)	7/30/2010	The bill has been referred to the following committees: House Energy and Commerce, Subcommittee on House Ways and Means, Subcommittee on	Funding and Incentives	SECTION 2: TEMPORARY TREATMENT OF CERTAIN EHR TECHNOLOGY UNDER THE MEDICARE AND MEDICAID EHR INCENTIVE PAYMENT PROGRAMS. (a) Medicare Program-Section 1848 (o)(4) of the Social Security Act (42 U.S.C. 1395w-4 (o)(4) is amended by adding at the end the following: For payment years 2011 and 2012, such term includes an electronic health record that is not certified pursuant to such section 3001 (c) (5) and that enables the demonstration of meaningful EHR use for an EHR reporting period for the payment year involved. (b) Medicaid Program-Section 1903 (t)(30(A) of such Act (42 U.S.C. 1396b(t)(3)(A)) is amended by adding at the end the following: For payment years 2011 and 2012, such term includes an electronic health record that is not certified pursuant to such section 3001 (c)(5) and that enables a Medicaid provider to demonstrate meaningful use for purposes of this subsection.

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Senate Bills

Bill Name	Bill Number	Sponsors	Introduced	Status	Topic	Relevant Text
Health Information Technology Act of 2009	S.179	Sen Stabenow, Debbie [MI]	1/8/2009	Read twice and referred to the Committee on Finance.	Funding and Incentives, Population Health Monitoring, and Structural	SECTION 3: ADJUSTMENTS TO MEDICARE PAYMENTS FOR HEALTH INFORMATION TECHNOLOGY ENGAGED QUALITY SERVICES. Adjustments-The Secretary of Health and Human Services (in this section referred to as the Secretary) shall establish a methodology for making adjustments in payment amounts under title XVIII of the Social Security Act (42 U.S.C. 1395 et seq.) made to providers of services and suppliers who—(1) furnish items and services for which payment is made under such title; and (2) in the course of furnishing such items and services, use health information technology and technology services with patient-specific applications that the Secretary determines improves that quality and accuracy of the clinical decision-making, compliance, health care delivery, and efficiency, such as electronic medical records, electronic prescribing, clinical decision support tools integrating well-established national treatment guidelines with continuous quality improvement functions, and computerized physician order entry with clinical decision-support capabilities.

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Bill Name	Bill Number	Sponsors	Introduced	Status	Topic	Relevant Text
Children's Health Care Quality Act	S.225	Sen Bayh, Evan [IN]	1/13/2009	Read twice and referred to the Committee on Finance.	Healthcare Delivery Transformation,	<p>SECTION. 201: GRANTS TO STATES FOR DEMONSTRATION PROJECTS TRANSFORMING DELIVERY OF PEDIATRIC CARE. Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.), as amended by section 101, is amended by adding at the end the following:</p> <p>'Sec. 1943. (a) Establishment- The Secretary, acting through the Administrator of the Centers for Medicare & Medicaid Services, shall establish demonstration projects, including demonstration projects in multiple States in each of the 4 categories described in subsection (d), to award grants to States to improve the delivery of health care services provided to children under this title and title XXI.</p> <p>(b) Duration- The demonstration projects shall be conducted for a period of 4 years. (c) Eligibility- A State shall not be eligible to receive a grant under this section unless the State has demonstrated experience or commitment to the concept of transformation in the delivery of pediatric care. (d) Categories of Projects- The following categories of projects are described in this subsection: (1) HEALTH INFORMATION TECHNOLOGY SYSTEMS- Projects for developing health information technology systems, including technology acquisition, electronic health record development, data standards development, and software development, for pediatric hospital and physician services and other community-based services; implementing model systems; and evaluating their impact on the quality, safety, and costs of care</p>

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E-Centives Act of 2009	S.264	Sen Stabenow, Debbie [MI]	1/15/2009	Read twice and referred to the Committee on Finance	Funding and Incentives,	<p><u>SECTION 2: INCREASED MATCHING PAYMENTS UNDER MEDICAID FOR HEALTH INFORMATION TECHNOLOGY.</u> Section 1903 of the Social Security Act (42 U.S.C. 1396b) is amended—(1) in subsection (a)(3)(E) by inserting (other than costs attributable to programs described in subsection (bb)) after costs incurred during such quarter; and (2) by adding at the end the following new subsections:(aa) Enhanced Payments for Certified Health Information Technology Incentives-(1) IN GENERAL- The Secretary shall provide for payments to each State that provides incentive payments to physicians, hospitals, community health centers, rural health clinics, and community mental health centers that exhibit meaningful use of health information technology under paragraph (5). No payment may be made to a State for incentive payments made by a State for meaningful use of health information technology that occurs before January 1, 2010 (2) APPLICATION- To qualify for payments under paragraph (1), a State shall submit an application in a time and manner specified by the Secretary and containing the following: (A) A description of the incentive payments. (B) A description of the method the State will use to allocate such incentive payments among physicians, hospitals, community health centers, rural health clinics, and community mental health centers, including how the State will prioritize payments to providers serving a high percentage of Medicaid, SCHIP, and uninsured patients. (C) A time line for implementing such payment incentives. (D) A plan for disseminating information to physicians, hospitals, community health centers, rural health clinics, and community mental health centers about the availability of such payment incentives. (E) An assessment of the current level of use of health information technology by physicians, hospitals, community health centers, rural health clinics, and community mental health centers in the State, using a standard assessment form developed by the Secretary. (F) Any other information required by the Secretary.</p>

Bill Name	Bill Number	Sponsors	Introduced	Status	Topic	Relevant Text
Children's Health Insurance Program Reauthorization Act of 2009	S.275	Sen Baucus, Max [MT]	1/16/2009	Placed on Senate Legislative Calendar under General Orders. Calendar No. 17.	HIT	Title IV: Strengthening Quality of Care And Health Outcomes of Children - (SECTION 401): Amends SSA title XI to direct the Secretary to identify and publish for general comment an initial, recommended core set of child health quality measures for use by state Medicaid and CHIP programs, health insurance issuers and managed care entities that contract with such programs, and item and service providers. Directs the Secretary to identify existing quality of care measures for children that are: (1) in use under public and privately sponsored health care arrangements; or (2) part of reporting systems that measure both the presence and duration of health insurance coverage over time. Directs the Secretary to establish a pediatric quality measures program to improve and strengthen such initial core child health care quality measures. Directs the Secretary to award: (1) grants and contracts for the development, testing, and validation of new, emerging, and innovative evidence-based measures for children's health care services; and (2) up to 10 grants to states and child health providers for demonstration projects to evaluate promising ideas for improving the quality of children's health care and the use of health information technology. Specifies funding.

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Bill Name	Bill Number	Sponsors	Introduced	Status	Topic	Relevant Text
Children's Health Care Quality Act	S.314	Sen Hatch, Orrin G. [UT]	1/26/2009	Read twice and referred to the Committee on Finance	Healthcare Delivery Transformation, and Funding and Incentives	<p>SECTION 201: GRANTS TO STATES FOR DEMONSTRATION PROJECTS TRANSFORMING DELIVERY OF PEDIATRIC CARE.</p> <p>Title XIX of the Social Security Act (42 U.S.C. 1396 et seq.) as amended by section 101, is amended by adding at the end the following: Sect 1943. (a) Establishment- The Secretary, acting through the Administrator of the Centers for Medicare & Medicaid Services, shall establish demonstration projects, including demonstration projects in multiple States in each of the 4 categories described in subsection (d), to award grants to States to improve the delivery of health care services provided to children under this title and title XXI. (b) duration- The demonstration projects shall be conducted for a period of 4 years. (c) Eligibility- A State shall not be eligible to receive a grant under this section unless the State has demonstrated experience or commitment to the concept of transformation in the delivery of pediatric care.</p> <p>(d) Categories of Projects- The following categories of projects are described in this subsection: (1) HEALTH INFORMATION TECHNOLOGY SYSTEMS- Projects for developing health information technology systems, including technology acquisition, electronic health record development, data standards development, and software development, for pediatric hospital and physician services and other community-based services; implementing model systems; and evaluating their impact on the quality, safety, and costs of care.</p>

