

**[Committee Print]**

[JUNE 13, 2006]

109<sup>TH</sup> CONGRESS  
2<sup>D</sup> SESSION**H. R. 4157**

To amend the Social Security Act to encourage the dissemination, security, confidentiality, and usefulness of health information technology.

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**IN THE HOUSE OF REPRESENTATIVES**

OCTOBER 27, 2005

Mrs. JOHNSON of Connecticut (for herself, Mr. DEAL of Georgia, Mr. BLUNT, Mr. CANTOR, Mr. McCRERY, Mr. SAM JOHNSON of Texas, Mr. CAMP, Mr. RAMSTAD, Mr. ENGLISH of Pennsylvania, Mr. HAYWORTH, Mr. HULSHOF, Mr. HERGER, Mr. LEWIS of Kentucky, Mr. WELLER, Mr. RYAN of Wisconsin, Mr. BEAUPREZ, Mr. UPTON, Mrs. WILSON of New Mexico, Mr. BASS, Mr. TERRY, Mr. MURPHY, Mr. BRADLEY of New Hampshire, Mr. BOEHLERT, Mr. CASTLE, Mrs. EMERSON, Mr. GERLACH, Mr. HOBSON, Mrs. KELLY, Mr. JINDAL, Mr. SCHWARZ of Michigan, Mr. SHAYS, and Mr. SIMMONS) introduced the following bill; which was referred to the Committee on Energy and Commerce, and in addition to the Committee on Ways and Means, for a period to be subsequently determined by the Speaker, in each case for consideration of such provisions as fall within the jurisdiction of the committee concerned

MAY 24, 2006

[Reported from the Subcommittee on Health amended]

[Strike out all after the enacting clause and insert the part printed in italic]

[For text of the introduced bill, see copy of bill as introduced on October 27, 2005]

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## A BILL

To amend the Social Security Act to encourage the dissemination, security, confidentiality, and usefulness of health information technology.

1 *Be it enacted by the Senate and House of Representa-*  
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE AND TABLE OF CONTENTS.**

4 (a) *SHORT TITLE.*—*This Act may be cited as the*  
5 *“Health Information Technology Promotion Act of 2006”.*

6 (b) *TABLE OF CONTENTS.*—*The table of contents of this*  
7 *Act is as follows:*

*Sec. 1. Short title and table of contents.*

*Sec. 2. Office of the National Coordinator for Health Information Technology.*

*Sec. 3. Safe harbors for provision of health information technology and services to health care professionals.*

*Sec. 4. Consistency and variation in health information laws and regulations.*

*Sec. 5. Implementing modern coding system; application under part A of the Medicare program.*

*Sec. 6. Procedures to ensure timely updating of standards that enable electronic exchanges.*

*Sec. 7. Report on the American Health Information Community.*

*Sec. 8. Strategic plan for coordinating implementation of health information technology.*

*Sec. 9. Promotion of telehealth services.*

8 **SEC. 2. OFFICE OF THE NATIONAL COORDINATOR FOR**  
9 **HEALTH INFORMATION TECHNOLOGY.**

10 (a) *IN GENERAL.*—*Title II of the Public Health Serv-*  
11 *ice Act is amended by adding at the end the following new*  
12 *part:*



1       *availability and transparency of information related*  
2       *to the health care needs of an individual for such in-*  
3       *dividual;*

4               “(3) ensures that appropriate information nec-  
5       *essary to make medical decisions is available in a us-*  
6       *able form at the time and in the location that the*  
7       *medical service involved is provided;*

8               “(4) produces greater value for health care ex-  
9       *penditures by reducing health care costs that result*  
10       *from inefficiency, medical errors, inappropriate care,*  
11       *and incomplete information;*

12               “(5) promotes a more effective marketplace,  
13       *greater competition, greater systems analysis, in-*  
14       *creased choice, enhanced quality, and improved out-*  
15       *comes in health care services;*

16               “(6) improves the coordination of information  
17       *and the provision of such services through an effective*  
18       *infrastructure for the secure and authorized exchange*  
19       *and use of health care information; and*

20               “(7) ensures that the confidentiality of individ-  
21       *ually identifiable health information of a patient is*  
22       *secure and protected.*

23       “(c) *DUTIES OF NATIONAL COORDINATOR.—*

24               “(1) *STRATEGIC PLANNER FOR INTEROPERABLE*  
25       *HEALTH INFORMATION TECHNOLOGY.—The National*

1        *Coordinator shall maintain, direct, and oversee the*  
2        *continuous improvement of a strategic plan to guide*  
3        *the nationwide implementation of interoperable health*  
4        *information technology in both the public and private*  
5        *health care sectors consistent with subsection (b).*

6            *“(2) PRINCIPAL ADVISOR TO HHS.—The Na-*  
7        *tional Coordinator shall serve as the principal advi-*  
8        *sor of the Secretary on the development, application,*  
9        *and use of health information technology, and coordi-*  
10       *nate the health information technology programs of*  
11       *the Department of Health and Human Services.*

12           *“(3) COORDINATOR OF FEDERAL GOVERNMENT*  
13       *ACTIVITIES.—*

14           *“(A) IN GENERAL.—The National Coordi-*  
15       *nator shall serve as the coordinator of Federal*  
16       *Government activities relating to health informa-*  
17       *tion technology.*

18           *“(B) SPECIFIC COORDINATION FUNC-*  
19       *TIONS.—In carrying out subparagraph (A), the*  
20       *National Coordinator shall provide for—*

21           *“(i) the development and approval of*  
22       *standards used in the electronic creation,*  
23       *maintenance, or exchange of health infor-*  
24       *mation; and*

1                   “(i) the certification and inspection of  
2                   health information technology products, ex-  
3                   changes, and architectures to ensure that  
4                   such products, exchanges, and architectures  
5                   conform to the applicable standards ap-  
6                   proved under clause (i).

7                   “(C) *USE OF PRIVATE ENTITIES.*—The Na-  
8                   tional Coordinator shall, to the maximum extent  
9                   possible, contract with or recognize private enti-  
10                  ties in carrying out subparagraph (B).

11                  “(D) *UNIFORM APPLICATION OF STAND-*  
12                  *ARDS.*—A standard approved under subpara-  
13                  graph (B)(i) for use in the electronic creation,  
14                  maintenance, or exchange of health information  
15                  shall preempt a standard adopted under State  
16                  law, regulation, or rule for such a use.

