

The Stimulus bill includes about \$20B for Health Information Technology. The vast majority of these funds go to Medicare and Medicaid providers as incentives to use electronic medical records.

The Stimulus package includes \$2 billion to increase the capacity of the Office of the National Coordinator of Health IT (ONC) in HHS. That office currently has a budget of less than \$61 million. The bill directs ONC to spend \$300M for Regional Health Information Exchanges, \$20M on Standards Development with NIST and the remaining funds are to be in a detailed plan due to Congress by November 1st.

HHS is also receiving \$1.5B for grants to health systems for construction, renovation and purchase of Health Information Technology Systems.

The Department of Agriculture is getting \$2.5B for grants/loans/guarantees for broadband Deployment. This money has a restriction that 75% of the area receiving the money must be classified as rural. The National Telecommunications and Information Administration (NTIA) is receiving \$4.7B for 'Broadband Opportunities'. These funds are directed as \$200M in grants to expand 'Public Access' through schools, libraries and community colleges. \$250M is dedicated to grants for 'innovative' programs and \$350M to develop and maintain a broadband map (these funds may be transferred to the Federal Communications Commission to develop a broadband plan).

The Indian Health Service is receiving \$85M to improve their telehealth services and related infrastructure.

The National Center for Research Resources (NCRR) of the National Institutes of Health (NIH) is receiving \$1.3B. This money is to be spent as \$1B to renovation and repair non-federal research facilities and \$300M for shared instrumentation. The Director of NIH is also receiving \$1.8B and directed to spend this by adding \$1.4B on additional research through the NIH Institutes and Centers and \$400M to ensure public access to the research results (Section G of public law 110-161).

The bill puts \$50M into the 'Public Health and Social Services Emergency Fund' to improve information technology security at HHS and also adds \$40M to budget of the Commissioner of Social Security for IT research on using Electronic Medical Records for disability claims.

It also includes health IT money for the Social Security Administration, Indian Health Service, community health centers, medical schools and other institutions.

Other notable non-IT provisions identified by Government Health IT:

* Privacy rules under the Health Insurance Portability and Accountability Act of 1996 are strengthened, and their applicability is extended to more individuals and organizations that have access to patients' health records.

* ONC is required to appoint a chief privacy officer to advise the national coordinator on privacy and security issues.

* New health IT policy and standards committees would be established as federal advisory committees.

* Although the bill sets a goal of having e-health records for every American by 2014, the bill specifies that patients are not required to have EHRs.

* Health care providers and insurers that contract with the federal government must use standards-compliant health IT systems and products.

* The National Institute of Standards and Technology would test health IT standards.

* Organizations and individuals that have patients' health records would be required to report breaches of that data.

* Sales of health records would be restricted largely, making the data available to researchers and public health authorities but few others.

* In a controversial provision that persisted into the final bill, state attorneys general could sue individuals to enforce HIPAA privacy and security standards.