

[DISCUSSION DRAFT]

1 **SEC. ____ . ENSURING INTEROPERABILITY OF QUALIFIED**
2 **ELECTRONIC HEALTH RECORDS.**

3 (a) DEVELOPMENT OF AND RECOMMENDATIONS FOR
4 METHODS TO MEASURE INTEROPERABILITY.—

5 (1) IN GENERAL.—Subtitle A of title XXX of
6 the Public Health Service Act (42 U.S.C. 300jj–11
7 et seq.) is amended by adding at the end the fol-
8 lowing new section:

9 **“SEC. 3010. ENSURING INTEROPERABILITY OF QUALIFIED**
10 **ELECTRONIC HEALTH RECORDS.**

11 “(a) INTEROPERABILITY.—In order for a qualified
12 electronic health record to be considered interoperable,
13 such record must satisfy the following criteria:

14 “(1) OPEN ACCESS.—The record allows author-
15 ized users access to the entirety of a patient’s data
16 from any and all qualified electronic health records
17 without restriction.

18 “(2) COMPLETE ACCESS TO HEALTH DATA.—
19 The record allows authorized users access to the en-
20 tirety of a patient’s data in one location, without the
21 need for multiple interfaces (such as sign on sys-
22 tems).

1 “(3) DOES NOT BLOCK ACCESS TO OTHER
2 QUALIFIED ELECTRONIC HEALTH RECORDS.—The
3 record does not prevent end users from interfacing
4 with other qualified electronic health records.

5 “(4) **【Other criteria?】**

6 “(b) DETERMINING METHODS IN WHICH TO MEAS-
7 URE IF QUALIFIED ELECTRONIC HEALTH RECORDS ARE
8 INTEROPERABLE.—

9 “(1) IN GENERAL.—The Secretary shall adopt,
10 in accordance with this section—

11 “(A) methods in which to measure if quali-
12 fied electronic health records satisfy the criteria
13 described in subsection (a); and

14 “(B) modifications (including additions) to
15 such methods, as appropriate.

16 “(2) ROLE OF CHARTER ORGANIZATION.—

17 “(A) IN GENERAL.—Except as provided in
18 subparagraph (B), any method adopted under
19 this subsection shall be a method that has been
20 recommended by the Charter Organization es-
21 tablished under subsection (c).

22 “(B) SPECIAL RULES.—

23 “(i) DIFFERENT METHODS.—The
24 Secretary may adopt a method that is dif-

1 ferent from any method recommended by
2 the Charter Organization, if—

3 “(I) the different method will
4 substantially reduce administrative
5 costs to health care providers and
6 health plans compared to the alter-
7 natives; and

8 “(II) the method is promulgated
9 in accordance with the rulemaking
10 procedures of subchapter III of chap-
11 ter 5 of title 5, United States Code.

12 “(ii) NO STANDARD BY CHARTER OR-
13 GANIZATION.—If the Charter Organization
14 under subsection (c) has not recommended
15 any method relating to a criteria described
16 in subsection (a)—

17 “(I) subparagraph (A) shall not
18 apply; and

19 “(II) paragraph (3) shall apply.

20 “(C) CONSULTATION REQUIREMENT.—

21 “(i) IN GENERAL.—The Secretary, in
22 complying with paragraph (3), may not
23 adopt under this subsection a method that
24 has not been recommended by the Charter
25 Organization under subsection (c) unless

1 the Secretary consulted with each of the
2 organizations described in clause (ii) before
3 adopting the method.

4 “(ii) ORGANIZATIONS DESCRIBED.—
5 The organizations referred to in clause (i)
6 are the following: ***【Please review what or-***
7 ***ganizations should be included.】***

8 “(3) ASSISTANCE TO THE SECRETARY.—In
9 complying with the requirements of this subsection,
10 the Secretary shall rely on the recommendations of
11 the National Committee on Vital and Health Statis-
12 tics established under section 306(k) of the Public
13 Health Service Act (42 U.S.C. 242k(k)), and shall
14 consult with appropriate Federal and State agencies
15 and private organizations. The Secretary shall pub-
16 lish in the Federal Register any recommendation of
17 the National Committee on Vital and Health Statis-
18 tics regarding the adoption of a method under this
19 subsection.

20 “(4) APPLICATION TO MODIFICATION OF METH-
21 ODS.—Paragraphs (2) and (3) shall apply to a modi-
22 fication to a method (including an addition to a
23 method) adopted under paragraph (1)(B) in the
24 same manner as such paragraphs apply to an initial
25 method adopted under paragraph (1)(A).