HIMSS Nine separate categories of principles: (1.) Funding and Incentives (2.) Healthcare Delivery Transformation (3.) Standards (4.) Privacy and Security (5.) Legal (6.) Structural (7.) Consumer Empowerment (8.) Population Health Monitoring (9.) Workforce http://www.himss.org/advocacy/d/Legislative_Principles2010.pdf

Bill Name	Bill Number	Sponsors	Introduced	Status	Topic	Relevant Text
American Recovery and Reinvestment Act of 2009	S.336	Sen Inouye, Daniel K. [HI]	1/27/2009	Placed on Senate Legislative Calendar under General Orders. Calendar No. 19.	Healthcare Delivery Transformation, Privacy and Security, Structural and Consumer Empowerment	<p>SECTION 3001: OFFICE OF THE NATIONAL COORDINATOR FOR HEALTH INFORMATION TECHNOLOGY. (a) Establishment- There is established within the Department of Health and Human Services an Office of the National Coordinator for Health Information Technology (referred to in this section as the 'Office'). The Office shall be headed by a National Coordinator who shall be appointed by the Secretary and shall report directly to the Secretary. b) Purpose- The National Coordinator shall perform the duties under subsection (c) in a manner consistent with the development of a nationwide health information technology infrastructure that allows for the electronic use and exchange of information and that--</p> <p>(1) ensures that each patient's health information is secure and protected, in accordance with applicable law;</p> <p>(2) improves health care quality, reduces medical errors, and advances the delivery of patient-centered medical care;</p> <p>(3) reduces health care costs resulting from inefficiency, medical errors, inappropriate care, duplicative care, and incomplete information;</p> <p>(4) provides appropriate information to help guide medical decisions at the time and place of care; (5) ensures the inclusion of meaningful public input in such development of such infrastructure; (6) improves the coordination of care and information among hospitals, laboratories, physician offices, and other entities through an effective infrastructure for the secure and authorized exchange of health care information; (7) 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; (8) facilitates health and clinical</p>

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Bill Name	Bill Number	Sponsors	Introduced	Status	Topic	Relevant Text
American Recovery and Reinvestment Act of 2009	S.350	Sen Baucus, Max [MT]	1/29/2009	Placed on Senate Legislative Calendar under General Orders. Calendar No. 20.	Healthcare Delivery Transformation, Privacy and Security, Structural and Consumer Empowerment	<p>SECTION 3002: HIT POLICY COMMITTEE.(a) Establishment-There is established a HIT Policy Committee to make policy recommendations to the National Coordinator relating to the implementation of a nationwide health information technology infrastructure, including implementation of the strategic plan described in section 3001 (c)(3). (1) RECOMMENDATIONS ON HEALTH INFORAMTION TECHNOLOGY INFRASTRUCTURE- The HIT Policy Committee shall recommend a policy framework for the development and adoption of a nationwide health information technology infrastructure that permits the electronic exchange and use of health information as is consistent with the strategic plan under section 3001(c)(3) and that includes the recommendations under paragraph (2). The Committee shall update such recommendations and make new recommendations as appropriate.</p> <p>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 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</p>

Bill Name	Bill Number	Sponsors	Introduced	Status	Topic	Relevant Text
Healthy Americans Act	S.391	Sen Wyden, Ron [OR]	2/5/2009	Read twice and referred to the Committee on Finance	Consumer Empowerment	SEC. 502: RESPONSIBILITIES AND AUTHORITIES. (a) Promotion of Prevention and Wellness- Each Health Help Agency (HHA) shall promote prevention and wellness for all State residents, including through the implementation of programs that--(1) educate residents about responsibility for individual health and the health of children; (2) upon request, distribute information to covered individuals regarding the availability of wellness programs; (3) make available to the public, with respect to each health insurance issuer and each HAPI plan, the number of covered individuals who have designated a health home described in section 111(b); and (4) promote the use and understanding of health information technology.
Quality Reform Expansion and Savings Act of 2009	S.441	Sen Whitehouse, Sheldon [RI]	2/13/2009	Read twice and referred to the Committee on Health, Education, Labor, and Pensions	Funding and Incentives	SECTION 3: QUALITY REFORM GRANT INITIATIVE. Grants-The Secretary of Health and Human Services (referred to in this section as the Secretary) shall award quality reform grants to eligible entities to enhance, encourage, and expedite implementation of quality reform plans to carry out the purposes of this Act. (b) Eligibility of State, Local, and Regional Entities- To be eligible to receive a grant under subsection (a), a qualifying entity shall be a State, local, or regional organization, including an organization newly formed for the purpose of carrying out plans under such a grant, dedicated to improving the quality of health care through broad participation of the local health care community, with a focus on quality improvement and reporting, expansion of health information technology, cost-effective prevention, and restructuring of the reimbursement system to enhance these goals.

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Bill Name	Bill Number	Sponsors	Introduced	Status	Topic	Relevant Text
National Health Information Technology and Privacy Advancement Act of 2009	S.444	Sen Whitehouse, Sheldon [RI]	2/13/2009	Read twice and referred to the Committee on Health, Education, Labor, and Pensions	Privacy and Security	<p><u>5. NATIONAL CORPORATION FOR HEALTH INFORMATION TECHNOLOGY AND PRIVACY.</u></p> <p>(a) Establishment- There is authorized to be established a nonprofit national health information technology and privacy corporation which shall not be an agency or establishment of the United States. The corporation shall be subject to the provisions of this Act. (b) Incorporation- Not later than 180 days after the date of enactment of this Act, the President, by and with the advice and consent of the Senate, shall appoint 9 incorporators of the corporation who shall serve as the initial board of directors until their successors are elected in accordance with subsection (c). Such incorporators shall take whatever actions are necessary to establish the corporation, including the filing of articles of incorporation, as approved by the President. (c) Board of Directors- (1) IN GENERAL- The corporation shall have a bipartisan board of directors that shall consist of 9 individuals who shall be citizens of the United States and be appointed by the President, by and with the advice and consent of the Senate. (2) TERMS- The terms of service of the members of the board of directors shall be 3 years or until such time as their successors have been appointed, except that of the first 9 members of the board appointed under subsection (b), 3 each shall serve for terms of 3, 4, and 5 years, respectively as designated by the President. Any member of the board appointed to fill a vacancy shall be appointed only for the unexpired term of the member which he or she is succeeding. A member may not serve consecutive terms. (3) CHAIRPERSON- The members of the board of directors of the corporation shall at its first meeting and annually thereafter elect a member to serve as the chairperson of the board.</p>

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Rural Veterans Health Care Improvement Act of 2009	S.658	Sen Tester, Jon [MT]	3/19/2009	Read twice and referred to the Committee on Veterans' Affairs	Structural	SECTION 7: IMPROVEMENT OF CARE OF AMERICAN INDIAN VETERANS. (b) Integration of Electronic Health Records With Indian Health Service- Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs and Secretary of the Interior shall enter into a memorandum of understanding to ensure that the health records of Indian veterans may be transferred electronically between facilities of the Indian Health Service and the Department of Veterans Affairs.
21st Century Cancer ALERT (Access to Life-Saving Early detection, Research and Treatment) Act	S.717	Sen Kennedy, Edward M. [MA]	3/26/2009	Read twice and referred to the Committee on Health, Education, Labor, and Pensions	Structural	SECTION 411: NATIONAL CANCER PROGRAM. (3) ADVANCEMENT OF NEW TECHNOLOGIES FOR CANCER RESEARCH AND EXPANSION OF CANCER BIOREPOSITORY NETWORKS- (C) REPRESENTATION- The composition of any leadership entity of the Network shall be determined by the Director of the Institute and shall, at a minimum, include a representative of-- (iv) the Office of National Coordination of Health Information Technology.
Rural Medicare Equity Act of 2009	S.712	Sen Feingold, Russell D. [WI]	3/26/2009	Read twice and referred to the Committee on Finance	Structural	SECTION 4: MEDICARE RURAL HEALTH CARE QUALITY IMPROVEMENT DEMONSTRATION PROJECTS. (a) Establishment- (1) IN GENERAL- Not later than 6 months after the date of enactment of this Act, the Secretary of Health and Human Services (in this section referred to as the `Secretary') shall establish not more than 10 demonstration projects to provide for improvements, as recommended by the Institute of Medicine, in the quality of health care provided to individuals residing in rural areas. (2) ACTIVITIES- Activities under the projects may include public health surveillance, emergency room videoconferencing, virtual libraries, telemedicine, electronic health records, data exchange networks, and any other activities determined appropriate by the Secretary.