17                  “(4) *INTRAGOVERNMENTAL COORDINATOR.*—The  
18                  National Coordinator shall ensure that health infor-  
19                  mation technology policies and programs of the De-  
20                  partment of Health and Human Services are coordi-  
21                  nated with those of relevant executive branch agencies  
22                  and departments with a goal to avoid duplication of  
23                  effort and to ensure that each agency or department  
24                  conducts programs within the areas of its greatest ex-  
25                  pertise and its mission in order to create a national

1        *interoperable health information system capable of*  
2        *meeting national public health needs effectively and*  
3        *efficiently.*

4            “(5) *ADVISOR TO OMB.—The National Coordi-*  
5        *nator shall provide to the Director of the Office of*  
6        *Management and Budget comments and advice with*  
7        *respect to specific Federal health information tech-*  
8        *nology programs.*

9            “(d) *AUTHORIZATION OF APPROPRIATIONS.—There*  
10       *are authorized to be appropriated such sums as may be nec-*  
11       *essary to carry out this section for each of fiscal years 2006*  
12       *through 2010.”.*

13           (b) *TREATMENT OF EXECUTIVE ORDER 13335.—Exec-*  
14       *utive Order 13335 shall not have any force or effect after*  
15       *the date of the enactment of this Act.*

16           (c) *TRANSITION FROM ONCHIT UNDER EXECUTIVE*  
17       *ORDER.—*

18           (1) *IN GENERAL.—All functions, personnel, as-*  
19       *sets, liabilities, administrative actions, and statutory*  
20       *reporting requirements applicable to the old National*  
21       *Coordinator or the Office of the old National Coordi-*  
22       *nator on the date before the date of the enactment of*  
23       *this Act shall be transferred, and applied in the same*  
24       *manner and under the same terms and conditions, to*  
25       *the new National Coordinator and the Office of the*

1        *new National Coordinator as of the date of the enact-*  
2        *ment of this Act.*

3            (2) *ACTING NATIONAL COORDINATOR.*—*Before the*  
4        *appointment of the new National Coordinator, the old*  
5        *National Coordinator shall act as the National Coor-*  
6        *dinator for Health Information Technology until the*  
7        *office is filled as provided in section 271(a) of the*  
8        *Public Health Service Act, as added by subsection (a).*  
9        *The President may appoint the old National Coordi-*  
10       *nator as the new National Coordinator.*

11           (3) *DEFINITIONS.*—*For purposes of this sub-*  
12       *section:*

13            (A) *NEW NATIONAL COORDINATOR.*—*The*  
14        *term “new National Coordinator” means the Na-*  
15        *tional Coordinator for Health Information Tech-*  
16        *nology appointed under section 271(a) of the*  
17        *Public Health Service Act, as added by sub-*  
18        *section (a).*

19            (B) *OLD NATIONAL COORDINATOR.*—*The*  
20        *term “old National Coordinator” means the Na-*  
21        *tional Coordinator for Health Information Tech-*  
22        *nology appointed under Executive Order 13335.*

1 **SEC. 3. SAFE HARBORS FOR PROVISION OF HEALTH INFOR-**  
2 **MATION TECHNOLOGY AND SERVICES TO**  
3 **HEALTH CARE PROFESSIONALS.**

4 (a) *FOR CIVIL PENALTIES.*—Section 1128A(b) of the  
5 *Social Security Act (42 U.S.C. 1320a-7a(b))* is amended  
6 *by adding at the end the following new paragraph:*

7 “(4)(A) *For purposes of this subsection, a payment de-*  
8 *scribed in paragraph (1) does not include any nonmonetary*  
9 *remuneration (in the form of health information technology*  
10 *and related services) made on or after the HIT effective date*  
11 *(as defined in subparagraph (B)(ii)) by a hospital or crit-*  
12 *ical access hospital to a physician if the following require-*  
13 *ments are met:*

14 “(i) *The provision of such remuneration is made*  
15 *without a condition that—*

16 “(I) *limits or restricts the use of the health*  
17 *information technology to services provided by*  
18 *the physician to individuals receiving services at*  
19 *the location of the hospital or critical access hos-*  
20 *pital providing such technology;*

21 “(II) *limits or restricts the use of the health*  
22 *information technology in conjunction with other*  
23 *health information technology; or*

24 “(III) *takes into account the volume or*  
25 *value of referrals (or other business generated) by*

1           *the physician to the hospital or critical access*  
2           *hospital.*

3           “(i) *Such remuneration is arranged for in a*  
4           *written agreement that is signed by a representative*  
5           *of the hospital or critical access hospital and by the*  
6           *physician and that specifies the remuneration made*  
7           *and states that the provision of such remuneration is*  
8           *made for the primary purpose of better coordination*  
9           *of care or improvement of health care quality or effi-*  
10          *ciency.*

11          “(B) *For purposes of subparagraph (A) and sections*  
12          *1128B(b)(3)(J) and 1877(e)(9)—*

13           “(i) *the term ‘health information technology’*  
14           *means hardware, software, license, intellectual prop-*  
15           *erty, equipment, or other information technology (in-*  
16           *cluding new versions, upgrades, and connectivity) or*  
17           *related services used for the electronic creation, main-*  
18           *tenance, and exchange of clinical health information;*  
19           *and*

20           “(ii) *the term ‘HIT effective date’ means the date*  
21           *that is 180 days after the date of the enactment of*  
22           *this paragraph.”.*

23          **(b) FOR CRIMINAL PENALTIES.**—*Section 1128B(b)(3)*  
24          *of such Act (42 U.S.C. 1320a-7b(b)(3)) is amended—*

1           (1) *in subparagraph (G), by striking “and” at*  
2           *the end;*

3           (2) *in the subparagraph (H) added by section*  
4           *237(d) of the Medicare Prescription Drug, Improve-*  
5           *ment, and Modernization Act of 2003 (Public Law*  
6           *108–173; 117 Stat. 2213)—*

7           (A) *by moving such subparagraph 2 ems to*  
8           *the left; and*

9           (B) *by striking the period at the end and*  
10          *inserting a semicolon;*

11          (3) *in the subparagraph (H) added by section*  
12          *431(a) of such Act (117 Stat. 2287)—*

13          (A) *by redesignating such subparagraph as*  
14          *subparagraph (I);*

15          (B) *by moving such subparagraph 2 ems to*  
16          *the left; and*

17          (C) *by striking the period at the end and*  
18          *inserting “; and”; and*

