

1 “(iv) to exchange electronic health in-
2 formation with, and integrate such infor-
3 mation from other sources.

4 “(14) STATE.—The term ‘State’ means each of
5 the several States, the District of Columbia, Puerto
6 Rico, the Virgin Islands, Guam, American Samoa,
7 and the Northern Mariana Islands.

8 **“Subtitle A—Promotion of Health**
9 **Information Technology**

10 **“SEC. 3001. OFFICE OF THE NATIONAL COORDINATOR FOR**
11 **HEALTH INFORMATION TECHNOLOGY.**

12 “(a) ESTABLISHMENT.—There is established within
13 the Department of Health and Human Services an Office
14 of the National Coordinator for Health Information Tech-
15 nology (referred to in this section as the ‘Office’). The Of-
16 fice shall be headed by a National Coordinator who shall
17 be appointed by the Secretary and shall report directly to
18 the Secretary.

19 “(b) PURPOSE.—The National Coordinator shall per-
20 form the duties under subsection (c) in a manner con-
21 sistent with the development of a nationwide health infor-
22 mation technology infrastructure that allows for the elec-
23 tronic use and exchange of information and that—

1 “(1) ensures that each patient’s health informa-
2 tion is secure and protected, in accordance with ap-
3 plicable law;

4 “(2) improves health care quality, reduces med-
5 ical errors, reduces health disparities, and advances
6 the delivery of patient-centered medical care;

7 “(3) reduces health care costs resulting from
8 inefficiency, medical errors, inappropriate care, du-
9 plicative care, and incomplete information;

10 “(4) provides appropriate information to help
11 guide medical decisions at the time and place of
12 care;

13 “(5) ensures the inclusion of meaningful public
14 input in such development of such infrastructure;

15 “(6) improves the coordination of care and in-
16 formation among hospitals, laboratories, physician
17 offices, and other entities through an effective infra-
18 structure for the secure and authorized exchange of
19 health care information;

20 “(7) improves public health activities and facili-
21 tates the early identification and rapid response to
22 public health threats and emergencies, including bio-
23 terror events and infectious disease outbreaks;

24 “(8) facilitates health and clinical research and
25 health care quality;

1 “(9) promotes prevention of chronic diseases;

2 “(10) promotes a more effective marketplace,
3 greater competition, greater systems analysis, in-
4 creased consumer choice, and improved outcomes in
5 health care services; and

6 “(11) improves efforts to reduce health dispari-
7 ties.

8 “(c) DUTIES OF THE NATIONAL COORDINATOR.—

9 “(1) STANDARDS.—The National Coordinator
10 shall review and determine whether to endorse each
11 standard, implementation specification, and certifi-
12 cation criterion for the electronic exchange and use
13 of health information that is recommended by the
14 HIT Standards Committee under section 3003 for
15 purposes of adoption under section 3004. The Coor-
16 dinator shall make such determination, and report to
17 the Secretary such determination, not later than 45
18 days after the date the recommendation is received
19 by the Coordinator.

20 “(2) HIT POLICY COORDINATION.—

21 “(A) IN GENERAL.—The National Coordi-
22 nator shall coordinate health information tech-
23 nology policy and programs of the Department
24 with those of other relevant executive branch
25 agencies with a goal of avoiding duplication of