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HAHPSA 2009	S.790	Sen Bingaman, Jeff [NM]	4/2/2009	Read twice and referred to the Committee on Finance.	Workforce	SECTION 101: PERMANENT NATIONAL HEALTH WORKFORCE COMMISSION. (2) SPECIFIC TOPICS DESCRIBED- (vii) The establishment of incentives to promote interdisciplinary, team-based, and care coordination-based education of health professionals, including incentives to encourage the development of health information technology (such as a repository of consumer health status information in computer processable form) which can be used for diagnosis, management, and treatment and includes price and cost information. (4) REDUCING HEALTH PROFESSIONAL ISOLATION AND BUILDING COMMUNITY HEALTH PROFESSIONAL TRAINING INFRASTRUCTURE- (A) IDENTIFICATION OF PROGRAMS- The Commission shall identify programs to reduce health professional isolation and build community health professional training infrastructure in rural, frontier, and urban underserved areas through continuing education (including continuing education utilizing information technology, such as telehealth and health information technology), mentoring, and precepting activities.
Elder Justice Act of 2009	S.795	Sen Hatch, Orrin G. [UT]	4/2/2009	Read twice and referred to the Committee on Finance.	Standards	SECTION 2041: ENHANCEMENT OF LONG-TERM CARE. (e) Development and Adoption of Standards for Transactions Involving Clinical Data by Long-Term Care Facilities- (1) STANDARDS- The Secretary shall develop and adopt uniform open electronic standards for transactions involving clinical data by long-term care facilities. Such standards shall include messaging and nomenclature standards. (2) COMPATIBILITY WITH OTHER STANDARDS- The standards developed and adopted under paragraph (1) shall be compatible with standards established under part C of title XI, standards established under subsections (b)(2)(B)(i) and (e)(4) of section 1860D-4, standards adopted under section 3004 of the Public Health Service Act, and with general health information technology standards.

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Autism Treatment Acceleration Act of 2009	S.819	Sen Durbin, Richard [IL]	4/2/2009	Read twice and referred to the Committee on Health, Education, Labor, and Pensions.	Structural	SECTION. 399HH: AUTISM CARE CENTER DEMONSTRATION PROJECT. (c) Eligible Entities- To be eligible to receive assistance under the Program, an entity shall-- (E) utilizes health information technology to facilitate the provision and coordination of health care by network participants
Caregiver and Veterans Health Services Act of 2009	S.801	Sen Akaka, Daniel K. [HI]	4/2/2009	Placed on Senate Legislative Calendar under General Orders. Calendar No. 167.	Structural	SECTION. 207: IMPROVEMENT OF CARE OF AMERICAN INDIAN VETERANS. (b) Integration of Electronic Health Records With Indian Health Service- Not later than one year after the date of the enactment of this Act, the Secretary of Veterans Affairs and the Secretary of Health and Human Services shall enter into a memorandum of understanding to ensure that the health records of Indian veterans may be transferred electronically between facilities of the Indian Health Service and the Department of Veterans Affairs.

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Health Information Technology (IT) Public Utility Act of 2009	S.890	Sen Rockefeller, John D., IV [WV]	4/23/2009	Read twice and referred to the Committee on Health, Education, Labor, and Pensions	Healthcare Delivery Transformation, and Funding and Incentives	<p>SECTION 3: FEDERAL CONSOLIDATED HEALTH INFORMATION TECHNOLOGY BOARD. (a) Establishment- To facilitate the implementation of electronic health record systems among safety-net health care providers (particularly small, rural providers) there shall be established within the Office of the National Coordinator for Health Information Technology of the Department of Health and Human Services, a Federal Consolidated Health Information Technology Board.(b) Board of Directors- The Board shall be administered by a board of directors that shall be composed of the following individuals or their designees:(1) The Secretary.(2) The Under Secretary for Health of the Department of Veterans Affairs.(3) The Director of the Indian Health Service.(4) The Secretary of Defense.(5) The Secretary of Health and Human Services.(6) The Director of the Agency for Healthcare Research and Quality. (7) The Administrator of the Health Resources and Services Administration.(8) The Chairman of the Federal Communications Commission.(c) Duties- The Board shall--(1) provide ongoing communication with existing VistA and RPMS user groups to ensure that there is constant interoperability between such groups and to provide for the sharing of innovative ideas and technology;(2) update VistA and RPMS open source software (including health care provider-based electronic health records, personal health records, and other software modules) on a timely basis;(3) implement and administer the 21st Century HIT Grant Program under section 4, including providing for notice in the Federal Register as well as--(A) determining specific health information technology grant needs based on health care provider settings;(B) developing benchmarks for levels of implementation in each year that 21st Century grant funding is provided; and(C) providing ongoing VistA and RPMS technical assistance to grantees under such program (either through the provision of direct technical support or through the awarding of competitive contracts to other qualified entities);(D) develop mechanisms to integrate VistA and RPMS with records and billing systems utilized under the Medicaid and State children's health insurance programs under titles XIX and XXI of the Social Security Act (42 U.S.C. 1396 and 1397aa et seq.);</p>

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Wounded Warrior Transition Assistance Act of 2009	S.944	Sen Feingold, Russell D. [WI]	4/30/2009	Read twice and referred to the Committee on Armed Services	Funding and Incentives	SECTION 5: AUTHORIZATION FOR USE OF DEFENSE HEALTH PROGRAM FUNDS FOR SUPPORT PROGRAMS FOR CERTAIN MEMBERS OF THE RESERVE COMPONENTS. (b) Support Programs- The support programs for which such funds shall be available include the following: (4) Connection and support of military health system electronic medical records.

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National Health Care Quality Act	S.966	Sen Rockefeller, John D., IV [WV]	5/4/2009	Read twice and referred to the Committee on Finance.	Structural and Standards	<p>SECTION 4: NATIONAL HEALTH CARE QUALITY PRIORITIES. (a) Establishment of the Office of National Health Care Quality Improvement- There is established within the Executive Office of the President an Office of National Health Care Quality Improvement (`NHCQI') (referred to in this section as the `Office'). The Office shall be headed by a Director of National Health Care Quality (referred to in this section as the `Director') who shall be appointed by the President and shall report directly to the President. (3) DUTIES OF THE DIRECTOR- The Director shall-- (G) in consultation with the National Coordinator of Health Information Technology, develop an open source framework for Federal quality communication to create and maintain a standardized, electronic language or interface that enables all relevant Federal entities to communicate information or make requests regarding quality research, definitions, activities, or regulations, or to provide any other functionality, as the Director determines. SEC. 942. QUALITY MEASURES. (b) Quality Measure Reporting to Federal Health Programs- The Director, in cooperation with the Administrator of the Centers for Medicare & Medicaid Services, the National Coordinator for Health Information Technology, the Administrator of the Health Resources and Services Administration, the Director of the Centers for Disease Control and Prevention, and the Commissioner of Food and Drugs, shall create a streamlined process for health care providers to report quality measures to the heads of relevant agencies and departments for the purpose of quality improvement in the Federal health programs described in subsection (a)(1). SEC. 943. PUBLIC EDUCATION CAMPAIGNS. ` (4) IMPLEMENTATION ASSISTANCE- The Health Information Technology regional extension centers under section 3012(c) shall operate as extension centers for the NQRC, for the purposes of implementation assistance.</p>

