

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 certified 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 13957(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. 5301 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 13957(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.

<sup>1</sup>So in original. The words “ambulatory surgical center described in section 13957(i) of this title” appear in two places.