19          (4) *by adding at the end the following new sub-*  
20          *paragraph:*

21                *“(J) any nonmonetary remuneration (in the*  
22                *form of health information technology, as defined in*  
23                *section 1128A(b)(4)(B)(i), and related services) solic-*  
24                *ited or received by a person on or after the HIT effec-*  
25                *tive date (as defined in section 1128A(b)(4)(B)(ii))*

1       *(or offered or paid to a person on or after such date)*

2       *if—*

3               *“(i) such remuneration is solicited or re-*  
4               *ceived (or offered or paid) without a condition*  
5               *that—*

6                       *“(I) limits or restricts the use of the*  
7                       *health information technology to services*  
8                       *provided by the person to individuals re-*  
9                       *ceiving services at the location of the entity*  
10                      *providing such technology;*

11                      *“(II) limits or restricts the use of the*  
12                      *health information technology in conjunc-*  
13                      *tion with other health information tech-*  
14                      *nology; or*

15                      *“(III) takes into account the volume or*  
16                      *value of referrals (or other business gen-*  
17                      *erated) by the person to the entity providing*  
18                      *such technology; and*

19                      *“(ii) such remuneration is arranged for in*  
20                      *a written agreement that is signed by a rep-*  
21                      *resentative of the entity and by the physician*  
22                      *and that specifies the remuneration made and*  
23                      *states that the provision of such remuneration is*  
24                      *made for the primary purpose of better coordina-*

1            *tion of care or improvement of health care qual-*  
2            *ity or efficiency.”.*

3            *(c) FOR LIMITATION ON CERTAIN PHYSICIAN REFER-*  
4            *RALS.—Section 1877(e) of such Act (42 U.S.C. 1395nn(e))*  
5            *is amended by adding at the end the following new para-*  
6            *graph:*

7            *“(9) INFORMATION TECHNOLOGY AND SERV-*  
8            *ICES.—Any nonmonetary remuneration (in the form*  
9            *of health information technology, as defined in section*  
10           *1128A(b)(4)(B)(i), and related services) made on or*  
11           *after the HIT effective date (as defined in section*  
12           *1128A(b)(4)(B)(ii)) by an entity to a physician if the*  
13           *following requirements are met:*

14           *“(A) The provision of such remuneration is*  
15           *made without a condition that—*

16           *“(i) limits or restricts the use of the*  
17           *health information technology to services*  
18           *provided by the physician to individuals re-*  
19           *ceiving services at the location of the entity*  
20           *providing such technology;*

21           *“(ii) limits or restricts the use of the*  
22           *health information technology in conjunc-*  
23           *tion with other health information tech-*  
24           *nology; or*

1                   “(iii) takes into account the volume or  
2                   value of referrals (or other business gen-  
3                   erated) by the physician to the entity pro-  
4                   viding such technology.

5                   “(B) Such remuneration is arranged for in  
6                   a written agreement that is signed by a rep-  
7                   resentative of the entity and by the physician  
8                   and that specifies the remuneration made and  
9                   states that the provision of such remuneration is  
10                  made for the primary purpose of better coordina-  
11                  tion of care or improvement of health care qual-  
12                  ity or efficiency.”.

13                  (d) *REGULATION, EFFECTIVE DATE, AND EFFECT ON*  
14                  *STATE LAWS.*—

15                  (1) *REGULATIONS.*—Not later than the *HIT* ef-  
16                  fective date, the Secretary of Health and Human  
17                  Services shall promulgate such regulations as may be  
18                  necessary to carry out the provisions of this section.

19                  (2) *HIT EFFECTIVE DATE DEFINED.*—For pur-  
20                  poses of this subsection and subsection (e), the term  
21                  “*HIT effective date*” has the meaning given such term  
22                  in section 1128A(b)(4)(B)(ii) of the Social Security  
23                  Act, as added by subsection (a).

24                  (3) *PREEMPTION OF STATE LAWS.*—No State (as  
25                  defined in section 4(c)(3)) shall have in effect a State

1       *law that imposes a criminal or civil penalty for a*  
2       *transaction described in section 1128A(b)(4),*  
3       *1128B(b)(3)(J), or 1877(e)(9) of the Social Security*  
4       *Act, as added by this section, if the conditions de-*  
5       *scribed in the respective section of such Act, with re-*  
6       *spect to such transaction, are met.*

7       *(e) STUDY AND REPORT TO ASSESS EFFECT OF SAFE*  
8       *HARBORS AND EXCEPTION ON HEALTH SYSTEM.—*

9               *(1) IN GENERAL.—The Secretary of Health and*  
10       *Human Services shall conduct a study to determine*  
11       *the impact of each of the safe harbors and the excep-*  
12       *tion described in paragraph (3). In particular, the*  
13       *study shall examine the following:*

14               *(A) The effectiveness of each safe harbor and*  
15       *exception in increasing the adoption of health*  
16       *information technology.*

17               *(B) The types of health information tech-*  
18       *nology provided under each safe harbor and ex-*  
19       *ception.*

20               *(C) The extent to which the financial or*  
21       *other business relationships between providers*  
22       *under each safe harbor or exception have changed*  
23       *as a result of the safe harbor or exception in a*  
24       *way that affects the health care system, affects*

1           *choices available to consumers, or affects health*  
2           *care expenditures.*

3           (2) *REPORT.*—*Not later than three years after*  
4           *the HIT effective date, the Secretary of Health and*  
5           *Human Services shall submit to Congress a report on*  
6           *the study under paragraph (1) and shall include such*  
7           *recommendations for changes in the safe harbors and*  
8           *exception as the Secretary determines may be appro-*  
9           *priate.*

10          (3) *SAFE HARBORS AND EXCEPTION DE-*  
11          *SCRIBED.*—*For purposes of this subsection, the safe*  
12          *harbors and exception described in this paragraph*  
13          *are—*

14                 (A) *the safe harbor under section*  
15                 *1128A(b)(4) of the Social Security Act (42*  
16                 *U.S.C. 1320a-7a(b)(4)), as added by subsection*  
17                 *(a);*

18                 (B) *the safe harbor under section*  
19                 *1128B(b)(3)(J) of such Act (42 U.S.C. 1320a-*  
20                 *7b(b)(3)(J)), as added by subsection (b); and*

21                 (C) *the exception under section 1877(e)(9)*  
22                 *of such Act (42 U.S.C. 1395nn(e)(9)), as added*  
23                 *by subsection (c).*