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Immunization Improvement Act of 2009	S.1003	Sen Reed, Jack [RI]	5/7/2009	Read twice and referred to the Committee on Health, Education, Labor, and Pensions	Structural	<u>SECTION 10: IMMUNIZATION INFORAMTION SYSTEMS.</u> Health Information Technology Infrastructure- Section 3011 (a) of the Public Health Service Act (as added by section 13301 of the American Recovery and Reinvestment Act of 2009) is amended by adding at the end the following: (8) Improvement and expansion of immunization information systems (as define in section 3000), including activities to--- (A) support the integration and linkage of such systems, and health information exchanges; (B) support interstate data exchange; (C) ensure that such systems are interoperable with electronic health record systems; (D) provide technical support, such as training, data reporting, data quality and completeness review, and decision support, to immunization providers to integrate the use of such systems; (E) develop, in consultation with manufacturers, vendors, and specialty professional organizations, continuing education materials relating to the use of such systems; (F) ensure that such systems can provide complete and accurate data to monitor immunization coverage, uptake, and the impact of shortages in the population served within their jurisdiction; and (G) ensure the privacy confidentiality, and security of all data and data exchanges with such systems.

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RE-Aligning Care Act	S.1004	Sen Lincoln, Blanche L. [AR]	5/7/2009	Read twice and referred to the Committee on Finance.	Population Health Monitoring	SECTION 3: MEDICARE COVERAGE OF GERIATRIC ASSESSMENTS. (B) REQUIREMENTS- In establishing payment amounts under subparagraph (A)(ii), the Secretary shall—(II) all of the costs associated with the geriatric assessment, including labor, supplies, equipment, and the costs of health information technologies and systems incurred by the physician, practitioner, or other provider (as described in section 1861(hhh)(2)) in providing the assessment. (C)(i) Subject to clause (ii), the requirements of this subparagraph are met if the agreement requires the chronic care manager to perform, or provide for the performance of, the following services: (III) Using health information technology, including, where appropriate, remote monitoring and patient registries, to monitor and track the health status of patients and to provide patients with enhanced and convenient access to health care services. (p) Payment for Chronic Care Management and Coordination Services- (B) REQUIREMENTS- In establishing payment amounts under subparagraph (A)(ii), the Secretary shall-- ` (II) all of the costs associated with providing chronic care management and coordination services, including labor, supplies, equipment, and the costs of health information technologies and systems incurred by the chronic care manager in providing such services.
Medicare Care Transitions Program Act of 2009	S.1009	Sen Bennet, Michael F. [CO]	5/7/2009	Read twice and referred to the Committee on Finance.	Legal	SECTION 2: MEDICARE CARE TRANSITIONS PROGRAM. (2) CARE TRANSITION SERVICES- For purposes of this section, the term `care transition services' means the following services furnished to individuals entitled to, or enrolled for, benefits under part A or enrolled for benefits under part B after the individual is discharged from inpatient care: (E) Establishment and maintenance of a paper or electronic personal health record . Such personal health record shall be written and formatted using language that is easily understandable by individuals receiving benefits under this title.

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Strengthening America's Public Health System Act	S.1028	Sen Bingaman, Jeff [NM]	5/13/2009	Read twice and referred to the Committee on Health, Education, Labor, and Pensions	Funding and Incentives and Privacy and Security	SECTION 2821: EPIDEMIOLOGY-LABORATORY CAPACITY GRANTS. (a) In General- Subject to the availability of appropriations, the Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall establish an Epidemiology and Laboratory Capacity Grant Program to award grants to eligible entities to assist public health agencies in improving surveillance for, and response to, infectious diseases and other conditions of public health importance by--'(1) strengthening epidemiologic capacity;'(2) enhancing laboratory practice; (3) improving information systems; and'(4) developing and implementing prevention and control strategies (B) SECURE INFORMATION SYSTEMS- An eligible entity shall use amounts received through a grant under this section to ensure that the entity has access to a web-based, secure information system that complies with the guidelines developed under subparagraph (A). Such a system shall be designed--
Obesity Prevention, Treatment, and Research Act of 2009	S.1060	Sen Bingaman, Jeff [NM]	5/18/2009	Read twice and referred to the Committee on Health, Education, Labor, and Pensions	Population Health Monitoring	SECTION 101: UNITED STATES COUNCIL ON OVERWEIGHT-OBESITY PREVENTION. (d) Duties of USCO-OP- USCO-OP shall-- (10) make recommendations for obesity-related information, including height, weight, and body mass index, to be included in electronic health records for the purpose of ongoing surveillance and monitoring

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Patients' Choice Act	S.1099	Sen Coburn, Tom [OK]	5/20/2009	Read twice and referred to the Committee on Finance.	Legal and Structural	<p>SECTION 701: PURPOSE. It is the purpose of this subtitle to promote the utilization of health record banking by improving the coordination of health information through an infrastructure for the secure and authorized exchange and use of healthcare information.</p> <p>SECTION 702: HEALTH RECORD BANKING. SEC. 703. APPLICATION OF FEDERAL AND STATE SECURITY AND CONFIDENTIALITY STANDARDS. Subtitle B-- Removing Barriers to the Use of Health Information Technology to Better Coordinate Health Care SEC. 711. SAFE HARBORS TO ANTIKICKBACK CIVIL PENALTIES AND CRIMINAL PENALTIES FOR PROVISION OF HEALTH INFORMATION TECHNOLOGY AND TRAINING SERVICES.</p> <p>SEC. 712. EXCEPTION TO LIMITATION ON CERTAIN PHYSICIAN REFERRALS (UNDER STARK) FOR PROVISION OF HEALTH INFORMATION TECHNOLOGY AND TRAINING SERVICES TO HEALTH CARE PROFESSIONALS. SEC. 713. RULES OF CONSTRUCTION REGARDING USE OF CONSORTIA.</p>
Medicare Payment Advisory Commission (MedPAC) Reform Act of 2009	S.1110	Sen Rockefeller, John D., IV [WV]	5/20/2009	Read twice and referred to the Committee on Finance.	Population Health Monitoring	<p>SECTION 2: RENAMING AND REFORMING THE MEDICARE PAYMENT ADVISORY COMMISSION. (e) Research and Information Access- Section 1805(e) of the Social Security Act (42 U.S.C. 1395b-6(e)) is amended by adding at the end the following new paragraphs: (7) ELECTRONIC ACCESS- The National Director for Health Information Technology, in coordination with the Secretary, the Administrator of the Centers for Medicare & Medicaid Services, and the Commission, shall establish a direct electronic link for raw data, including claims data under this title, to be accessed by the Commission for the purposes of evaluating and determining recommendations under this title, in accordance with applicable privacy laws and data use agreements.</p>

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Medical Homes Act of 2009	S.1114	Sen Durbin, Richard [IL]	5/20/2009	Read twice and referred to the Committee on Finance.	Healthcare Delivery Transformation and Consumer Empowerment	<p>SECTION 2: FINDINGS.</p> <p>Congress finds the following: (6) Health information technology is a crucial foundation for medical homes. While many doctors' offices use electronic health records for billing or other administrative functions, few practices utilize health information technology systematically to measure and improve the quality of care they provide. For example, electronic health records can generate reports to ensure that all patients with chronic conditions receive recommended tests and are on target to meet their treatment goals. Computerized ordering systems, particularly with decision-support tools, can prevent medical and medication errors, while e-mail and interactive Internet websites can facilitate communication between patients and providers and improve patient education. (a) Definitions- In this section: (1) CARE MANAGEMENT MODEL- The term `care management model' means a model that-- (A) uses health information technology and other innovations such as the chronic care model, to improve the management and coordination of care provided to patient. (6) TREATMENT OF STATES WITH A MANAGED CARE CONTRACT- (B) ADJUSTMENT OF PAYMENT AMOUNTS- The State may adjust the amount of payments made under (c)(3)(B), taking into consideration the management role carried out by the private entity described in subparagraph (A) and the cost effectiveness provided by such entity in certain areas, such as health information technology .</p>