1 “(5) METHODS.—**【*Definition?*】**

2 “(c) CHARTER ORGANIZATION.—

3 “(1) ESTABLISHMENT.—Not later than 180
4 days after the date of the enactment of this section,
5 the Secretary shall establish a committee to be
6 known as the ‘Charter Organization’ to provide to
7 the Secretary recommendations for methods in
8 which to measure if qualified electronic health
9 records satisfy the criteria described in subsection
10 (a).

11 “(2) RECOMMENDATIONS.—

12 “(A) INITIAL METHODS.—Not later than
13 one year after the date of the enactment of this
14 section, the Charter Organization shall submit
15 to the Secretary recommendations for an initial
16 set of methods described in paragraph (1).

17 “(B) MODIFICATIONS AND ADDITIONS.—

18 “(i) EVALUATIONS AND REPORTS.—

19 “(I) HEARINGS.—Not later than
20 three years after the date of the en-
21 actment of this section, and not less
22 than biennially thereafter, the Sec-
23 retary, acting through the Charter Or-
24 ganization, shall conduct hearings to

1 evaluate and review the adopted meth-
2 ods under this section.

3 “(II) REPORT.—Not later than
4 five years after the date of the enact-
5 ment of this section, and not less than
6 biennially thereafter, the Charter Or-
7 ganization shall provide recommenda-
8 tions for updating and improving such
9 methods.

10 “(ii) INTERIM FINAL RULEMAKING.—

11 “(I) IN GENERAL.—**[**Subject to
12 subclause (III) and subsection
13 (b)(2)(B),**]** any recommendations to
14 amend adopted methods that have
15 been approved by the Charter Organi-
16 zation and submitted to the Secretary
17 under clause (i)(II) shall be adopted
18 by the Secretary through promulga-
19 tion of an interim final rule not later
20 than 90 days after receipt of the orga-
21 nization’s submission.

22 “(II) PUBLIC COMMENT.—The
23 Secretary shall accept and consider
24 public comments on any interim final
25 rule published under this clause for

1 60 days after the date of such publi-
2 cation.

3 **【“(III) AUTHORITY NOT TO**
4 **ADOPT.—**The Secretary, after the pe-
5 riod of public comment described in
6 subclause (II), may determine not to
7 adopt a recommendation to amend an
8 adopted method if **【_____】**. **【Not**
9 **later than 【___ days】** after the date
10 of such determination, the Secretary
11 shall publish in the Federal Register
12 the reason for such determination not
13 to adopt such recommendation.**】】**

14 **“(IV) EFFECTIVE DATE.—**The
15 effective date of any amendment to
16 existing methods that is adopted
17 through an interim final rule pub-
18 lished under this paragraph shall be
19 25 months following the close of the
20 public comment period described in
21 subclause (II).

22 **“(3) MEMBERSHIP.—**The Charter Organization
23 shall consist of the following members:

24 **“(A) STANDARDS DEVELOPMENT ORGANI-**
25 **ZATIONS.—**One representative from each of the

1 standards development organizations accredited
2 by the American National Standards Institute,
3 appointed by the Committee on Energy and
4 Commerce of the House of Representatives and
5 the Committee on Health, Education, Labor,
6 and Pensions of the Senate.

7 “(B) STAKEHOLDERS.—Twelve representa-
8 tives of health care providers, qualified elec-
9 tronic health records developers, health insur-
10 ance issuers and group health plans, and other
11 appropriate stakeholders—

12 “(i) six of whom shall be appointed by
13 the Speaker and minority leader of the
14 House of Representatives; and

15 “(ii) six of whom shall be appointed
16 by the majority leader and minority leader
17 of the Senate.

18 “(4) APPLICATION OF FACCA.—The Federal Ad-
19 visory Committee Act (5 U.S.C. App.), other than
20 section 14, shall apply to the Charter Organization.

21 “(d) HARMONIZATION.—In carrying out this section,
22 the Secretary shall recognize methods, with respect to
23 interoperability of qualified electronic health records, from
24 an entity or entities for the purpose of harmonizing or

1 updating methods in order to achieve uniform and con-
2 sistent implementation of the methods.