1 **SEC. 4. CONSISTENCY AND VARIATION IN HEALTH INFOR-**  
2 **MATION LAWS AND REGULATIONS.**

3 *(a) STUDY TO DETERMINE IMPACT OF VARIATION AND*  
4 *CONSISTENCY IN STATE HEALTH INFORMATION LAWS AND*  
5 *REGULATIONS.—*

6 *(1) IN GENERAL.—The Secretary of Health and*  
7 *Human Services shall conduct a study of the impact*  
8 *of variation in State security and confidentiality*  
9 *laws and current Federal security and confidentiality*  
10 *standards on quality of care by permitting the timely*  
11 *and efficient exchanges of health information in order*  
12 *to ensure the availability of health information nec-*  
13 *essary to make medical decisions at the location in*  
14 *which the medical care involved is provided. Such*  
15 *study shall examine, with respect to each subject mat-*  
16 *ter area of such laws and standards—*

17 *(A) the degree to which such laws vary and*  
18 *are consistent among States, and between the*  
19 *States and such current Federal standards;*

20 *(B) insofar as there is variation among and*  
21 *between such laws and standards, the strengths*  
22 *and weaknesses of such laws and standards; and*

23 *(C) the extent to which such variation may*  
24 *adversely impact the security and confidentiality*  
25 *of individually identifiable health information in*  
26 *the electronic exchange of health information*

1           *among States, the Federal government, and other*  
2           *appropriate public or private entities, or may*  
3           *otherwise impact the reliability of such informa-*  
4           *tion.*

5           (2) *REPORT.*—*Not later than 18 months after the*  
6           *date of the enactment of this Act, the Secretary of*  
7           *Health and Human Services shall submit to Congress*  
8           *a report on the study under paragraph (1) and shall*  
9           *include in such report the following:*

10                   (A) *ANALYSIS OF NEED FOR IMPROVED CON-*  
11                   *SISTENCY.*—*A determination by the Secretary on*  
12                   *the extent to which State security and confiden-*  
13                   *tiality laws and current Federal security and*  
14                   *confidentiality standards in each subject matter*  
15                   *area of such laws and standards need to be made*  
16                   *more consistent to better protect or strengthen the*  
17                   *security and confidentiality of individually iden-*  
18                   *tifiable health information in the electronic ex-*  
19                   *change of health information among States, the*  
20                   *Federal government, and private entities.*

21                   (B) *RECOMMENDATIONS FOR IMPROVED*  
22                   *CONSISTENCY.*—*Insofar as the Secretary deter-*  
23                   *mines under subparagraph (A) that such laws*  
24                   *and such standards need to be made more con-*  
25                   *sistent for such an area, the extent to which the*

1           *current Federal standards should be changed,*  
2           *and the extent to which the State laws should be*  
3           *conformed, in order to provide needed consist-*  
4           *ency needed in such area to better protect or*  
5           *strengthen the security and confidentiality of in-*  
6           *dividually identifiable health information in the*  
7           *electronic exchange of health information.*

8           ***(b) IMPLEMENTATION OF RECOMMENDATIONS IF CON-***  
9           ***GRESS FAILS TO ACT.—***

10           ***(1) IN GENERAL.—****If the conditions under para-*  
11           *graph (2) are met with respect to a subject matter*  
12           *area, the Secretary shall, by rule, modify the current*  
13           *Federal security and confidentiality standards in the*  
14           *subject matter area, limit the State security and con-*  
15           *fidentiality laws that are permissible in the subject*  
16           *matter area, or both, to the extent that the Secretary*  
17           *determines it necessary in order to achieve the needed*  
18           *degree of consistency to better protect or strengthen*  
19           *the security and confidentiality of patient health in-*  
20           *formation in the electronic exchange of health infor-*  
21           *mation. Such a modification or limitations shall be*  
22           *based upon the recommendations described in sub-*  
23           *section (a)(2)(B).*

1           (2) *CONDITIONS.—The conditions under this*  
2           *paragraph are, with respect to a subject matter area,*  
3           *the following:*

4                   (A) *NEED FOR IMPROVED CONSISTENCY.—*  
5           *The Secretary determines under subsection*  
6           *(a)(2)(A) that State security and confidentiality*  
7           *laws and current Federal security and confiden-*  
8           *tiality standards in the subject matter area need*  
9           *to be more consistent to better protect or*  
10          *strengthen the security and confidentiality of pa-*  
11          *tient health information in the electronic ex-*  
12          *change of health information among States, the*  
13          *Federal government, and private entities.*

14                   (B) *CONGRESSIONAL FAILURE TO ACT.—*  
15          *The Congress fails to enact, within 18 months*  
16          *after the date of receipt of the report under sub-*  
17          *section (a)(2), legislation that specifically re-*  
18          *sponds to the recommendations described in sub-*  
19          *section (a)(2)(B) in the subject matter area.*  
20          *Such legislation may include any action de-*  
21          *scribed in paragraph (1) (relating to modifying*  
22          *Federal security and confidentiality standards or*  
23          *limiting the application of State security and*  
24          *confidentiality laws).*

1           (3) *TREATMENT OF CURRENT LAWS AND STAND-*  
2           *ARDS.—*

3                   (A) *CONTINUATION OF CURRENT FEDERAL*  
4                   *STANDARDS AND STATE LAWS PERMITTED.—*  
5                   *Nothing in this subsection shall be construed as*  
6                   *preventing the Secretary from continuing to*  
7                   *apply the current Federal security and confiden-*  
8                   *tiality standards and from permitting the con-*  
9                   *tinuance of State security and confidentiality*  
10                  *laws.*

11                   (B) *NO PREEMPTION OF STATE LAW UNLESS*  
12                   *RULE ADOPTED.—A State security and confiden-*  
13                   *tiality law shall not be preempted under para-*  
14                   *graph (1), except to the extent the Secretary lim-*  
15                   *its the application of such law under such para-*  
16                   *graph. The Secretary's exercise of such authority*  
17                   *in a subject matter area supercedes the provi-*  
18                   *sions of section 1178(a) of the Social Security*  
19                   *Act (42 U.S.C. 1320d-7(a)) and section 264(c)(2)*  
20                   *of the Health Insurance Portability and Ac-*  
21                   *countability Act of 1996 (42 U.S.C. 1320d-2*  
22                   *note) in such subject matter area.*

23           (c) *DEFINITIONS.—For purposes of this section:*

24                   (1) *CURRENT FEDERAL SECURITY AND CON-*  
25                   *FIDENTIALITY STANDARDS.—The term “current Fed-*