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PRO-VETS Act of 2009	S.1109	Sen Gillibrand, Kirsten E. [NY]	5/20/2009	Committee on Veterans' Affairs. Hearings held.	Structural	<p>SECTION. 2: SHARING INFORMATION TO IMPROVE VETERANS' ACCESS TO BENEFITS. (a) Agreement on Data Transfer- (2) CONTENTS OF AGREEMENT-(A) SPECIFIC CRITERIA FOR IDENTIFICATION OF DATA- The agreement shall specify criteria to identify data of the Department of Defense, including personnel data and data contained in an electronic medical record system, that the Secretary of Defense and the Secretary of Veterans Affairs agree could be used by the Secretary of Veterans Affairs-- (i) to determine the eligibility of a member of the Armed Forces or veteran for veterans benefits; and (ii) as an indicator of a likelihood that a member of the Armed Forces or veteran is eligible for veterans benefits. (B) ELECTRONIC DATA TRANSFER METHOD- The agreement shall contain a description of an efficient electronic method to be used for the transfer of data identified in accordance with the criteria specified under subparagraph (A) under the agreement. (C) TRANSFER OF DATA- Under the agreement, the Secretary of Defense shall transfer data identified in accordance with the criteria under subparagraph (A) to the Secretary of Veterans Affairs as follows: (i) In the case of a member of the Armed Forces who is scheduled for discharge or separation from service, at the time the Secretary of Defense first learns of the scheduled discharge or separation, but not later than one month after the date of such discharge or separation. (ii) In the case of a member of the Armed Forces or veteran not covered under clause (i), at such time as is specified under the agreement, but subject to subsection (e).</p>

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Independence at Home Act of 2009	S.1131	Sen Wyden, Ron [OR]	5/21/2009	Read twice and referred to the Committee on Finance.	Structural and Healthcare Delivery Transformation	<u>SECTION 3: ESTABLISHMENT OF VOLUNTARY INDEPENDENCE AT HOME CHRONIC CARE COORDINATION PILOT PROJECT UNDER TRADITIONAL MEDICARE FEE-FOR-SERVICE PROGRAM.</u> In selecting Independence at Home organizations under this paragraph, the Secretary shall give a preference, to the extent practicable, to organizations that-- (iii) use electronic medical records, health information technology, and individualized plans of care. (d) Independence at Home Program Requirements- (1) IN GENERAL- Each Independence at Home program shall, for each participant enrolled in the program-- (F) provide for an electronic medical record and electronic health information technology to coordinate the participant's care and to exchange information with the Medicare program and electronic monitoring and communication technologies and mobile diagnostic and therapeutic technologies as appropriate and accepted by the participant.
Advance Planning and Compassionate Care Act of 2009	S.1150	Sen Rockefeller, John D., IV [WV]	5/21/2009	Read twice and referred to the Committee on Finance.		<u>Subtitle B--Portability of Advance Directives; Health Information Technology SEC. 131. PORTABILITY OF ADVANCE DIRECTIVES.</u> (a) Medicare- Section 1866(f) of the Social Security Act (42 U.S.C. 1395cc(f)) is amended

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Community Mental Health Services Improvement Act	S.1188	Sen Reed, Jack [RI]	6/4/2009	Read twice and referred to the Committee on Health, Education, Labor, and Pensions	Funding and Incentives	SECTION 7.: IMPROVING HEALTH INFORMATION TECHNOLOGY FOR MENTAL HEALTH PROVIDERS. Part A of title V of the Public Health Service Act (42 U.S.C. 290aa et seq.), as amended by section 5(c), is further amended by adding at the end the following: `SEC. 506D. IMPROVING HEALTH INFORMATION TECHNOLOGY FOR MENTAL HEALTH PROVIDERS. `(a) In General- The Secretary, in consultation with the Secretary of Veterans Affairs, shall collaborate with the Administrator of the Substance Abuse and Mental Health Services Administration and the National Coordinator for Health Information Technology to-- `(1) develop and implement a plan for ensuring that various components of the National Health Information Infrastructure, including data and privacy standards, electronic health records, and community and regional health networks, address the needs of mental health and substance abuse treatment providers; and `(2) finance related infrastructure improvements, technical support, personnel training, and ongoing quality improvements. `(b) Authorization of Appropriations- There are authorized to be appropriated to carry out this section \$10,000,000 for fiscal year 2010, and such sums as may be necessary for each of fiscal years 2011 through 2014.'
Patient-Centered Outcomes Research Act of 2009	S.1213	Patient-Centered Outcomes Research Act of 2009	6/9/2009	Read twice and referred to the Committee on Finance	Population Health Monitoring	SECTION 2: COMPARATIVE EFFECTIVENESS RESEARCH. (B) BUILDING CAPACITY FOR RESEARCH_ The Institute may build capacity for comparative clinical effectiveness research and methodologies, including research training and development of data resources (such as clinical registries), through appropriate activities, including using up to 20 percent of the amounts appropriated or credited to the PCORTF under section 9511(b) of the Internal Revenue Code of 1986 with respect to a fiscal year to fund extramural efforts of organizations such as the Cochrane Collaboration (or a successor organization) and other organizations that develop and maintain a data network to collect, link, and analyze data on outcomes and effectiveness from multiple sources, including electronic health records.

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Roadmap for America's Future Act of 2009	S.1240	Sen DeMint, Jim [SC]	6/11/2009	Read twice and referred to the Committee on Finance	Structural	<u>SECTION 162. PURPOSE.</u> It is the purpose of this part to provide for the establishment of a nationwide health information technology network that--
Senior Navigation and Planning Act of 2009	S.1251	Sen Warner, Mark R. [VA]	6/11/2009	Read twice and referred to the Committee on Finance.	Population Health Monitoring	<u>SECTION 12. OFFICE OF MEDICARE/MEDICAID INTEGRATION.</u> (d) Study- Not later than January 1, 2011, the Secretary of Health and Human Services, in consultation with private health information technology stakeholders and in coordination with other Federal health information technology efforts, shall conduct a study to determine the data that the Office should collect and analyze in order to improve health care outcomes, create efficiencies in care delivery, and impact Federal health care spending.

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Home and Community Balanced Incentives Act of 2009	S.1256	Sen Cantwell, Maria [WA]	6/11/2009	Read twice and referred to the Committee on Finance	Population Health Monitoring and Standards	SECTION 101: ENHANCED FMAP FOR EXPANDING THE PROVISION OF NON-INSTITUTIONALLY-BASED LONG-TERM SERVICES AND SUPPORTS. (e) Oversight and Assessment- (1) DEVELOPMENT OF STANDARDIZED REPORTING REQUIREMENTS- (A) STANDARDIZATION OF DATA AND OUTCOME MEASURES- The Secretary of Health and Human Services shall consult with States and the National Governor's Association, the National Conference of State Legislatures, the National Association of State Medicaid Directors, the National Association of State Directors of Developmental Disabilities, and other appropriate organizations to develop specifications for standardization of-- (i) reporting of assessment data for long-term services and supports (as defined by the Secretary for purposes of section 1905(y)(5) of the Social Security Act) for each population served, including information standardized for purposes of certified EHR technology (as defined in section 1903(t)(3)(A) of the Social Security Act (42 U.S.C. 1396b(t)(3)(A)) and under other electronic medical records initiatives; and (ii) outcomes measures that track assessment processes for long-term services and supports (as so defined) for each such population that maintain and enhance individual function, independence, and stability.
Senior Navigation and Planning Act of 2009	S.1263	Sen Warner, Mark R. [VA]	6/15/2009	Read twice and referred to the Committee on Finance.	Population Health Monitoring	SECTION 12: OFFICE OF MEDICARE/MEDICAID INTEGRATION. (d) Study- Not later than January 1, 2011, the Secretary of Health and Human Services, in consultation with private health information technology stakeholders and in coordination with other Federal health information technology efforts, shall conduct a study to determine the data that the Office should collect and analyze in order to improve health care outcomes, create efficiencies in care delivery, and impact Federal health care spending.