3 “(e) PILOT TESTING OF METHODS.—In the develop-
4 ment, harmonization, or recognition of methods under this
5 section, the Secretary shall, as appropriate, provide for the
6 testing of such methods by the National Institute for
7 Standards and Technology under section 13201(a) of the
8 Health Information Technology for Economic and Clinical
9 Health Act. **[Need conforming amendment to such**
10 **13201(a).]**

11 “(f) CONSISTENCY.—The methods recommended
12 under this section shall be consistent with the standards
13 for information transactions and data elements adopted
14 pursuant to section 1173 of the Social Security Act.”.

15 (2) SUNSETTING HIT POLICY COMMITTEE AND
16 HIT STANDARDS COMMITTEE.—

17 (A) HIT POLICY COMMITTEE.—Section
18 3002 of the Public Health Service Act (42
19 U.S.C. 300jj–12) is amended by adding at the
20 end the following new subsection:

21 “(f) TERMINATION.—The HIT Policy Committee
22 shall terminate on the date of the enactment of the
23 **[]** Act.”.

24 (B) HIT STANDARDS COMMITTEE.—Sec-
25 tion 3003 of the Public Health Service Act (42

1 U.S.C. 300jj–13) is amended by adding at the
2 end the following new subsection:

3 “(f) TERMINATION.—The HIT Standards Committee
4 shall terminate on the date that is 6 months after the date
5 of the enactment of this section.”.

6 (b) ADOPTION.—Section 3004 of the Public Health
7 Service Act (42 U.S.C. 300jj–14) is amended—

8 (1) in subsection (b), by adding at the end the
9 following new paragraph:

10 “(4) TERMINATION.—The Secretary may not
11 adopt any standards, implementation specifications,
12 or certification criteria under this subsection or sub-
13 section (a) after the date that is 6 months after the
14 date of the enactment of this section.”; and

15 (2) by adding at the end the following new sub-
16 section:

17 “(c) ADOPTION OF METHODS TO MEASURE INTER-
18 OPERABILITY.—For provisions relating to the adoption of
19 methods to measure interoperability, see section 3010.”.

20 (e) REPORTS AND NOTIFICATIONS.—Section 3010 of
21 the Public Health Service Act, as added by subsection (a),
22 is amended by adding at the end the following new sub-
23 section:

24 “(g) DISSEMINATION OF INFORMATION.—

1 “(1) INITIAL SUMMARY REPORT.—Not later
2 than July 1, 2016, the Secretary, after consultation
3 with relevant stakeholders, shall submit to Congress
4 and provide for publication in the Federal Register
5 and the posting on the Internet website of the Office
6 of the National Coordinator for Health Information
7 Technology of a report on the following:

8 “(A) The initial set of methods adopted
9 under this section.

10 “(B) The strategies for achieving wide-
11 spread interoperability.

12 “(C) An overview of the extent to which
13 qualified electronic health records offered as of
14 such date satisfy such initial set.

15 “(D) Any barriers that are preventing
16 widespread interoperability.

17 “(E) The plan and milestones, including
18 specific steps, to achieve widespread interoper-
19 ability.

20 “(2) FOLLOW-UP DETERMINATION AND REPORT
21 ON WIDESPREAD INTEROPERABILITY.—Not later
22 than December 31, 2017, the Secretary shall provide
23 for publication in the Federal Register and the post-
24 ing on the Internet website of the Office of the Na-

1 tional Coordinator for Health Information Tech-
2 nology of the following:

3 “(A) A determination by the Secretary
4 whether the goal of widespread interoperability
5 has been achieved.

6 “(B) A list identifying the vendors of, or
7 other entities offering, qualified electronic
8 health records, which categorizes such entities,
9 with respect to such records, as in compliance
10 or not in compliance with the certification cri-
11 teria described in section 3001(c)(5)(B)(ii) and
12 with the requirements under clause (i) of sec-
13 tion 3001(c)(5)(C) (including with the terms of
14 the attestation and other requirements under
15 such clause).

16 “(C) Actions that may be taken by entities
17 identified under subparagraph (B) as not being
18 in compliance with such criteria and require-
19 ments in order for such entities to become in
20 compliance with such criteria and requirements.

21 “(D) Penalties described in section
22 3010A(b) to which entities, with respect to such
23 qualified electronic health records, beginning
24 January 1, 2019, are subject if such technology
25 and entities are not in compliance with the cer-

1 tification criteria described in section
2 3001(c)(5)(B)(ii) and with the requirements
3 under clause (i) of section 3001(c)(5)(C), re-
4 spectively.