1        *eral security and confidentiality standards” means*  
2        *the Federal privacy standards established pursuant to*  
3        *section 264(c) of the Health Insurance Portability*  
4        *and Accountability Act of 1996 (42 U.S.C. 1320d-2*  
5        *note) and security standards established under section*  
6        *1173(d) of the Social Security Act.*

7            (2) *SECRETARY.—The term “Secretary” means*  
8        *the Secretary of Health and Human Services.*

9            (3) *STATE.—The term “State” has the meaning*  
10       *given such term when used in title XI of the Social*  
11       *Security Act, as provided under section 1101(a) of*  
12       *such Act (42 U.S.C. 1301(a)).*

13           (4) *STATE SECURITY AND CONFIDENTIALITY*  
14       *LAWS.—The term “State security and confidentiality*  
15       *laws” means State laws and regulations relating to*  
16       *the privacy and confidentiality of individually iden-*  
17       *tifiable health information or to the security of such*  
18       *information.*

19        (d) *CONFORMING AMENDMENTS.—*

20           (1) *HIPAA.—Section 264(c)(2) of the Health In-*  
21       *surance Portability and Accountability Act of 1996*  
22       *(42 U.S.C. 1320d-2 note) is amended by striking “A*  
23       *regulation” and inserting “Subject to section 4(b) of*  
24       *the Health Information Technology Promotion Act of*  
25       *2006, a regulation”.*

1           (2) *TITLE XI.—Section 1178(a) of the Social Se-*  
2           *curity Act (42 U.S.C. 1320d-7(a)) is amended, in the*  
3           *matter before paragraph (1), by inserting “Subject to*  
4           *section 4(b) of the Health Information Technology*  
5           *Promotion Act of 2006—” after “.—”.*

6 **SEC. 5. IMPLEMENTING MODERN CODING SYSTEM; APPLI-**  
7                           **CATION UNDER PART A OF THE MEDICARE**  
8                           **PROGRAM.**

9           (a) *IN GENERAL.—Not later than April 1, 2007, the*  
10           *Secretary of Health and Human Services shall promulgate*  
11           *final rules under section 1174(b) of the Social Security Act*  
12           *(42 U.S.C. 1320d-3(b)) to provide for the following modi-*  
13           *fication of standards:*

14           (1) *ACCREDITED STANDARDS COMMITTEE X12*  
15           *(ASC X12) STANDARD.—The replacement of the Accred-*  
16           *ited Standards Committee X12 (ASC X12) version*  
17           *4010 adopted under section 1173(a) of such Act (42*  
18           *U.S.C. 1320d-2(a)), including for purposes of part A*  
19           *of title XVIII of such Act, with the ASC X12 version*  
20           *5010, as approved by such Committee and reviewed*  
21           *by the National Committee on Vital Health Statistics*  
22           *as of the date of the promulgation of the rule.*

23           (2) *NATIONAL COUNCIL FOR PRESCRIPTION DRUG*  
24           *PROGRAMS (NCPDP) TELECOMMUNICATIONS STAND-*  
25           *ARDS.—The replacement of the National Council for*

1       *Prescription Drug Programs (NCPDP) Telecommuni-*  
2       *cations Standards version 5.1 adopted under section*  
3       *1173(a) of such Act (42 U.S.C. 1320d-2(a)) with*  
4       *NCPDP Telecommunications Standards version D.0,*  
5       *as approved by such Council and reviewed by the Na-*  
6       *tional Committee on Vital Health Statistics.*

7               (3) *ICD CODES.*—*The replacement of the Inter-*  
8       *national Statistical Classification of Diseases and Re-*  
9       *lated Health Problems, 9th revision, Clinical Modi-*  
10       *fication (ICD–9–CM) under the regulation promul-*  
11       *gated under section 1173(c) of such Act (42 U.S.C.*  
12       *1320d-2(c)), including for purposes of part A of title*  
13       *XVIII of such Act, with both of the following:*

14               (A) *The International Statistical Classifica-*  
15       *tion of Diseases and Related Health Problems,*  
16       *10th revision, Clinical Modification (ICD–10–*  
17       *CM).*

18               (B) *The International Statistical Classifica-*  
19       *tion of Diseases and Related Health Problems,*  
20       *10th revision, Procedure Coding System (ICD–*  
21       *10–PCS).*

22       (b) *RULE OF CONSTRUCTION.*—*Nothing in subsection*  
23       *(a)(3) shall be construed as affecting the application of clas-*  
24       *sification methodologies or codes, such as CPT or HCPCS*

1 *codes, other than under the International Statistical Classi-*  
2 *fication of Diseases and Related Health Problems (ICD).*

3 (c) *NOTICE.*—*Not later than 30 days after the date of*  
4 *the enactment of this Act, the Secretary of Health and*  
5 *Human Services shall publish in the Federal Register a no-*  
6 *tice of the requirements to promulgate final rules under sub-*  
7 *section (a). Such notice shall include—*

8 (1) *the respective date by which each such rule*  
9 *must be promulgated under such subsection;*

10 (2) *the respective compliance date described in*  
11 *subsection (e) for each such rule; and*

12 (3) *a statement that entities covered under the*  
13 *Health Insurance Portability and Accountability Act*  
14 *of 1996 and health information technology vendors*  
15 *should plan for the implementation of upgraded ASC*  
16 *X12, NCPDP, and ICD codes under such subsection.*

17 (d) *NO JUDICIAL REVIEW.*—*The final rules promul-*  
18 *gated under subsection (a) shall not be subject to judicial*  
19 *review.*

20 (e) *COMPLIANCE WITH UPGRADED STANDARDS.*—*For*  
21 *purposes of section 1175(b)(2) of the Social Security Act*  
22 *(42 U.S.C. 1320d-4(b)(2))—*

23 (1) *ASC X12 AND NCPDP STANDARDS.*—*The final*  
24 *rules promulgated under paragraphs (1) and (2) of*

1        *subsection (a) shall apply to transactions occurring*  
2        *on or after April 1, 2009.*

3            (2) *ICD CODES.—The final rule promulgated*  
4        *under subsection (a)(3) shall apply to transactions oc-*  
5        *curing on or after October 1, 2009.*

6        (f) *APPLICATION OF UPGRADED STANDARDS UNDER*  
7        *PART A OF THE MEDICARE PROGRAM.—Section 1816 of the*  
8        *Social Security Act (42 U.S.C. 1395h) is amended by in-*  
9        *serting after subsection (a) the following new subsection:*