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Medical Efficiency and Delivery Improvement of Care Act (MEDIC) of 2009	S.1262	Sen Cantwell, Maria [WA]	6/15/2009	Read twice and referred to the Committee on Finance	Population Health Monitoring,	SECTION 4101: ENHANCED FMAP FOR EXPANDING THE PROVISION OF NON-INSTITUTIONALLY-BASED LONG-TERM SERVICES AND SUPPORTS. (e) Oversight and Assessment- (1) DEVELOPMENT OF STANDARDIZED REPORTING REQUIREMENTS- (A) STANDARDIZATION OF DATA AND OUTCOME MEASURES- The Secretary of Health and Human Services shall consult with States and the National Governor's Association, the National Conference of State Legislatures, the National Association of State Medicaid Directors, the National Association of State Directors of Developmental Disabilities, and other appropriate organizations to develop specifications for standardization of-- (i) reporting of assessment data for long-term services and supports (as defined by the Secretary for purposes of section 1905(y)(5) of the Social Security Act) for each population served, including information standardized for purposes of certified EHR technology (as defined in section 1903(t)(3)(A) of the Social Security Act (42 U.S.C. 1396b(t)(3)(A)) and under other electronic medical records initiatives; and (ii) outcomes measures that track assessment processes for long-term services and supports (as so defined) for each such population that maintain and enhance individual function, independence, and stability.

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Consumers Health Care Act of 2009	S.1278	Sen Rockefeller, John D., IV [WV]	6/17/2009	Read twice and referred to the Committee on Finance.	Consumer Empowerment	SECTION 4: CONSUMER CHOICE HEALTH PLAN. (e) Providers- (4) PAYMENT RATES- (B) SUBSEQUENT PAYMENT RATES- Subject to subparagraph (C), upon the expiration of the 2-year period following the establishment of the Plan, the Director shall develop payment rates for reimbursement of providers in order to maintain an adequate provider network necessary to assure that enrollees in the Plan have adequate access to health care. In determining such payment rates, the Director shall consider-- (i) competitive provider payment rates in both the public and private sectors; (ii) best practices among providers; (iii) integrated models of care delivery (including medical home and chronic care coordination models); (iv) geographic variation in health care costs; (v) evidence-based practices; (vi) quality improvement; (vii) use of health information technology; and (viii) any additional measures, as determined by the Director.
Medicare Transitional Care Act of 2009	S.1295	Sen Shaheen, Jeanne [NH]	6/18/2009	Read twice and referred to the Committee on Finance.	Funding and Incentives	SECTION 3: MEDICARE COVERAGE OF TRANSITIONAL CARE. (3) ENCOURAGEMENT OF HIT- The Secretary may provide for an additional payment to encourage transitional care clinicians and qualified transitional care entities to use health information technology in the provision of transitional care services.
Women's Medical Home Demonstration Act	S.1303	Sen Menendez, Robert [NJ]	6/18/2009	Read twice and referred to the Committee on Finance.	Funding and Incentives	SECTION 2: WOMEN'S MEDICAL HOME DEMONSTRATION PROJECT. D) develop a women's medical home reimbursement methodology which shall include at a minimum-- (iii) recognition of expenses that the women's medical home practices will incur to acquire and utilize health information technology , such as clinical decision support tools, patient registries, or electronic medical records

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Medicare Payment Advisory Commission (MedPAC) Reform Act of 2009	S.1380	Sen Rockefeller, John D., IV [WV]	6/25/2009	Read twice and referred to the Committee on Finance.	Healthcare Delivery Transformation	SECTION 2: RENAMING AND REFORMING THE MEDICARE PAYMENT ADVISORY COMMISSION. (e) Research and Information Access- Section 1805(e) of the Social Security Act (42 U.S.C. 1395b-6(e)) is amended by adding at the end the following new paragraphs: (7) ELECTRONIC ACCESS- The National Director for Health Information Technology, in coordination with the Secretary, the Administrator of the Centers for Medicare & Medicaid Services, and the Commission, shall establish a direct electronic link for raw data, including claims data under this title, to be accessed by the Commission for the purposes of evaluating and determining recommendations under this title, in accordance with applicable privacy laws and data use agreements.
Medicare Senior Housing Plan Act of 2009	S.1384	Sen Cardin, Benjamin L. [MD]	6/25/2009	Read twice and referred to the Committee on Finance.	Healthcare Delivery Transformation	SECTION 2: SENIOR HOUSING FACILITY PLAN OPTION - (2) MEDICARE ADVANTAGE SENIOR HOUSING FACILITY PLAN DESCRIBED- For purposes of this subsection, a Medicare Advantage senior housing facility plan is a Medicare Advantage plan that-- (D) makes meaningful use of health information technology (as defined in section 3000(5) of the Public Health Service Act (42 U.S.C. 300jj(5)));
National Defense Authorization Act for Fiscal Year 2010	S.1390	Sen Levin, Carl [MI]	7/2/2009	Held at the desk	Structural	SECTION 732: DEPARTMENT OF DEFENSE TASK FORCE ON THE CARE, MANAGEMENT, AND TRANSITION OF RECOVERING WOUNDED, ILL, AND INJURED MEMBERS OF THE ARMED FORCES. (c) Report Required- (3) MATTERS TO BE REVIEWED AND ASSESSED- For purposes of the report, the Task Force shall review and assess the following: (B) The effectiveness of the Interagency Program Office in achieving fully interoperable electronic health records by September 30, 2009, in accordance with section 1635 of the Wounded Warrior Act (10 U.S.C. 1071 note).

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Department of Defense Authorization Act for Fiscal Year 2010	S.1391	Sen Levin, Carl [MI]	7/2/2009	Held at the desk	Structural	SECTION 732: DEPARTMENT OF DEFENSE TASK FORCE ON THE CARE, MANAGEMENT, AND TRANSITION OF RECOVERING WOUNDED, ILL, AND INJURED MEMBERS OF THE ARMED FORCES. (c) Report Required- (3) MATTERS TO BE REVIEWED AND ASSESSED- For purposes of the report, the Task Force shall review and assess the following: (B) The effectiveness of the Interagency Program Office in achieving fully interoperable electronic health records by September 30, 2009, in accordance with section 1635 of the Wounded Warrior Act (10 U.S.C. 1071 note).
Department of Veterans Affairs Hospital Quality Report Card Act of 2009	S.1427	Sen Wyden, Ron [OR]	7/9/2009	Committee on Veterans' Affairs. Hearings held.	Population Health Monitoring	SECTION. 1706A: Management of health care: Hospital Quality Report Card Initiative. `(2)(A) In reporting information pursuant to paragraph (1), the Secretary shall, except as provided in subparagraph (B), include to the maximum extent practicable information about Department medical centers relating to-- `(ix) use of health information technology systems
Affordable Health Choices Act	S.1679	Sen Harkin, Tom [IA]	9/17/2009	Placed on Senate Legislative Calendar under General Orders. Calendar No. 161.	Funding and Incentives	Subtitle G: Improving the Use of Health Information Technology for Enrollment; Miscellaneous Provisions - SECTION 185: Requires the Secretary to: (1) develop interoperable and secure standards and protocols that facilitate enrollment of individuals in federal and state health and human services programs; and (2) award grants to develop and adapt technology systems to implement such standards and protocols. Subtitle C: Civil and Criminal Penalties for Acts Involving Federal Health Care Programs; Exception to Limitation on Certain Physician Referrals - (Sec. 231) Amends titles XI (General Provisions, Peer Review, and Administrative Simplification) and XVIII (Medicare) of the Social Security Act (SSA) to create safe harbors from civil and criminal penalties in current anti-kickback laws for providing certain health information technology and training services.