5 “(3) ONGOING PUBLICATION OF RECOMMENDA-
6 TIONS.—The Secretary shall provide for publication
7 in the Federal Register and the posting on the
8 Internet website of the Office of the National Coor-
9 dinator for Health Information Technology of all
10 recommendations made under this section.”.

11 (d) CERTIFICATION AND OTHER ENFORCEMENT
12 PROVISIONS.—

13 (1) CERTIFICATION OF QUALIFIED ELECTRONIC
14 HEALTH RECORD TECHNOLOGY.—

15 (A) IN GENERAL.—Section 3007(b) of the
16 Public Health Service Act (42 U.S.C. 300jj–
17 17(b)) is amended by striking “under section
18 3001(c)(3) to be in compliance with” and all
19 that follows through the period at the end and
20 inserting “under section 3001(c)(3)—

21 “(1) for certifications made before January 1,
22 2018, to be in compliance with applicable standards
23 adopted under subsections (a) and (b) of section
24 3004; and

1 “(2) for certifications made on or after January
2 1, 2018, to be interoperable in accordance with sec-
3 tion 3010, including as measured by the methods
4 adopted under such section.”.

5 (B) REQUIREMENTS OF SECRETARY.—Sec-
6 tion 3001(c)(5) of the Public Health Service
7 Act (42 U.S.C. 300jj–11(c)(5)) is amended—

8 (i) by amending subparagraph (B) of
9 such section to read as follows:

10 “(B) CERTIFICATION CRITERIA DE-
11 SCRIBED.—In this title, the term ‘certification
12 criteria’ means, with respect to qualified elec-
13 tronic health records—

14 “(i) for certifications made before
15 January 1, 2018, criteria to establish that
16 the technology meets standards and imple-
17 mentation specifications adopted under
18 subsections (a) and (b) of section 3004 for
19 qualified electronic health records; and

20 “(ii) for certifications made on or
21 after January 1, 2018, criteria to establish
22 that the technology is interoperable, in ac-
23 cordance with section 3010, including as
24 measured by the methods adopted under
25 such section.”; and

1 (ii) by adding at the end the following
2 new subparagraph:

3 “(C) ENFORCEMENT;
4 DECERTIFICATIONS.—

5 “(i) REQUIREMENTS.—Under any
6 program kept or recognized under subpara-
7 graph (A), the Secretary shall ensure that
8 any vendor of or other entity offering
9 qualified electronic health records seeking
10 a certification of such records under such
11 program on or after January 1, 2018,
12 shall, as a condition of certification (and
13 maintenance of certification) of such
14 records under such program—

15 “(I) provide to the Secretary an
16 attestation that the entity, unless for
17 a legitimate purpose specified by the
18 Secretary, has not knowingly and will-
19 fully taken any action, including
20 through any financial, administrative,
21 or technological barrier, to limit or re-
22 strict the exchange of information or
23 to prevent or disincentivize widespread
24 interoperability between any providers
25 using such records or other qualified

1 electronic health records in connection
2 with such records;

3 “(II) publish application pro-
4 gramming interfaces, with respect to
5 such records, for medical records
6 data, search and indexing, semantic
7 harmonization and vocabulary trans-
8 lation, and user interface applications;
9 and

10 “(III) demonstrate to the satis-
11 faction of the Secretary that data
12 from such records is able to be ex-
13 changed through the use of applica-
14 tion programming interfaces and used
15 in a manner that allows for exchange
16 and everyday use of such records by
17 authorized users.

18 “(ii) DECERTIFICATION.—Under any
19 program kept or recognized under subpara-
20 graph (A), the Secretary shall ensure that
21 beginning January 1, 2019, any qualified
22 electronic health record that does not sat-
23 isfy the certification criteria described in
24 section 3001(c)(5)(B)(ii) or with respect to
25 which the vendor or other entity described

1 in clause (i) does not satisfy the require-
2 ments under such clause (or is determined
3 to be in violation of the terms of the attes-
4 tation or other requirements under such
5 clause) shall no longer be considered as
6 certified under such program.

7 “(iii) ANNUAL PUBLICATION.—For
8 2019 and each subsequent year, the Sec-
9 retary shall post on the public Internet
10 website of the Department of Health and
11 Human Services a list of any vendors of or
12 other entities offering qualified electronic
13 health records with respect to which cer-
14 tification has been withdrawn under clause
15 (ii) during such year.”.

