

on development of framework for space traffic management, was repealed in part and transferred in part. Subsec. (b) was repealed and reenacted as section 71302 of Title 51, National and Commercial Space Programs, by Pub. L. 111-314, §§ 3, 6, Dec. 18, 2010, 124 Stat. 3328, 3444, which Act enacted Title 51. Subsec. (a), which provided congressional finding of need for space traffic management, was transferred and is set out as a note under section 71302 of Title 51.

**§§ 17822 to 17824. Repealed. Pub. L. 111-314, § 6, Dec. 18, 2010, 124 Stat. 3444**

Section 17822, Pub. L. 110-422, title XI, §1103, Oct. 15, 2008, 122 Stat. 4808, related to astronaut health care. See section 31302 of Title 51, National and Commercial Space Programs.

Section 17823, Pub. L. 110-422, title XI, §1104, Oct. 15, 2008, 122 Stat. 4809, related to National Academies decadal surveys. See section 20305 of Title 51.

Section 17824, Pub. L. 110-422, title XI, §1107, Oct. 15, 2008, 122 Stat. 4810, related to NASA outreach program to promote business competitiveness through space and aeronautics technologies. See section 30305 of Title 51.

**§ 17825. Repealed or Omitted**

CODIFICATION

Section, Pub. L. 110-422, title XI, §1109, Oct. 15, 2008, 122 Stat. 4811, which related to protection of scientific credibility, integrity, and communication within NASA, was repealed in part and omitted in part. Subsec. (c) was repealed and reenacted as section 60506 of Title 51, National and Commercial Space Programs, by Pub. L. 111-314, §§ 3, 6, Dec. 18, 2010, 124 Stat. 3328, 3444, which Act enacted Title 51. Subsec. (a), which provided sense of Congress regarding NASA's posture toward scientific research, and subsec. (b), which directed Comptroller General to initiate study within 60 days after Oct. 15, 2008, complete it within 270 days, and report to Congress, were omitted from the Code following the enactment of Title 51.

**§ 17826. Omitted**

CODIFICATION

Section, Pub. L. 110-422, title XI, §1111, Oct. 15, 2008, 122 Stat. 4811, which required a plan and inventory of natural methane stocks and fluxes in the polar region of the United States within 12 months after Oct. 15, 2008, was omitted from the Code following the enactment of Title 51, National and Commercial Space Programs, by Pub. L. 111-314.

**§§ 17827 to 17829. Repealed. Pub. L. 111-314, § 6, Dec. 18, 2010, 124 Stat. 3444**

Section 17827, Pub. L. 110-422, title XI, §1112, Oct. 15, 2008, 122 Stat. 4811, provided an exception to alternative fuel procurement requirement. See section 30310 of Title 51, National and Commercial Space Programs.

Section 17828, Pub. L. 110-422, title XI, §1116, Oct. 15, 2008, 122 Stat. 4813, related to cooperative unmanned aerial vehicle activities. See section 31504 of Title 51.

Section 17829, Pub. L. 110-422, title XI, §1117, Oct. 15, 2008, 122 Stat. 4813, related to development of enhanced-use lease policy. See section 31505 of Title 51.

**CHAPTER 156—HEALTH INFORMATION TECHNOLOGY**

**SUBCHAPTER I—APPLICATION AND USE OF ADOPTED HEALTH INFORMATION TECHNOLOGY STANDARDS; REPORTS**

- Sec.  
17901. Coordination of Federal activities with adopted standards and implementation specifications.  
17902. Application to private entities.

- Sec.  
17903. Study and reports.  
SUBCHAPTER II—TESTING OF HEALTH INFORMATION TECHNOLOGY  
17911. National Institute for Standards and Technology testing.  
17912. Research and development programs.  
SUBCHAPTER III—PRIVACY  
17921. Definitions.  
PART A—IMPROVED PRIVACY PROVISIONS AND SECURITY PROVISIONS  
17931. Application of security provisions and penalties to business associates of covered entities; annual guidance on security provisions.  
17932. Notification in the case of breach.  
17933. Education on health information privacy.  
17934. Application of privacy provisions and penalties to business associates of covered entities.  
17935. Restrictions on certain disclosures and sales of health information; accounting of certain protected health information disclosures; access to certain information in electronic format.  
17936. Conditions on certain contacts as part of health care operations.  
17937. Temporary breach notification requirement for vendors of personal health records and other non-HIPAA covered entities.  
17938. Business associate contracts required for certain entities.  
17939. Improved enforcement.  
17940. Audits.  
PART B—RELATIONSHIP TO OTHER LAWS; REGULATORY REFERENCES; EFFECTIVE DATE; REPORTS  
17951. Relationship to other laws.  
17952. Regulatory references.  
17953. Studies, reports, guidance.

