

to the comprehensive needs, including respite care needs, of their residents.

**(f) Use of grant or cooperative agreement funds**

**(1) In general**

**(A) Required uses of funds**

Each eligible State agency awarded a grant or cooperative agreement under this section shall use all or part of the funds—

- (i) to develop or enhance lifespan respite care at the State and local levels;
- (ii) to provide respite care services for family caregivers caring for children or adults;
- (iii) to train and recruit respite care workers and volunteers;
- (iv) to provide information to caregivers about available respite and support services; and
- (v) to assist caregivers in gaining access to such services.

**(B) Optional uses of funds**

Each eligible State agency awarded a grant or cooperative agreement under this section may use part of the funds for—

- (i) training programs for family caregivers to assist such family caregivers in making informed decisions about respite care services;
- (ii) other services essential to the provision of respite care as the Secretary may specify; or
- (iii) training and education for new caregivers.

**(2) Subcontracts**

Each eligible State agency awarded a grant or cooperative agreement under this section may carry out the activities described in paragraph (1) directly or by grant to, or contract with, public or private entities.

**(3) Matching funds**

**(A) In general**

With respect to the costs of the activities to be carried out under paragraph (1), a condition for the receipt of a grant or cooperative agreement under this section is that the eligible State agency agrees to make available (directly or through donations from public or private entities) non-Federal contributions toward such costs in an amount that is not less than 25 percent of such costs.

**(B) Determination of amount contributed**

Non-Federal contributions required by subparagraph (A) may be in cash or in kind, fairly evaluated, including plant, equipment, or services. Amounts provided by the Federal Government, or services assisted or subsidized to any significant extent by the Federal Government, may not be included in determining the amount of such non-Federal contributions.

**(g) Term of grants or cooperative agreements**

**(1) In general**

The Secretary shall award grants or cooperative agreements under this section for terms that do not exceed 5 years.

**(2) Renewal**

The Secretary may renew a grant or cooperative agreement under this section at the end

of the term of the grant or cooperative agreement determined under paragraph (1).

**(h) Maintenance of effort**

Funds made available under this section shall be used to supplement and not supplant other Federal, State, and local funds available for respite care services.

(July 1, 1944, ch. 373, title XXIX, § 2902, as added Pub. L. 109-442, § 2, Dec. 21, 2006, 120 Stat. 3292.)

**§ 300ii-2. National lifespan respite resource center**

**(a) Establishment**

The Secretary may award a grant or cooperative agreement to a public or private nonprofit entity to establish a National Resource Center on Lifespan Respite Care (referred to in this section as the “center”).

**(b) Purposes of the center**

The center shall—

- (1) maintain a national database on lifespan respite care;
- (2) provide training and technical assistance to State, community, and nonprofit respite care programs; and
- (3) provide information, referral, and educational programs to the public on lifespan respite care.

(July 1, 1944, ch. 373, title XXIX, § 2903, as added Pub. L. 109-442, § 2, Dec. 21, 2006, 120 Stat. 3295.)

**§ 300ii-3. Report**

Not later than January 1, 2009, the Secretary shall report to the Congress on the activities undertaken under this subchapter. Such report shall evaluate—

- (1) the number of States that have lifespan respite care programs;
- (2) the demographics of the caregivers receiving respite care services through grants or cooperative agreements under this subchapter; and
- (3) the effectiveness of entities receiving grants or cooperative agreements under this subchapter.

(July 1, 1944, ch. 373, title XXIX, § 2904, as added Pub. L. 109-442, § 2, Dec. 21, 2006, 120 Stat. 3295.)

**§ 300ii-4. Authorization of appropriations**

There are authorized to be appropriated to carry out this subchapter—

- (1) \$30,000,000 for fiscal year 2007;
- (2) \$40,000,000 for fiscal year 2008;
- (3) \$53,330,000 for fiscal year 2009;
- (4) \$71,110,000 for fiscal year 2010; and
- (5) \$94,810,000 for fiscal year 2011.

(July 1, 1944, ch. 373, title XXIX, § 2905, as added Pub. L. 109-442, § 2, Dec. 21, 2006, 120 Stat. 3296.)

SUBCHAPTER XXVIII—HEALTH INFORMATION TECHNOLOGY AND QUALITY

**§ 300jj. Definitions**

In this subchapter:

**(1) Certified EHR technology**

The term “certified EHR technology” means a qualified electronic health record that is cer-

tified pursuant to section 300jj-11(c)(5) of this title as meeting standards adopted under section 300jj-14 of this title that are applicable to the type of record involved (as determined by the Secretary, such as an ambulatory electronic health record for office-based physicians or an inpatient hospital electronic health record for hospitals).

