

“SEC. 3003. SETTING PRIORITIES FOR STANDARDS ADOPTION.

“(a) IDENTIFYING PRIORITIES.—

“(1) IN GENERAL.—Not later than 6 months after the date on which the HIT Advisory Committee first meets, the National Coordinator shall periodically convene the HIT Advisory Committee to—

“(A) identify priority uses of health information technology, focusing on priorities—

“(i) arising from the implementation of the incentive programs for the meaningful use of certified EHR technology, the Merit-based Incentive Payment System, Alternative Payment Models, the Hospital Value-Based Purchasing Program, and any other value-based payment program determined appropriate by the Secretary;

“(ii) related to the quality of patient care;

“(iii) related to public health;

“(iv) related to clinical research;

“(v) related to the privacy and security of electronic health information;

“(vi) related to innovation in the field of health information technology;

“(vii) related to patient safety;

“(viii) related to the usability of health information technology;

“(ix) related to individuals’ access to electronic health information; and

“(x) other priorities determined appropriate by the Secretary;

“(B) identify existing standards and implementation specifications that support the use and exchange of electronic health information needed to meet the priorities identified in subparagraph (A); and

“(C) publish a report summarizing the findings of the analysis conducted under subparagraphs (A) and (B) and make appropriate recommendations.

“(2) PRIORITIZATION.—In identifying such standards and implementation specifications under paragraph (1)(B), the HIT Advisory Committee shall prioritize standards and implementation specifications developed by consensus-based standards development organizations.

“(3) GUIDELINES FOR REVIEW OF EXISTING STANDARDS AND SPECIFICATIONS.—In consultation with the consensus-based entity described in section 1890 of the Social Security Act and other appropriate Federal agencies, the analysis of existing standards under paragraph (1)(B) shall include an evaluation of the need for a core set of common data elements and associated value sets to

enhance the ability of certified health information technology to capture, use, and exchange structured electronic health information.

“(b) REVIEW OF ADOPTED STANDARDS.—

“(1) IN GENERAL.—Beginning 5 years after the date of enactment of the 21st Century Cures Act and every 3 years thereafter, the National Coordinator shall convene stakeholders to review the existing set of adopted standards and implementation specifications and make recommendations with respect to whether to—

“(A) maintain the use of such standards and implementation specifications; or

“(B) phase out such standards and implementation specifications.

“(2) PRIORITIES.—The HIT Advisory Committee, in collaboration with the National Institute for Standards and Technology, shall annually and through the use of public input, review and publish priorities for the use of health information technology, standards, and implementation specifications to support those priorities.

“(c) RULE OF CONSTRUCTION.—Nothing in this section shall be construed to prevent the use or adoption of novel standards that improve upon the existing health information technology infrastructure and facilitate the secure exchange of health information.”.