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Health Professions and Primary Care Reinvestment Act	S.1720	Sen Reed, Jack [RI]	9/25/2009	Read twice and referred to the Committee on Health, Education, Labor, and Pensions.	Funding and Incentives	SECTION 2: EDUCATION AND TRAINING FOR DELIVERY SYSTEM REFORM. (c) Priorities in Making Awards- In awarding grants or contracts under this section, the Secretary shall give priority to qualified applicants that- - (6) provide training in enhanced communication with patients, evidence-based practice, chronic disease management, preventive care, health information technology , or other competencies as recommended by the Advisory Committee on Training in Primary Care Medicine and Dentistry
Family Asthma Act	S.1760	Sen Lautenberg, Frank R. [NJ]	10/7/2009	Read twice and referred to the Committee on Health, Education, Labor, and Pensions	Funding and Incentives	SECTION 3: FAMILY ASTHMA CLINICAL AND ENVIRONMENTAL HEALTH RESEARCH GRANTS. (a) Purpose- The purpose of this section is to authorize the National Institutes of Health to award grants to carry out pilot projects to prevent and control asthma symptoms and to reduce asthma attacks and improve patient self-management for individuals and in families containing individuals with asthma including-- (1) utilizing electronic health records, telehealth, and other novel electronic communications to prevent acute asthma attacks, and to improve asthma surveillance activities as described under section 317I(c). SEC. 5. ASTHMA-RELATED ACTIVITIES OF THE CENTERS FOR DISEASE CONTROL AND PREVENTION. (c) Compilation of Data- The Secretary, acting through the Director of the Centers for Disease Control and Prevention, shall, in cooperation with State and local public health officials-- (1) conduct asthma surveillance activities to collect data on the prevalence and severity of asthma, the effectiveness of public health asthma interventions, and the quality of asthma management, including-- (A) collection of household data on the local burden of asthma; (B) surveillance of health care facilities; and (C) collection of data not containing individually identifiable information from electronic health records or other electronic communications.

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Indian Health Care Improvement Reauthorization and Extension Act of 2009	S.1790	Sen Dorgan, Byron L. [ND]	10/15/2009	Placed on Senate Legislative Calendar under General Orders. Calendar No. 233.	Funding and Incentives	SECTION 518: HEALTH INFORMATION TECHNOLOGY. Authorizes the Secretary, acting through the Service, to make grants to urban Indian organizations for the development, adoption, and implementation of health information technology, telemedicine services development, and related infrastructure. Note: The bill as reported by the Senate Committee on Indian Affairs was enacted into law, with minor changes, by section 10221 of the Patient Protection and Affordable Care Act

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America's Healthy Future Act of 2009	S. 1796	Sen Baucus, Max [MT]	10/19/2009	Placed on Senate Legislative Calendar under General Orders. Calendar No. 184 (10/19/2009)	Funding and Incentives	SECTION 253: DEMONSTRATION PROJECTS FOR USE OF TELEMEDICINE SERVICES IN ADVANCE CARE PLANNING. In General- Not later than July 1, 2013, the Secretary shall establish a demonstration program to reimburse eligible entities for costs associated with the use of telemedicine services (including equipment and connection costs) to provide advance care planning consultations with geographically distant physicians and their patients. (b) Duration- The demonstration project under this section shall be conducted for at least a 3-year period. (c) Definitions- For purposes of this section:(1) The term eligible entity means a physician or an advance practice nurse who provides services pursuant to a hospital-based palliative care program (as defined in section 262 (d) (1)). (2) The term geographically distant has the meaning given that term by the Secretary for purposes of conducting the demonstration program established under this section. (3) The term telemedicine services means a service or consultation provided via telecommunication equipment that allows an entity to exchange or discuss medical information with a patient or a health care professional at a separate location through real-time videoconferencing, or a similar format, for the purpose of providing health care diagnosis and treatment. (d) Funding- There are authorized to be appropriated to the Secretary such sums as may be necessary to carry out this section.

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ENHANCED Act of 2009	S.1857	Sen Stabenow, Debbie [MI]	10/22/2009	Read twice and referred to the Committee on Health, Education, Labor, and Pensions	Structural	SECTION 3: CENTERS OF EXCELLENCE FOR DEPRESSION. (3) COORDINATION AND INTEGRATION OF PHYSICAL, MENTAL, AND SOCIAL CARE- Each center of excellence shall-- (E) use electronic health records and telehealth technology to better coordinate and manage, and improve access to, care, as determined by the coordinating center.
Small Business Health Information Technology Financing Act of 2009	S.2765	Sen Kerry, John F. [MA]	11/10/2009	Read twice and referred to the Committee on Small Business and Entrepreneurship.	Funding and Incentives	SECTION 44: LOAN GUARANTEES FOR HEALTH INFORMATION TECHNOLOGY. Amends the Small Business Act to authorize the Administrator of the Small Business Administration (SBA) to guarantee up to 90% of the amount of a loan, up to specified loan amounts, to a small business health professional to be used for the acquisition and installation of health information technology for the professional's medical practice. Defines the term "health information technology" to mean computer hardware, software, and related technology that supports the meaningful electronic health record use requirements of title XVIII (Medicare) of the Social Security Act and is purchased by an eligible professional to aid in the provision of health care, including electronic medical records, but excludes information technology whose sole use is financial management, maintenance of inventory of basic supplies, or appointment scheduling.
Rural Health Access and Improvement Act of 2009	S.2838	Sen Bennet, Michael F. [CO]	12/4/2009	Read twice and referred to the Committee on Health, Education, Labor, and Pensions.	Funding and Incentives	SECTION 2: GRANTS TO PROMOTE HOSPITAL HEALTH INFORMATION TECHNOLOGY. Section 3013 of the Public Health Service Act (42 U.S.C. 300jj-33) is amended by adding at the end the following: '(j) Priority- In awarding a grant under this section, the Secretary shall give priority to qualified State-designated entities that are critical access hospitals, as defined in section 1861(mm) of the Social Security Act.'

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Foreign Relations Authorization Act, Fiscal Years 2010 and 2011	S.2971	Sen Kerry, John F. [MA]	1/29/2010	Committee on Foreign Relations. Ordered to be reported with an amendment in the nature of a substitute favorably.	Workforce	SECTION 224: LOCALLY EMPLOYED STAFF. (b) Review- (3) PAY SCALES FOR LOCALLY EMPLOYED PROFESSIONALS- The review under paragraph (1)(A) shall include a summary of efforts to address pay scales for locally employed staff to ensure adequate compensation for professional level positions, such as medical officers, laboratory management, public health information technology positions, and other highly skilled positions.
A bill to amend the Fair Credit Reporting Act to provide for an exclusion from Red Flag Guidelines for certain businesses.	S. 3416	Sen Thune, John [SD]	5/25/2010	Read twice and referred to the Committee on Banking, Housing, and Urban Affairs	Privacy and Security	SECTION 1: EXCLUSION FOR CERTAIN SMALL BUSINESSES. Amends the Fair Credit Reporting Act with respect to the duties of users of consumer reports who take adverse actions on the basis of information contained in such reports. Excludes any health care practice, accounting practice, or legal practice with 20 or fewer employees from the meaning of creditor subject to Red Flag Guidelines regarding identity theft promulgated by the proper federal financial regulatory agency. Excludes any other business which the Federal Trade Commission (FTC) determines: (1) knows all its customers or clients individually; (2) only performs services in or around the residences of its customers; or (3) has not experienced incidents of identity theft, and identity theft is rare for businesses of that type. States that such exclusion shall no longer apply to any business that can no longer meet such eligibility criteria.