10        “(b) *With respect to transactions under this part—*

11            “(1) *occurring on or after April 1, 2009, all pro-*  
12        *viders of services shall use ASC X12 version 5010*  
13        *with respect to services provided under this part in*  
14        *compliance with the final rule promulgated under sec-*  
15        *tion 5(a)(1) of the Health Information Technology*  
16        *Promotion Act of 2006; and*

17            “(2) *occurring on or after October 1, 2009—*

18            “(A) *all providers of services shall use ICD–*  
19        *10–CM codes with respect to services provided*  
20        *under this part in compliance with the final rule*  
21        *promulgated under section 5(a)(3) of such Act;*  
22        *and*

23            “(B) *hospitals shall use ICD–10–PCS codes*  
24        *(as well as ICD–10–CM codes) with respect to*

1           *inpatient hospital services provided under this*  
2           *part in compliance with such final rule.”.*

3   **SEC. 6. PROCEDURES TO ENSURE TIMELY UPDATING OF**  
4           **STANDARDS THAT ENABLE ELECTRONIC EX-**  
5           **CHANGES.**

6           *Section 1174(b) of the Social Security Act (42 U.S.C.*  
7   *1320d-3(b)) is amended—*

8           *(1) in paragraph (1)—*

9                   *(A) in the first sentence, by inserting “and*  
10                   *in accordance with paragraph (3)” before the pe-*  
11                   *riod; and*

12                   *(B) by adding at the end the following new*  
13                   *sentence: “For purposes of this subsection and*  
14                   *section 1173(c)(2), the term ‘modification’ in-*  
15                   *cludes a new version or a version upgrade.”; and*

16                   *(2) by adding at the end the following new para-*  
17                   *graph:*

18                   *“(3) EXPEDITED PROCEDURES FOR ADOPTION OF*  
19                   *ADDITIONS AND MODIFICATIONS TO STANDARDS.—*

20                   *“(A) IN GENERAL.—For purposes of para-*  
21                   *graph (1), the Secretary shall provide for an ex-*  
22                   *pedited upgrade program (in this paragraph re-*  
23                   *ferred to as the ‘upgrade program’), in accord-*  
24                   *ance with this paragraph, to develop and ap-*  
25                   *prove additions and modifications to the stand-*

1           ards adopted under section 1173(a) to improve  
2           the quality of such standards or to extend the  
3           functionality of such standards to meet evolving  
4           requirements in health care.

5                   “(B) *PUBLICATION OF NOTICES.*—Under the  
6           upgrade program:

7                           “(i) *VOLUNTARY NOTICE OF INITIATION*  
8                           *OF PROCESS.*—Not later than 30 days after  
9                           the date the Secretary receives a notice from  
10                          a standard setting organization that the or-  
11                          ganization is initiating a process to develop  
12                          an addition or modification to a standard  
13                          adopted under section 1173, the Secretary  
14                          shall publish a notice in the *Federal Reg-*  
15                          *ister* that—

16                                   “(I) identifies the subject matter  
17                                   of the addition or modification;

18                                   “(II) provides a description of  
19                                   how persons may participate in the de-  
20                                   velopment process; and

21                                   “(III) invites public participation  
22                                   in such process.

23                                   “(ii) *VOLUNTARY NOTICE OF PRELIMI-*  
24                                   *NARY DRAFT OF ADDITIONS OR MODIFICA-*  
25                                   *TIONS TO STANDARDS.*—Not later than 30

1                   *days after the date the Secretary receives a*  
2                   *notice from a standard setting organization*  
3                   *that the organization has prepared a pre-*  
4                   *liminary draft of an addition or modifica-*  
5                   *tion to a standard adopted by section 1173,*  
6                   *the Secretary shall publish a notice in the*  
7                   *Federal Register that—*

8                                 *“(I) identifies the subject matter*  
9                                 *of (and summarizes) the draft;*

10                                *“(II) specifies the procedure for*  
11                                *obtaining documentation for the draft;*

12                                *“(III) provides a description of*  
13                                *how persons may submit comments in*  
14                                *writing and at any public hearing or*  
15                                *meeting held by the organization on*  
16                                *the draft; and*

17                                *“(IV) invites submission of such*  
18                                *comments and participation in such*  
19                                *hearing or meeting.*

20                                *“(iii) NOTICE OF PROPOSED ADDITION*  
21                                *OR MODIFICATION TO STANDARDS.—Not*  
22                                *later than 30 days after the date the Sec-*  
23                                *retary receives a notice from a standard set-*  
24                                *ting organization that the organization has*  
25                                *a proposed addition or modification to a*

1           *standard adopted under section 1173 that*  
2           *the organization intends to submit under*  
3           *subparagraph (D)(iii), the Secretary shall*  
4           *publish a notice in the Federal Register that*  
5           *contains, with respect to the proposed addi-*  
6           *tion or modification, the information re-*  
7           *quired in the notice under clause (ii) with*  
8           *respect to a preliminary draft of an addi-*  
9           *tion or modification.*

10           “(iv) *CONSTRUCTION.—Nothing in this*  
11           *paragraph shall be construed as requiring a*  
12           *standard setting organization to request the*  
13           *notices described in clauses (i) and (ii) with*  
14           *respect to an addition or modification to a*  
15           *standard in order to qualify for an expe-*  
16           *ditated determination under subparagraph*  
17           *(C) with respect to a proposal submitted to*  
18           *the Secretary for adoption of such addition*  
19           *or modification.*

20           “(C) *PROVISION OF EXPEDITED DETER-*  
21           *MINATION.—Under the upgrade program and*  
22           *with respect to a proposal by a standard setting*  
23           *organization for an addition or modification to*  
24           *a standard adopted under section 1173, if the*  
25           *Secretary determines that the standard setting*

1           *organization developed such addition or modi-*  
2           *fication in accordance with the requirements of*  
3           *subparagraph (D) and the National Committee*  
4           *on Vital and Health Statistics recommends ap-*  
5           *proval of such addition or modification under*  
6           *subparagraph (E), the Secretary shall provide*  
7           *for expedited treatment of such proposal in ac-*  
8           *cordance with subparagraph (F).*

9           “(D) *REQUIREMENTS.—The requirements*  
10          *under this subparagraph with respect to a pro-*  
11          *posed addition or modification to a standard by*  
12          *a standard setting organization are the fol-*  
13          *lowing:*

