

**H.R. 4157, the Health Information Technology Promotion Act of 2005**  
**Representative Nancy L. Johnson**

**Section 1, Short Title and Table of Contents.**

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

- Codifies the Office of the National Coordinator for Health IT in statute and clearly delineates its ongoing roles and responsibilities.
- Duties of the Office shall include:
  - Maintaining and updating the strategic plan to guide the nationwide implementation of interoperable health information technology to improve health care quality, reduce medical errors, increase the efficiency of care, and advance the delivery of appropriate evidence-based health care services.
  - Serving as the principal advisor to the Secretary of HHS on the use of health IT.
  - Serving as the coordinator of Federal government activities related to:
    - The development and maintenance of standards used in health information exchange.
    - The certification and inspection of health IT products to ensure that such products conform to the standards noted above.
  - Coordinating health information technology policies and programs across Federal agencies.
  - Providing input and advice to the Office of Management and Budget regarding Federal health information technology programs.

**Section 3, Stark/Anti-Kickback Safe Harbors.**

- Includes statutory safe harbors in physician self-referral (“Stark” laws) and anti-kickback laws that allows hospitals, groups practices, and other entities to provide physicians with hardware, software, or information technology training and support services that are used primarily for the electronic exchange of clinical health information.
- States that donors of such technology may not impose conditions limiting its use by physicians to individuals who are also patients of the donor entity; nor can donors limit physicians’ use of the technology in conjunction with other information technology systems that physicians might utilize.

- Requires that the provision of such software be unrelated to the volume or value of referrals.
- Allows this exception to preempt state laws governing self-referral and anti-kickback to ensure that the federal exception can be implemented.
- To the extent that the Secretary has approved technology standards or certification processes for health information technology, the donated technology must conform with those standards.
- Requires the Secretary of HHS to report back to Congress in three years on the effect of the safe harbor on adoption of health IT and any impact it has had on business relationships between providers. At that time, the Secretary may also issue new regulations establishing new criteria for the safe harbor, recognizing any standards or certification processes that have been approved at that time.

#### **Section 4, Uniform Privacy/Security Standards.**

- Requires the Secretary of HHS to conduct a study of the various state privacy laws and transaction standards, and how those laws will affect the electronic exchange of health information.
- Requires a report back to Congress within 18 months with recommendations as to whether state and federal privacy laws should be conformed to a single set of federal standards to preserve and protect individually identifiable health information and improve health care quality and efficiency, and, if so, how such laws and regulations should be conformed.
- If the Secretary recommends that uniform federal standards are necessary and Congress has not enacted legislation acting on the Secretary's report within 3 years of date of enactment, the Secretary may create a single, uniform standard for privacy and security of patient's health information, based on the results of the study.

#### **Section 5, Adoption of Modern Coding System**

- Requires the Secretary to adopt the updated HIPAA transaction standard ASC X12 5010 (to replace ASC X12 4010) for transactions occurring on or after April 1, 2009.
- Requires the Secretary to adopt the updated National Council for Prescription Drug Programs (NCPDP) standard version C.3 for transactions occurring on or after April 1, 2009.
- Requires the Secretary to adopt, per the past recommendation of the National Committee on Vital Health Statistics, the ICD-10 coding system by for transactions occurring on or after October 1, 2009.

#### **Section 6, Report on the American Health Information Community**

- Requires the Secretary of HHS to report back in two years on the activities of the American Health Information Community (AHIC), with recommendations for the ongoing structure and responsibilities of the entity.

**Section 7, Strategic Plan for Coordinating Implementation of Health Information Technology.**

- Requires the Secretary to develop a strategic plan to coordinate implementation efforts for health information technology standards, HIPAA transaction standards, and new coding systems.
- Such a plan must address how activities will be coordinated between the Office of the National Coordinator for Health IT, the American Health Information Community, the Office of Electronic Standards and Security, and the National Committee for Vital Health Statistics.