COSMOS
Navigate the Compliance Universe

42 U.S. Code § 300jj-19a

Electronic health record reporting program

(a) Reporting criteria

(1) Convening of stakeholders

Not later than 1 year after December 13, 2016, the Secretary shall convene stakeholders, as described in paragraph (2), for the purpose of developing the reporting criteria in accordance with paragraph (3).

(2) Development of reporting criteria

The reporting criteria under this subsection shall be developed through a public, transparent process that reflects input from relevant stakeholders, including—

(A) health care providers, including primary care and specialty care health care professionals;

(B) hospitals and hospital systems;

(C) health information technology developers;

(D) patients, consumers, and their advocates;

(E) data sharing networks, such as health information exchanges;

(F) authorized certification bodies and testing laboratories;

(G) security experts;

(H) relevant manufacturers of medical devices;

(I) experts in health information technology market economics;

(J) public and private entities engaged in the evaluation of health information technology performance;

(K) quality organizations, including the consensus based entity described in section 1395aaa of this title;

(L) experts in human factors engineering and the measurement of user-centered design; and

(M) other entities or individuals, as the Secretary determines appropriate.

(3) Considerations for reporting criteria

The reporting criteria developed under this subsection—

(A) shall include measures that reflect categories including—

(i) security;

(ii) usability and user-centered design;

(iii) interoperability;

(iv) conformance to certification testing; and

(v) other categories, as appropriate to measure the performance of electronic health record technology;

(B) may include categories such as—

(i) enabling the user to order and view the results of laboratory tests, imaging tests, and other diagnostic

tests;

(ii) submitting, editing, and retrieving data from registries such as clinician-led clinical data registries;

(iii) accessing and exchanging information and data from and through health information exchanges;

(iv) accessing and exchanging information and data from medical devices;

(v) accessing and exchanging information and data held by Federal, State, and local agencies and other applicable entities useful to a health care provider or other applicable user in the furtherance of patient care;

(vi) accessing and exchanging information from other health care providers or applicable users;

(vii) accessing and exchanging patient generated information;

(viii) providing the patient or an authorized designee with a complete copy of their health information from an electronic record in a computable format;

(ix) providing accurate patient information for the correct patient, including exchanging such information, and avoiding the duplication of patients records; and

(x) other categories regarding performance, accessibility,[1] as the Secretary determines appropriate; and

(C) shall be designed to ensure that small and startup health information technology developers are not unduly disadvantaged by the reporting criteria.