16 (2) ADDITIONAL ENFORCEMENT PROVISIONS
17 UNDER THE PUBLIC HEALTH SERVICE ACT.—Sub-
18 title A of title XXX of the Public Health Service Act
19 (42 U.S.C. 300jj–11 et seq.), as amended by sub-
20 section (a)(1), is further amended by adding at the
21 end the following new section:

22 **“SEC. 3010A. ENFORCEMENT MECHANISMS.**

23 “(a) INSPECTOR GENERAL AUTHORITY.—The In-
24 spector General of the Department of Health and Human
25 Services shall have the authority to investigate claims of—

1 “(1) vendors of, or other entities offering, quali-
2 fied electronic health records being in violation of an
3 attestation made under section 3001(c)(5)(C)(i)(I),
4 with respect to the use of such records by a health
5 care provider under a specified Medicare incentive
6 program; and

7 “(2) health care providers, with respect to the
8 use of such records under a specified Medicare in-
9 centive program, having, unless for a legitimate pur-
10 pose specified by the Secretary, knowingly and will-
11 fully taken any action, including through any finan-
12 cial, administrative, or technical barrier, to limit or
13 restrict the exchange of information or to prevent or
14 disincentivize widespread interoperability between
15 any providers using such records or other qualified
16 electronic health records in connection with such
17 records.

18 “(b) PENALTY.—**[***Review what the penalties should*
19 *be.***]** Any person or entity determined to have committed
20 an act described in subsection (a), in connection with a
21 specified Medicare incentive program, shall be subject to
22 **[**the provisions of sections 1128, 1128A, and 1128B**]** in
23 the same manner as a person or entity determined to have
24 committed an act described in such respective section. The
25 provisions of section 1128A (other than subsections (a)

1 and (b)) shall apply to a civil money penalty applied under
2 this subsection in the same manner as they apply to a
3 civil money penalty or proceeding under section 1128A(a).

4 “(c) SPECIFIED MEDICARE INCENTIVE PROGRAM.—
5 For purposes of this section, the term ‘specified Medicare
6 incentive program’ includes the following:

7 “(1) The incentive payments under subsection
8 (o) of section 1848 of the Social Security Act (42
9 U.S.C. 1395w–4) and adjustments under subsection
10 (a)(7) of such section.

11 “(2) The incentive payments under subsection
12 (n) of section 1848 of such Act (42 U.S.C. 1395ww)
13 and adjustments under subsection (b)(3)(B) of such
14 section.

15 “(3) The incentive payments and adjustments
16 made under subsections (l) and (m) of section 1853
17 of such Act (42 U.S.C. 1395w–23).

18 “(4) The incentive payment under paragraph
19 (3) of section 1814(l) of such Act (42 U.S.C.
20 1395f(1)) and adjustment under paragraph (4) of
21 such section.

22 “(5) The shared savings program under section
23 1899 of the Social Security Act (42 U.S.C.
24 1395jjj).”.

1 (3) DEMONSTRATION REQUIRED FOR MEANING-
2 FUL EHR USE INCENTIVES UNDER MEDICARE.—

3 (A) INCENTIVES FOR PROFESSIONALS.—

4 Section 1848(o)(2)(C) of the Social Security
5 Act (42 U.S.C. 1395w-4(o)(2)(C)) is amended
6 by adding at the end the following new clause:”.

7 “ (iii) INTEROPERABILITY.—With re-
8 spect to EHR reporting periods for pay-
9 ment years beginning with 2018, the
10 means described in clause (i) specified by
11 the Secretary shall include a demonstra-
12 tion, through means such as an attesta-
13 tion, that the professional has not know-
14 ingly and willfully taken any action de-
15 scribed in section 3010A(a)(2) of the Pub-
16 lic Health Service Act, with respect to the
17 use of any certified EHR technology.”.

18 (B) INCENTIVES FOR HOSPITALS.—Section
19 1886(o)(1) of the Social Security Act (42
20 U.S.C. 1395ww(o)(1)) is amended—

21 (i) in subparagraph (A), by inserting
22 before the period at the end the following:
23 “and, for performance periods for fiscal
24 year 2018 or a subsequent fiscal year, that

1 provide a demonstration described in sub-
2 paragraph (D) to the Secretary”; and

3 (ii) by adding at the end the following
4 new subparagraph:

5 “(D) DEMONSTRATION DESCRIBED.—The
6 demonstration described in this subparagraph is
7 a demonstration, through means such as an at-
8 testation, that the hospital has not knowingly
9 and willfully taken any action described in sec-
10 tion 3010A(a)(2) of the Public Health Service
11 Act, with respect to the use of any certified
12 EHR technology.”.