14               “(i) *REQUEST FOR PUBLICATION OF*  
15               *NOTICE.—The standard setting organization*  
16               *submits to the Secretary a request for publi-*  
17               *cation in the Federal Register of a notice*  
18               *described in subparagraph (B)(iii) for the*  
19               *proposed addition or modification.*

20               “(ii) *PROCESS FOR RECEIPT AND CON-*  
21               *SIDERATION OF PUBLIC COMMENT.—The*  
22               *standard setting organization provides for a*  
23               *process through which, after the publication*  
24               *of the notice referred to under clause (i), the*  
25               *organization—*

1                   “(I) receives and responds to pub-  
2                   lic comments submitted on a timely  
3                   basis on the proposed addition or  
4                   modification before submitting such  
5                   proposed addition or modification to  
6                   the National Committee on Vital and  
7                   Health Statistics under clause (iii);  
8                   and

9                   “(II) make publicly available a  
10                  written explanation for its response in  
11                  the proposed addition or modification  
12                  to comments submitted on a timely  
13                  basis.

14                  “(iii) *SUBMITTAL OF FINAL PROPOSED*  
15                  *ADDITION OR MODIFICATION TO NCVHS.—*  
16                  *After completion of the process under clause*  
17                  *(ii), the standard setting organization sub-*  
18                  *mits the proposed addition or modification*  
19                  *to the National Committee on Vital and*  
20                  *Health Statistics for review and consider-*  
21                  *ation under subparagraph (E). Such sub-*  
22                  *mission shall include information on the or-*  
23                  *ganization’s compliance with the notice and*  
24                  *comment requirements (and responses to*  
25                  *those comments) under clause (ii).*

1                   “(E) *HEARING AND RECOMMENDATIONS BY*  
2                   *NATIONAL COMMITTEE ON VITAL AND HEALTH*  
3                   *STATISTICS.—Under the upgrade program, upon*  
4                   *receipt of a proposal submitted by a standard*  
5                   *setting organization under subparagraph*  
6                   *(D)(iii) for the adoption of an addition or modi-*  
7                   *fication to a standard, the National Committee*  
8                   *on Vital and Health Statistics shall provide no-*  
9                   *tice to the public and a reasonable opportunity*  
10                   *for public testimony at a hearing on such addi-*  
11                   *tion or modification. The Secretary may partici-*  
12                   *pate in such hearing in such capacity (including*  
13                   *presiding ex officio) as the Secretary shall deter-*  
14                   *mine appropriate. Not later than 90 days after*  
15                   *the date of receipt of the proposal, the Committee*  
16                   *shall submit to the Secretary its recommendation*  
17                   *to adopt (or not adopt) the proposed addition or*  
18                   *modification.*

19                   “(F) *DETERMINATION BY SECRETARY TO*  
20                   *ACCEPT OR REJECT NATIONAL COMMITTEE ON*  
21                   *VITAL AND HEALTH STATISTICS RECOMMENDA-*  
22                   *TION.—*

23                   “(i) *TIMELY DETERMINATION.—Under*  
24                   *the upgrade program, if the National Com-*  
25                   *mittee on Vital and Health Statistics sub-*

1           mits to the Secretary a recommendation  
2           under subparagraph (E) to adopt a pro-  
3           posed addition or modification, not later  
4           than 90 days after the date of receipt of  
5           such recommendation the Secretary shall  
6           make a determination to accept or reject the  
7           recommendation and shall publish notice of  
8           such determination in the Federal Register  
9           not later than 30 days after the date of the  
10          determination.

11                 “(ii) CONTENTS OF NOTICE.—If the de-  
12           termination is to reject the recommendation,  
13           such notice shall include the reasons for the  
14           rejection. If the determination is to accept  
15           the recommendation, as part of such notice  
16           the Secretary shall promulgate the modified  
17           standard (including the accepted proposed  
18           addition or modification accepted) as a  
19           final rule under this subsection without any  
20           further notice or public comment period.

21                 “(iii) LIMITATION ON CONSIDER-  
22           ATION.—The Secretary shall not consider a  
23           proposal under this subparagraph unless the  
24           Secretary determines that the requirements  
25           of subparagraph (D) (including publication

1                   *of notice and opportunity for public com-*  
2                   *ment) have been met with respect to the*  
3                   *proposal.*

4                   “(G) *NO JUDICIAL REVIEW.*—*A final rule*  
5                   *promulgated under subparagraph (F) shall not*  
6                   *be subject to judicial review.”.*

7   **SEC. 7. REPORT ON THE AMERICAN HEALTH INFORMATION**  
8                   **COMMUNITY.**

9                   *Not later than one year after the date of the enactment*  
10                  *of this Act, the Secretary of Health and Human Services*  
11                  *shall submit to Congress a report on the work conducted*  
12                  *by the American Health Information Community (in this*  
13                  *section referred to as “AHIC”), as established by the Sec-*  
14                  *retary. Such report shall include the following:*

15                  (1) *A description of the accomplishments of*  
16                  *AHIC, with respect to the promotion of the develop-*  
17                  *ment of a nationwide health information network and*  
18                  *the increased adoption of health information tech-*  
19                  *nology.*

20                  (2) *Information identifying the practices that*  
21                  *are used to protect health information and to guar-*  
22                  *antee confidentiality and security of such informa-*  
23                  *tion.*

24                  (3) *Information on the progress in—*

1           (A) *establishing uniform industry-wide*  
2 *health information technology standards;*

3           (B) *achieving an internet-based nationwide*  
4 *health information network;*

5           (C) *achieving interoperable electronic health*  
6 *record adoption across health care providers; and*

7           (D) *making available technological and*  
8 *other innovations to ensure the security and con-*  
9 *fidentiality of health information in the pro-*  
10 *motion of health information technology.*

11           (4) *Recommendations for the transition of the*  
12 *AHIC to a permanent entity, including—*

13           (A) *a schedule for such transition;*

14           (B) *options for structuring the entity as ei-*  
15 *ther a public-private or private sector entity;*

16           (C) *the collaborative role of the Federal*  
17 *Government in the entity; and*

18           (D) *the ongoing responsibilities of the enti-*  
19 *ty, such as providing the leadership and plan-*  
20 *ning in establishing standards, certifying health*  
21 *information technology, and providing long-term*  
22 *governance for health care transformation*  
23 *through technology.*

1 **SEC. 8. STRATEGIC PLAN FOR COORDINATING IMPLEMEN-**  
2 **TATION OF HEALTH INFORMATION TECH-**  
3 **NOLOGY.**

4 (a) *IN GENERAL.*—Not later than 180 days after the  
5 date of the enactment of this Act, the Secretary of Health  
6 and Human Services, in consultation with public and pri-  
7 vate entities involved in the area of health information tech-  
8 nology, shall develop a strategic plan related to the need  
9 for coordination in such area.