**SUBCHAPTER I—APPLICATION AND USE OF ADOPTED HEALTH INFORMATION TECHNOLOGY STANDARDS; REPORTS**

**§ 17901. Coordination of Federal activities with adopted standards and implementation specifications**

**(a) Spending on health information technology systems**

As each agency (as defined by the Director of the Office of Management and Budget, in consultation with the Secretary of Health and Human Services) implements, acquires, or upgrades health information technology systems used for the direct exchange of individually identifiable health information between agencies and with non-Federal entities, it shall utilize, where available, health information technology systems and products that meet standards and implementation specifications adopted under section 300jj-14 of this title, as added by section 13101.<sup>1</sup>

**(b) Federal information collection activities**

With respect to a standard or implementation specification adopted under section 300jj-14 of this title, as added by section 13101, the President shall take measures to ensure that Federal activities involving the broad collection and

<sup>1</sup> See References in Text note below.

submission of health information are consistent with such standard or implementation specification, respectively, within three years after the date of such adoption.

**(c) Application of definitions**

The definitions contained in section 300jj of this title, as added by section 13101,<sup>1</sup> shall apply for purposes of this subchapter.

(Pub. L. 111-5, div. A, title XIII, §13111, Feb. 17, 2009, 123 Stat. 242.)

REFERENCES IN TEXT

Section 13101, referred to in text, means section 13101 of div. A of Pub. L. 111-5.

**§ 17902. Application to private entities**

Each agency (as defined in such Executive Order issued on August 22, 2006, relating to promoting quality and efficient health care in Federal government administered or sponsored health care programs) shall require in contracts or agreements with health care providers, health plans, or health insurance issuers that as each provider, plan, or issuer implements, acquires, or upgrades health information technology systems, it shall utilize, where available, health information technology systems and products that meet standards and implementation specifications adopted under section 300jj-14 of this title, as added by section 13101.<sup>1</sup>

(Pub. L. 111-5, div. A, title XIII, §13112, Feb. 17, 2009, 123 Stat. 243.)

REFERENCES IN TEXT

Executive Order issued on August 22, 2006, referred to in text, is Ex. Ord. No. 13410, Aug. 22, 2006, 71 F.R. 51089, which is set out as a note under section 300u of this title.

Section 13101, referred to in text, means section 13101 of div. A of Pub. L. 111-5.

**§ 17903. Study and reports**

**(a) Report on adoption of nationwide system**

Not later than 2 years after February 17, 2009, and annually thereafter, the Secretary of Health and Human Services shall submit to the appropriate committees of jurisdiction of the House of Representatives and the Senate a report that—

- (1) describes the specific actions that have been taken by the Federal Government and private entities to facilitate the adoption of a nationwide system for the electronic use and exchange of health information;
- (2) describes barriers to the adoption of such a nationwide system; and
- (3) contains recommendations to achieve full implementation of such a nationwide system.

**(b) Reimbursement incentive study and report**

**(1) Study**

The Secretary of Health and Human Services shall carry out, or contract with a private entity to carry out, a study that examines methods to create efficient reimbursement incentives for improving health care quality in Federally qualified health centers, rural health clinics, and free clinics.

**(2) Report**

Not later than 2 years after February 17, 2009, the Secretary of Health and Human Services shall submit to the appropriate committees of jurisdiction of the House of Representatives and the Senate a report on the study carried out under paragraph (1).

**(c) Aging services technology study and report**

**(1) In general**

The Secretary of Health and Human Services shall carry out, or contract with a private entity to carry out, a study of matters relating to the potential use of new aging services technology to assist seniors, individuals with disabilities, and their caregivers throughout the aging process.

**(2) Matters to be studied**

The study under paragraph (1) shall include—

- (A) an evaluation of—
  - (i) methods for identifying current, emerging, and future health technology that can be used to meet the needs of seniors and individuals with disabilities and their caregivers across all aging services settings, as specified by the Secretary;
  - (ii) methods for fostering scientific innovation with respect to aging services technology within the business and academic communities; and
  - (iii) developments in aging services technology in other countries that may be applied in the United States; and

(B) identification of—

- (i) barriers to innovation in aging services technology and devising strategies for removing such barriers; and
- (ii) barriers to the adoption of aging services technology by health care providers and consumers and devising strategies to removing such barriers.

**(3) Report**

Not later than 24 months after February 17, 2009, the Secretary shall submit to the appropriate committees of jurisdiction of the House of Representatives and of the Senate a report on the study carried out under paragraph (1).

**(4) Definitions**

For purposes of this subsection:

**(A) Aging services technology**

The term “aging services technology” means health technology that meets the health care needs of seniors, individuals with disabilities, and the caregivers of such seniors and individuals.

**(B) Senior**

The term “senior” has such meaning as specified by the Secretary.

(Pub. L. 111-5, div. A, title XIII, §13113, Feb. 17, 2009, 123 Stat. 243.)

<sup>1</sup> See References in Text note below.