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National Defense Authorization Act for Fiscal Year 2011	S.3454	Sen Levin, Carl [MI]	6/4/2010	Placed on Senate Legislative Calendar under General Orders. Calendar No. 414.	Healthcare Delivery Transformation	SECTION 704: PLAN FOR ENHANCEMENT OF QUALITY, EFFICIENCIES, AND SAVINGS IN THE MILITARY HEALTH CARE SYSTEM. (b) Potential Actions- In developing the plan required by subsection (a), the Secretary shall consider a variety of potential actions, including, but not limited to, the following: (5) Full deployment of electronic health records management. SEC. 712. COMPREHENSIVE POLICY ON CONSISTENT AUTOMATED NEUROLOGICAL COGNITIVE ASSESSMENTS OF MEMBERS OF THE ARMED FORCES BEFORE AND AFTER DEPLOYMENT. (6) The compatibility of electronic documentation of cognitive assessment test results and follow-up referrals with the electronic health record systems of the Department of Defense and the Department of Veterans Affairs.
Department of Defense Authorization Act for Fiscal Year 2011	S.3455	Sen Levin, Carl [MI]	6/4/2010	Placed on Senate Legislative Calendar under General Orders. Calendar No. 415.	Healthcare Delivery Transformation	SECTION 704: PLAN FOR ENHANCEMENT OF QUALITY, EFFICIENCIES, AND SAVINGS IN THE MILITARY HEALTH CARE SYSTEM. (b) Potential Actions- In developing the plan required by subsection (a), the Secretary shall consider a variety of potential actions, including, but not limited to, the following: (5) Full deployment of electronic health records management. SEC. 712. COMPREHENSIVE POLICY ON CONSISTENT AUTOMATED NEUROLOGICAL COGNITIVE ASSESSMENTS OF MEMBERS OF THE ARMED FORCES BEFORE AND AFTER DEPLOYMENT. (6) The compatibility of electronic documentation of cognitive assessment test results and follow-up referrals with the electronic health record systems of the Department of Defense and the Department of Veterans Affairs.

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Department of Defense Authorization Act for Fiscal Year 2011	S.3455	Sen Levin, Carl [MI]	6/4/2010	Placed on Senate Legislative Calendar under General Orders. Calendar No. 415.	Healthcare Delivery Transformation	SECTION 704: PLAN FOR ENHANCEMENT OF QUALITY, EFFICIENCIES, AND SAVINGS IN THE MILITARY HEALTH CARE SYSTEM. (b) Potential Actions- In developing the plan required by subsection (a), the Secretary shall consider a variety of potential actions, including, but not limited to, the following: (5) Full deployment of electronic health records management. SEC. 712. COMPREHENSIVE POLICY ON CONSISTENT AUTOMATED NEUROLOGICAL COGNITIVE ASSESSMENTS OF MEMBERS OF THE ARMED FORCES BEFORE AND AFTER DEPLOYMENT. (6) The compatibility of electronic documentation of cognitive assessment test results and follow-up referrals with the electronic health record systems of the Department of Defense and the Department of Veterans Affairs.

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Electronic Health Record Incentives for Multi-Campus Hospitals Act of 2010'	S. 3708	Charles Schumer (D-NY)	7/05/2010	Referred to the Senate Finance, Subcommittee on	Funding and Incentives	SECTION 2: CLARIFICATION OF INCENTIVES FOR MULTI-CAMPUS HOSPITALS FOR ADOPTION AND MEANINGFUL USE OF CERTIFIED ELECTRONIC HEALTH RECORDS. Special Rule for Applying Medicare EHR Incentive Payments to Remote Inpatient Locations of a Hospital- Section 1886(n) of the Social Security Act (42 U.S.C. 1395ww(n)) is amended--(1) in paragraph (2), by adding at the end the following new subparagraph: (H) SPECIAL RULE FOR REMOTE INPATIENT LOCATIONS OF A HOSPITAL- (i) IN GENERAL- In the case of an eligible hospital that consists of a qualified main provider and one or more qualified remote inpatient locations, the hospital may elect (in such form and manner as specified by the Secretary) for all applicable payment years to--(I) substitute the base amount alternative described in clause (ii) for the base amount described in subparagraph (A)(i)(I); or '(II) substitute the discharge related amount alternative described in clause (iii) for the discharge related amount described in subparagraph (A)(i)(II). The election described in the previous sentence, with respect to an eligible hospital, shall be made once for such hospital and shall apply to such hospital for all applicable payment years. (ii) BASE AMOUNT ALTERNATIVE- The base amount alternative described in this clause with respect to an eligible hospital is the product of--'(I) the base amount specified in subparagraph (B); and '(II) the total number of all qualified component facilities of the hospital. An election to substitute the base amount alternative described in this clause shall not affect the computation of the discharge related amount specified in subparagraph (C) for the eligible hospital.

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Health Information Technology Extension for Behavioral Health Services Act of 2010'	S. 3709	Sheldon Whitehouse (D-RI)	7/05/2010	Referred to the Senate Finance, Subcommittee on	Healthcare Delivery Transformation	<p><u>SECTION 2: EXTENSION OF HEALTH INFORMATION TECHNOLOGY ASSISTANCE FOR BEHAVIORAL HEALTH AND MENTAL HEALTH AND SUBSTANCE ABUSE.</u> Section 3000(3) of the Public Health Services Act (42 U.S.C. 300jj(3)) is amended by inserting a behavioral or mental health professional (as defined in section 331 (a)(3)(E)(i), a substance abuse professional, a psychiatric hospital (as defined in section 1861 (f) of the Social Security Act), a community mental health center (as described in section 1913 (b)(2)), a mental health treatment facility, a substance abuse treatment facility; before and any other category.</p> <p><u>SECTION 3: EXTENSION OF HEALTH INFORMATION TECHNOLOGY ASSISTANCE FOR BEHAVIORAL HEALTH AND MENTAL HEALTH AND SUBSTANCE ABUSE.</u> Section 3012 C (4) of the Public Health Service Act (42 U.S.C. 300jj-32 c(4) is amended by adding at the end the following:</p> <p>(E) Community mental health centers (as described in section 1913 (b) (2)), psychiatric hospitals (as defined in section 1861 (f) of the Social Security Act), behavioral and mental health professionals (as defined in section 331 (a) (3) (E) (i)) substance abuse professionals, mental health treatment facilities and substance abuse treatment facilities.</p>

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Authorizes the Secretary of Veterans Affairs (VA) to waive the imposition or collection of copayments	S. 3325	Mark Begich (D-AK)	05/06/2010	Placed on Senate Legislative Calendar under General Orders. Calendar No. 557.	Healthcare Delivery Transformation	SECTION 108: ONE-STOP INTERNET WEBSITE FOR INFORMATION ON BENEFITS, RESOURCES, SERVICES, AND OPPORTUNITIES FOR VETERANS AND THEIR FAMILIES AND CAREGIVERS. (a) One-Stop Internet Website for Information on Benefits, Resources, Services, and Opportunities for Veterans and Their Families and Caregivers- (1) IN GENERAL- The Secretary of Veterans Affairs may establish and maintain an interactive Internet website that provides information on the benefits, resources, services, and opportunities described in subsection (b). The Secretary may enter into a contract with an appropriate Federal or private sector entity for purposes of establishing or maintaining the website. (2) NATURE OF WEBSITE- The website shall-- (A) serve to consolidate, expand on, and improve information and links from other existing Internet websites relating to the benefits, resources, services, and opportunities described in subsection (b), and may include such other information and links on such benefits, resources, services, and opportunities as the Secretary considers appropriate; and (B) integrate dynamic Internet features and virtual interface tools to provide veterans a personalized, interactive, and user-centered Internet experience and increase interoperability and facilitate collaborative information sharing. (3) UTILIZATION OF EXISTING WEBSITE IN ESTABLISHMENT- In establishing the website, the Secretary may utilize an existing Internet website, such as the National Resource Directory for wounded veterans, as the basis for the website, in order to avoid unnecessary duplication of effort.

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