



21st Century Cures Health IT Provisions Implementation Timeline

Annually

The HIT Advisory Committee, in consultation with ONC, shall submit a report to Congress on the progress made during the preceding fiscal year on achieving a health information technology infrastructure, nationally and locally, that allows for the electronic access, exchanged and use of health information and progress on meeting benchmarks. (p. 370)

The HIT Advisory Committee, in collaboration with NIST, shall annually and through the use of public input, review and publish priorities for the use of health information technology, standards and implementation specifications. (p.382)

30 days after enactment

No enforcement of information blocking practices or conduct occurring prior to 30 days after the date of enactment can occur. (p.385)

Within 6 months of enactment

The Secretary shall submit to the HIT Advisory Committee a report concerning attestations statistics for the Medicare and Medicaid EHR Incentive Programs (p 334)

The National Coordinator shall convene appropriate stakeholders to develop or support a trusted exchange framework for trust policies and practices and for a common agreement for exchange between health information networks. (p.352)

The National Coordinator shall periodically convene the HIT Advisory Committee to identify priority uses for health information technology. (p.379)

Within 1 year of enactment

Secretary shall develop a strategy and recommendations to meet regulatory or administrative burden deductions. (p.329)

The secretary through noted and comment rulemaking, shall require, as a condition of certification and maintenance of certification a health information technology developer or entity:

- a. Does not take any action that constitutes information blocking
- b. Provides assurances that for may constitute information blocking
- c. Has published application programing interfaces and allows information to be accessed, exchanged and used without special effort
- d. Successfully tested the real world use of the technology for interoperability (p.335)

The health IT technology vendor must provide the Secretary an attestation that the developer or entity:

- a. Has not engaged in information blocking
- b. Has provided the assurances satisfactory to the Secretary
- c. Does not prohibit or restrict communication
- d. Has published application programming interfaces
- e. Ensures that its technology allows for health information to be exchanged, accessed and used without special effort
- f. Has undertaken real world testing (p.338)

The Secretary shall convene stakeholders for the purpose of developing the reporting criteria for the Electronic Health Record Reporting Program (p. 341)

The Secretary shall award grants, contracts or agreements to independent entities on a competitive basis to support the convening of stakeholders to collect the information required to be reporting and develop and implement a process for reporting under the Electronic Health Record Reporting Program (p.345)

The National Coordinator shall publish on its public website, and in the federal register, the trusted exchange framework and common agreement. (p.352)

The Comptroller General shall conduct a study to review the policies and activities of ONC and other relevant stakeholders to ensure appropriate patient matching to electronic health information and survey ongoing efforts related to those policies and activities described (p.402)

The CMS Administrator shall provide to the committees of jurisdiction on:

- a. Populations of Medicare beneficiaries, such as those who are dually eligible for the Medicare program and Medicaid program, and those with chronic conditions, whose care may be improved most in terms of quality and efficiency by the expansion of telehealth services
- b. Activities CMMI which examine the use of telehealth services in models, projects or initiatives
- c. Types of high-volume services which may be suitable to furnished using telehealth
- d. Barriers that might prevent the expansion of telehealth services that are beyond what is in effect as of the date of enactment. (p.413)

Within 18 months of enactment

The Secretary shall make recommendations for the voluntary Certifications of health information technology for use by pediatric health providers. (p.333)

The Comptroller General shall submit a report to Congress on patient access to their own protected health information, including barriers to such patient access and complications or difficulties providers experience in providing access to patients. (p.405)

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The Medicare Payment and Advisory Commission (MEDPAC) shall provide information to the Committees of jurisdiction that identifies:

- a. Telehealth services for which payment can be made as of the date of enactment under fee-for-service, under Medicare parts A and B
- b. Telehealth services for which payment can be made as of the date of enactment under private health insurance plans
- c. Ways in which services might be incorporated into such fee-for-service program (p.414)

Within 2 years of enactment

The Secretary shall adopt certification criteria to support the voluntary certification of health information technology for use by pediatric health providers. (p.334)

[Not later than 2 years after convening stakeholders] the National Coordinator shall publish on its website a list of health information networks that have adopted the common agreement and are capable of trusted exchange pursuant to the common agreement. (p.354)

The Comptroller General shall submit to the appropriate congressional committees, a report concerning the findings of the study conducted patient matching. (p.404)

The Secretary shall publish a report that includes input from experts that examines information available to the Secretary on any risks and benefits association with software functions and summarizes finding regarding the impact of such software functions on patient safety, including best practices to promote safety, education and competency related to such functions. (p.264)

Within 3 years of enactment

The Secretary shall directly or through partnership with a private entity, establish a provider digital contact information index to provide digital contact information for health professional and health facilities. (p.357)

Within 4 years of enactment

The secretary shall assess performance of grant, contract and agreement participants based on the quality and usability of reports for the Electronic Health Record Reporting Program. (within 4 years and every 2 years thereafter.) (p.347)

The Secretary shall submit to the HELP and E&C Committees a report concerning best practices and current trends voluntarily provided, by patient safety organizations to improve integration of health IT into clinical practice. (p.396)

Within 5 years of enactment

The National Coordinator (and every 3 years thereafter) shall convene stakeholders to review the existing set of adopted standards and implementation specifications and make recommendations to maintain such standards or phase them out. (p.381)

No deadline provided

The national coordinator, with OCR, shall issue guidance on common legal, governance and security barriers that prevent the trusted exchange of electronic health information. (p.390)

The Secretary, in coordination with OCR, shall issue guidance to health information exchanges related to best practices to ensure that the electronic health information provided to patients is:

privates and secure; accurate; verifiable; and, where a patient's authorization to exchange information is required by law, easily exchanged pursuant to such authorization. (p. 398)