13 (4) DEMONSTRATION REQUIRED FOR MEANING-
14 FUL EHR USE INCENTIVES UNDER MEDICAID.—Sec-
15 tion 1903(t)(2) of the Social Security Act (42
16 U.S.C. 1396b(t)(2)) is amended by adding at the
17 end the following: “An eligible professional shall not
18 qualify as a Medicaid provider under this subsection,
19 with respect to a year beginning with 2018, unless
20 such professional demonstrates to the Secretary,
21 through means such as an attestation, that the pro-
22 fessional has not knowingly and willfully taken any
23 action described in section 3010A(a)(2) of the Public
24 Health Service Act, with respect to the use of any
25 certified EHR technology.”.

1 (e) DEFINITIONS.—

2 (1) CERTIFIED EHR TECHNOLOGY.—Paragraph
3 (1) of section 3000 of the Public Health Service Act
4 (42 U.S.C. 300jj) is amended to read as follows:

5 “(1) CERTIFIED EHR TECHNOLOGY.—The term
6 ‘certified EHR technology’ means a qualified elec-
7 tronic health record that is certified pursuant to sec-
8 tion 3001(c)(5) as meeting the certification criteria
9 defined in subparagraph (B) of such section that are
10 applicable to the type of record involved (as deter-
11 mined by the Secretary, such as an ambulatory elec-
12 tronic health record for office-based physicians or an
13 inpatient hospital electronic health record for hos-
14 pitals) and, beginning January 1, 2018, with respect
15 to which the vendor or other entity offering such
16 technology is in compliance with the requirements
17 under section 3001(c)(5)(C)(i).”.

18 (2) WIDESPREAD INTEROPERABILITY.—Section
19 3000 of the Public Health Service Act (42 U.S.C.
20 300jj) is amended by adding at the end the following
21 new paragraph:

22 “(15) WIDESPREAD INTEROPERABILITY.—The
23 term ‘widespread interoperability’ means that, on a
24 nationwide basis—

1 “(A) qualified electronic health records are
2 interoperable, in accordance with section 3010,
3 including as measured by the methods adopted
4 under such section; and

5 “(B) such records are employed by mean-
6 ingful EHR users under the specified Medicare
7 incentive programs (as defined in section
8 3010A(c)) and other clinicians and health care
9 providers.”.

10 (f) CONFORMING AMENDMENTS.—

11 (1) VOLUNTARY USE OF STANDARDS.—Section
12 3006 of the Public Health Service Act (42 U.S.C.
13 300jj–16) is amended—

14 (A) in subsection (a)—

15 (i) in paragraph (1), by inserting “or
16 a method adopted under section 3010”
17 after “section 3004”; and

18 (ii) in paragraph (2), by striking “or
19 implementation specification” and insert-
20 ing “implementation specification, or meth-
21 od”; and

22 (B) in subsection (b), by inserting “or the
23 methods adopted under section 3010” after
24 “section 3004”.

1 (2) HIPAA PRIVACY AND SECURITY LAW DEFINITION CORRECTION.—Section 3009(a)(2)(A) of the
2 Public Health Service Act (42 U.S.C. 300jj–
3 19(a)(2)(A)) is amended by striking “title IV” and
4 inserting “title XIII”.

6 (3) COORDINATION OF FEDERAL ACTIVITIES.—
7 Section 13111 of the HITECH Act is amended—

8 (A) in subsection (a), by inserting before
9 the period at the end the following: “(or beginning
10 on January 1, 2018, that are interoperable
11 under section 3010 of such Act, including as
12 measured by the methods adopted under such
13 section)”; and

14 (B) in subsection (b)—

15 (i) by inserting (or beginning on January
16 1, 2018, a method adopted under section
17 3010 of such Act) before “the President”; and
18 (ii) by inserting “(or method)” before

19 “ , respectively”.

21 (4) APPLICATION TO PRIVATE ENTITIES.—Section
22 13112 of the HITECH Act is amended by inserting
23 before the period at the end the following
24 “(or beginning on January 1, 2018, that are interoperable
25 under section 3010 of such Act, including

1 as measured by the methods adopted under such
2 section)”.
3

[(5) OTHERS.—]