**(2) Enterprise integration**

The term “enterprise integration” means the electronic linkage of health care providers, health plans, the government, and other interested parties, to enable the electronic exchange and use of health information among all the components in the health care infrastructure in accordance with applicable law, and such term includes related application protocols and other related standards.

**(3) Health care provider**

The term “health care provider” includes a hospital, skilled nursing facility, nursing facility, home health entity or other long term care facility, health care clinic, community mental health center (as defined in section 300x-2(b)(1) of this title), renal dialysis facility, blood center, ambulatory surgical center described in section 1395l(i) of this title,<sup>1</sup> emergency medical services provider, Federally qualified health center, group practice, a pharmacist, a pharmacy, a laboratory, a physician (as defined in section 1395x(r) of this title), a practitioner (as described in section 1395u(b)(18)(C) of this title), a provider operated by, or under contract with, the Indian Health Service or by an Indian tribe (as defined in the Indian Self-Determination and Education Assistance Act [25 U.S.C. 450 et seq.]), tribal organization, or urban Indian organization (as defined in section 1603 of title 25), a rural health clinic, a covered entity under section 256b of this title, an ambulatory surgical center described in section 1395l(i) of this title,<sup>1</sup> a therapist (as defined in section 1395w-4(k)(3)(B)(iii) of this title), and any other category of health care facility, entity, practitioner, or clinician determined appropriate by the Secretary.

**(4) Health information**

The term “health information” has the meaning given such term in section 1320d(4) of this title.

**(5) Health information technology**

The term “health information technology” means hardware, software, integrated technologies or related licenses, intellectual property, upgrades, or packaged solutions sold as services that are designed for or support the use by health care entities or patients for the electronic creation, maintenance, access, or exchange of health information<sup>2</sup>

**(6) Health plan**

The term “health plan” has the meaning given such term in section 1320d(5) of this title.

**(7) HIT Policy Committee**

The term “HIT Policy Committee” means such Committee established under section 300jj-12(a) of this title.

**(8) HIT Standards Committee**

The term “HIT Standards Committee” means such Committee established under section 300jj-13(a) of this title.

**(9) Individually identifiable health information**

The term “individually identifiable health information” has the meaning given such term in section 1320d(6) of this title.

**(10) Laboratory**

The term “laboratory” has the meaning given such term in section 263a(a) of this title.

**(11) National Coordinator**

The term “National Coordinator” means the head of the Office of the National Coordinator for Health Information Technology established under section 300jj-11(a) of this title.

**(12) Pharmacist**

The term “pharmacist” has the meaning given such term in section 384(2) of title 21.

**(13) Qualified electronic health record**

The term “qualified electronic health record” means an electronic record of health-related information on an individual that—

- (A) includes patient demographic and clinical health information, such as medical history and problem lists; and
- (B) has the capacity—
  - (i) to provide clinical decision support;
  - (ii) to support physician order entry;
  - (iii) to capture and query information relevant to health care quality; and
  - (iv) to exchange electronic health information with, and integrate such information from other sources.

**(14) State**

The term “State” means each of the several States, the District of Columbia, Puerto Rico, the Virgin Islands, Guam, American Samoa, and the Northern Mariana Islands.

(July 1, 1944, ch. 373, title XXX, § 3000, as added Pub. L. 111-5, div. A, title XIII, § 13101, Feb. 17, 2009, 123 Stat. 228.)

REFERENCES IN TEXT

The Indian Self-Determination and Education Assistance Act, referred to in par. (3), is Pub. L. 93-638, Jan. 4, 1975, 88 Stat. 2203, which is classified principally to subchapter II (§ 450 et seq.) of chapter 14 of Title 25, Indians. For complete classification of this Act to the Code, see Short Title note set out under section 450 of Title 25 and Tables.

PART A—PROMOTION OF HEALTH INFORMATION TECHNOLOGY

**§ 300jj-11. Office of the National Coordinator for Health Information Technology**

**(a) Establishment**

There is established within the Department of Health and Human Services an Office of the National Coordinator for Health Information Technology (referred to in this section as the “Of-

<sup>1</sup> So in original. The words “ambulatory surgical center described in section 1395l(i) of this title” appear in two places.

<sup>2</sup> So in original. Probably should be followed by a period.