

**Summary of Changes to HR 4157**  
**Made by Chairman's Amendment in the Nature of a Substitute**  
**Markup of the "Health Information Technology Promotion Act of 2006"**

<i>Section</i>	<i>Page</i>	<i>Explanation of Change</i>
3	9	Adds a new term, the HIT effective date which means the date that is 180 days after enactment, applicable to the date on and after which safe harbors apply to payment and remuneration.
3	9	Deletes reference to "entity" and replaces it with "hospital or critical access hospital" in order to conform the provision to existing law.
3	9	Deletes section that requires, in the case of remuneration made on or after the approval of standards approved by the National Coordinator of Health Information Technology, health information technology to conform to such standard.
3	9-10	Deletes section that requires remuneration made after three years to be in accordance with criteria established by the Secretary.
3	10	Clarifies and adds that a written agreement must also state that the provision of remuneration is made for the primary purpose of better coordination of care or improvement of health care quality or efficiency.
3	10	Clarifies the definition of the term health information technology to remove the term "right," deletes reference that such technology must be "used primarily" for the electronic clinical health information, adds reference to "related services," and specifies that other information technology includes new versions, upgrades, and connectivity.
3	10	Adds the term "HIT effective date" as the date that is 180 days after the date of enactment.

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- 3 14 Deletes section that requires remuneration made after three years to be in accordance with criteria established by the Secretary.
- 3 14-15 Clarifies and adds that a written agreement must also state that the provision of remuneration is made for the primary purpose of better coordination of care or improvement of health care quality or efficiency.
- 3 16 Deletes reference to the term “adversely”, and requires that the Secretary examine the extent to which financial relationships have changed in a way that affects the health care system, choices available to consumers, or reduces expenditures.
- 4 18 Clarifies the intent of the study to include the impact of variation and consistency in state health information laws and regulations.
- 4 18 Clarifies how variation in state laws and federal standards may impact quality of care.

- 4 18 Insofar as there is variation, the study shall examine the strengths and weaknesses of the laws and standards.
- 4 19 Requires the Secretary to determine the extent to which state and federal laws and standards need to be made more consistent to better protect or strengthen the security and confidentiality of individually identifiable health information.
- 4 23 Specifies that if legislation is not enacted 18 months after receipt of the study, the Secretary shall, through rulemaking, either modify federal standards, limit state laws, or both, to the extent that the Secretary determines it necessary to achieve greater consistency, based on the recommendations of the study.
- 5 26 Updates the national council for prescription drug programs (NCPDP) telecommunications standards to version D.0 instead of C.3.
- 5 28 Specifically clarifies application of ASC X12 and ICD-10 under Part A of Title 18.
- NA 28 Adds new section that establishes procedures to ensure timely updating of standards that enable electronic exchange of information.
- Requires the Secretary to publish a notice in the Federal Register and receive and consider comments on proposed additions or modifications developed by a HIPAA standard setting organization.
- Requires the National Committee on Vital and Health Statistics (NCVHS) to submit its recommendation to the Secretary within 90 days. Requires the Secretary to adopt or reject proposed modifications or additions to existing standards within 90 days if the NCVHS recommends the change.
- 6 28 Shortens time frame for the Secretary to submit a report to Congress on the work of the American Health Information Community (AHIC) from two years to one year.

- 6        29        Adds new subsection specifying that the Secretary's report will include information on the progress of making available technical innovations to ensure the security and confidentiality of health information.
- 6        29        Deletes term "advisory" in reference to recommendations for the transition of AHIC to a permanent entity, adds the term "collaborative" in referring to the federal role, and clarifies the reference to additional ongoing additional responsibilities.