10 (b) *COORDINATION OF SPECIFIC IMPLEMENTATION*  
11 *PROCESSES.*—The strategic plan under subsection (a) shall  
12 address the need for coordination in the implementation of  
13 the following:

14 (1) *HEALTH INFORMATION TECHNOLOGY STAND-*  
15 *ARDS.*—Health information technology standards ap-  
16 proved under section 271(c)(3)(B)(i) of the Public  
17 Health Service Act, as added by section 2.

18 (2) *HIPAA TRANSACTION STANDARDS.*—Trans-  
19 action standards under section 1173(a) of the Social  
20 Security Act (42 U.S.C. 1320d-2(d)).

21 (3) *UPDATED ICD CODES.*—The International  
22 Statistical Classification of Diseases and Related  
23 Health Problems, 10th revision, Clinical Modification  
24 (ICD-10-CM) and the International Statistical Clas-  
25 sification of Diseases and Related Health Problems,

1        *10th revision, Procedure Coding System (ICD–10–*  
2        *PCS) described in section 5.*

3        *(c) COORDINATION AMONG SPECIFIC FEDERAL ENTI-*  
4        *TIES.—The strategic plan under subsection (a) shall ad-*  
5        *dress any methods to coordinate, with respect to the elec-*  
6        *tronic exchange of health information, actions taken by the*  
7        *following entities:*

8                *(1) The Office of the National Coordinator for*  
9                *Health Information Technology.*

10               *(2) The American Health Information Commu-*  
11               *nity.*

12               *(3) The Office of Electronic Standards and Secu-*  
13               *rity of the Centers for Medicare and Medicaid Serv-*  
14               *ices.*

15               *(4) The National Committee on Vital Health*  
16               *Statistics.*

17               *(5) Any other entity involved in the electronic*  
18               *exchange of health information that the Secretary de-*  
19               *termines appropriate.*

20        **SEC. 9. PROMOTION OF TELEHEALTH SERVICES.**

21               *(a) FACILITATING THE PROVISION OF TELEHEALTH*  
22        *SERVICES ACROSS STATE LINES.—*

23               *(1) IN GENERAL.—The Secretary of Health and*  
24               *Human Services shall, in coordination with rep-*  
25               *resentatives of States, physicians, health care practi-*

1        *tioners, and patient advocates, encourage and facili-*  
2        *tate the adoption of State reciprocity agreements for*  
3        *practitioner licensure in order to expedite the provi-*  
4        *sion across State lines of telehealth services.*

5            *(2) REPORT.—Not later than 18 months after the*  
6        *date of the enactment of this Act, the Secretary shall*  
7        *submit to Congress a report on the actions taken to*  
8        *carry out paragraph (1).*

9            *(3) STATE DEFINED.—In this subsection, the*  
10       *term “State” has the meaning given that term for*  
11       *purposes of title XVIII of the Social Security Act.*

12        *(b) USE OF STORE AND FORWARD TECHNOLOGY.—*

13            *(1) STUDY.—The Secretary of Health and*  
14       *Human Services, acting through the Director of the*  
15       *Office for the Advancement of Telehealth, shall con-*  
16       *duct a study on the use of store and forward tech-*  
17       *nologies (that provide for the asynchronous trans-*  
18       *mission of health care information in single or multi-*  
19       *media formats) in the provision of telehealth services*  
20       *for which payment may be made under the Medicare*  
21       *program. Such study shall include an assessment of*  
22       *the feasibility, advisability, and the costs of expand-*  
23       *ing the use of such technologies for use in the diag-*  
24       *nosis and treatment of certain conditions.*

1           (2) *REPORT.*—Not later than 18 months after the  
2           date of the enactment of this Act, the Secretary shall  
3           submit to Congress a report on the study conducted  
4           under paragraph (1) and shall include in such report  
5           such recommendations for legislation or administra-  
6           tion action as the Secretary determines appropriate.

7           (c) *EXPANSION OF TELEHEALTH SERVICES.*—

8           (1) *STUDY.*—The Secretary of Health and  
9           Human Services, in coordination with the Office for  
10          the Advancement of Telehealth, the Agency for  
11          Healthcare Research and Quality, and the Centers for  
12          Medicare and Medicaid Services, shall conduct a  
13          study to determine the feasibility, advisability, and  
14          the costs of expanding the list of sites described in  
15          paragraph (4)(C)(ii) of section 1834(m) of the Social  
16          Security Act (42 U.S.C. 1395m(m)) to include the ad-  
17          ditional sites described in paragraph (2) for the pur-  
18          pose of payment under such section for the provision  
19          of telehealth services at such sites. Such study shall  
20          demonstrate whether such expansion of the list of sites  
21          will result in the following:

22                   (A) *Enhanced health outcomes for individ-*  
23                   *uals with one or more chronic conditions.*

24                   (B) *Health outcomes for individuals fur-*  
25                   *nished telehealth services that are at least com-*

1            *parable to the health outcomes for individuals*  
2            *furnished similar items and services by a health*  
3            *care provider at the same location of the indi-*  
4            *vidual.*

5            *(C) Facilitation of communication of more*  
6            *accurate clinical information between health care*  
7            *providers.*

8            *(D) Closer monitoring of individuals by*  
9            *health care providers.*

10           *(E) Overall reduction in expenditures for*  
11           *health care items and services.*

12           *(F) Improved access to health care.*

13           *(2) ADDITIONAL SITES DESCRIBED.—For pur-*  
14           *poses of paragraph (1), the additional sites described*  
15           *in this paragraph are the following:*

16           *(A) Home health agencies.*

17           *(B) County mental health clinics or other*  
18           *publicly funded mental health facilities.*

19           *(3) REPORT.—Not later than 18 months after the*  
20           *date of the enactment of this Act, the Secretary shall*  
21           *submit to Congress a report on the study conducted*  
22           *under subparagraph (1) and shall include in such re-*  
23           *port such recommendations for legislation or adminis-*

1        *tration action as the Secretary determines appro-*  
2        *prate.*

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