

S 2511

Improving Health Information Technology Act

Congress: 114 (2015–2017, Ended)

Chamber: Senate

Policy Area: Health

Introduced: Feb 8, 2016

Current Status: Placed on Senate Legislative Calendar under General Orders. Calendar No. 418.

Latest Action: Placed on Senate Legislative Calendar under General Orders. Calendar No. 418. (Apr 5, 2016)

Official Text: <https://www.congress.gov/bill/114th-congress/senate-bill/2511>

Sponsor

Name: Sen. Alexander, Lamar [R-TN]

Party: Republican • **State:** TN • **Chamber:** Senate

Cosponsors (5 total)

Cosponsor	Party / State	Role	Date Joined
Sen. Bennet, Michael F. [D-CO]	D · CO		Feb 8, 2016
Sen. Cassidy, Bill [R-LA]	R · LA		Feb 8, 2016
Sen. Hatch, Orrin G. [R-UT]	R · UT		Feb 8, 2016
Sen. Murray, Patty [D-WA]	D · WA		Feb 8, 2016
Sen. Whitehouse, Sheldon [D-RI]	D · RI		Feb 8, 2016

Committee Activity

Committee	Chamber	Activity	Date
Health, Education, Labor, and Pensions Committee	Senate	Reported By	Apr 5, 2016

Subjects & Policy Tags

Policy Area:

Health

Related Bills

No related bills are listed.

Improving Health Information Technology Act

(Sec. 2) This bill amends the Health Information Technology for Economic and Clinical Health Act to require the Department of Health and Human Services (HHS) to establish a goal, develop a strategy, and make recommendations to reduce regulatory or administrative burdens relating to the use of electronic health records (EHR).

This bill amends the Public Health Service Act to require the Office of the National Coordinator for Health Information Technology (ONC) to encourage, keep, or recognize the certification of health information technology (IT) for use in medical specialties. HHS must adopt certification criteria to support health IT for pediatrics.

HHS must publish attestation statistics for the Medicare and Medicaid EHR Meaningful Use Incentive programs. (Health care providers in these programs must attest to meaningful use of EHR to avoid a penalty.)

(Sec. 3) The ONC may publish information demonstrating how health IT meets certification criteria or other requirements. Certification criteria must include meeting security requirements, incorporating user-centered design, and achieving interoperability. For health IT to be certified, the developer must: (1) not engage in information blocking, which is preventing, discouraging, or interfering with the access, exchange, or use of information; (2) permit unimpeded communication among health IT users and with certification bodies, the ONC, and others; (3) allow information from the health IT to be exchanged, accessed, and used; and (4) report on HHS criteria regarding the features and functionality of the health IT.

HHS must develop a rating system for health IT. Health IT with a low rating must be improved by the developer or decertified. A provider whose adopted health IT is decertified is exempted from penalties under the Medicare EHR Meaningful Use Incentive program.

(Sec. 4) Developers of health IT and providers may be penalized for engaging in information blocking.

The ONC must issue guidance on the secure exchange of electronic health information.

(Sec. 5) The ONC must convene stakeholders to develop a framework and agreement for the secure exchange of health information between networks and provide for testing of the framework and agreement. The ONC must publish a list of networks that have adopted the agreement.

HHS must establish an index of digital contact information for health professionals, health facilities, and others to encourage the exchange of health information.

In adopting standards for exchange of electronic health information, HHS must give deference to standards published by certain standards bodies.

(Sec. 6) To be certified, health IT must be capable of transmitting to and receiving from data registries certified by the ONC.

HHS must report on best practices and current trends provided by patient safety organizations to improve the integration of health IT into clinical practice.

(Sec. 7) The ONC, in coordination with the HHS Office for Civil Rights, must: (1) encourage partnerships between health

information exchanges and others to offer patients access to their electronic health information, (2) educate providers on health information exchanges, (3) issue guidance to health information exchanges on best practices, and (4) ensure patient access to health information in a convenient form.

HHS, in consultation with the ONC, must promote policies to facilitate patient communication with providers.

The HHS Office for Civil Rights must assist individuals and health care providers in understanding a patient's rights to access and protect their personal health information.

The ONC must direct health IT certification programs to require health IT to support usability features.

(Sec. 8) The Government Accountability Office must review the policies and activities of the ONC and stakeholders to ensure correct matching of a patient to electronic health information.

Actions Timeline

- **Apr 5, 2016:** Committee on Health, Education, Labor, and Pensions. Reported by Senator Alexander with an amendment in the nature of a substitute. Without written report.
- **Apr 5, 2016:** Placed on Senate Legislative Calendar under General Orders. Calendar No. 418.
- **Feb 9, 2016:** Committee on Health, Education, Labor, and Pensions. Ordered to be reported with an amendment in the nature of a substitute favorably.
- **Feb 8, 2016:** Introduced in Senate
- **Feb 8, 2016:** Read twice and referred to the Committee on Health, Education, Labor, and Pensions.