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(Original Signature of Member)

112TH CONGRESS
2D SESSION

H. R. _____

To foster further innovation and entrepreneurship in the health information
technology sector.

Mr. HONDA introduced the following bill; which was referred to the Committee
on _____

A BILL

To foster further innovation and entrepreneurship in the
health information technology sector.

1 *Be it enacted by the Senate and House of Representa-*
2 *tives of the United States of America in Congress assembled,*

3 **SECTION 1. SHORT TITLE.**

4 This Act may be cited as the “Health Care Innova-
5 tion and Marketplace Technologies Act of 2012”.

1 **SEC. 2. HEALTH INFORMATION TECHNOLOGY PLACED IN**
2 **SERVICE BY MEDICAL CARE PROVIDER.**

3 (a) IN GENERAL.—Part VI of subchapter B of chap-
4 ter 1 of the Internal Revenue Code of 1986 is amended
5 by adding at the end the following:

6 **“SEC. 200. HEALTH IT PLACED IN SERVICE BY MEDICAL**
7 **CARE PROVIDER.**

8 “(a) IN GENERAL.—In the case of a medical care
9 provider, there shall be allowed as a deduction an amount
10 equal to the amount paid or incurred by the medical care
11 provider for qualified health information technology placed
12 in service by the provider during the taxable year.

13 “(b) LIMITATION.—The amount allowed as a deduc-
14 tion to a medical care provider by subsection (a) for a tax-
15 able year shall not exceed \$250,000.

16 “(c) DEFINITIONS.—For purposes of this section—

17 “(1) MEDICAL CARE PROVIDER.—The term
18 ‘medical care provider’ means—

19 “(A) a provider of services (as defined in
20 section 1861(u) of the Social Security Act (42
21 U.S.C. 1395x(u)),

22 “(B) a provider of medical or health serv-
23 ices (as defined in section 1861(s) of the Social
24 Security Act (42 U.S.C. 1395x(s)), and

1 “(C) any other person who furnishes, bills,
2 or is paid for health care in the normal course
3 of business.

4 “(2) QUALIFIED HEALTH INFORMATION TECH-
5 NOLOGY.—The term ‘qualified health information
6 technology’ means the application of information
7 processing involving both computer hardware and
8 software that deals with the storage, retrieval, shar-
9 ing, and use of health care information, data, and
10 knowledge for communication and decision making.
11 Such term does not include certified EHR tech-
12 nology.

13 “(d) SPECIAL RULES.—

14 “(1) PASS-THRU ENTITIES.—In the case of a
15 partnership or S corporation, this section shall be
16 applied at the entity level and at the partner or simi-
17 lar level.

18 “(2) COORDINATION WITH OTHER DEDUC-
19 TIONS.—Any amount taken into account under sub-
20 section (a) shall not be allowed as a deduction under
21 any other section of this chapter.

22 “(e) TERMINATION.—This section shall not apply to
23 amounts paid or incurred after December 31, 2017.”.

1 (b) CLERICAL AMENDMENT.—The table of sections
2 for part VI of subchapter B of chapter 1 of such Code
3 is amended by adding at the end the following new item:

“Sec. 200. Health IT placed in service by medical care provider.”.

4 (c) EFFECTIVE DATE.—The amendments made by
5 this section shall apply to taxable years beginning after
6 December 31, 2012.

7 **SEC. 3. SMALL BUSINESS HEALTH INFORMATION TECH-**
8 **NOLOGY FINANCING PROGRAM.**

9 The Small Business Act (15 U.S.C. 631 et seq.) is
10 amended by redesignating section 45 as section 46 and
11 by inserting the following new section after section 44:

12 **“SEC. 45. LOAN GUARANTEES FOR HEALTH INFORMATION**
13 **TECHNOLOGY.**

14 “(a) DEFINITIONS.—As used in this section:

15 “(1) The term ‘health information technology’
16 means computer hardware, software, services, and
17 related technology that is purchased by an eligible
18 professional to aid in the provision of health care in
19 a health care setting and that provides for—

20 “(A) enhancement of continuity of care for
21 patients through electronic storage, trans-
22 mission, and exchange of relevant personal
23 health data and information, such that this in-
24 formation is accessible at the times and places

1 where clinical decisions will be or are likely to
2 be made;

3 “(B) enhancement of communication be-
4 tween patients and health care providers;

5 “(C) improvement of quality measurement
6 by eligible professionals enabling them to col-
7 lect, store, measure, and report on the proc-
8 esses and outcomes of individual and population
9 performance and quality of care;

10 “(D) improvement of evidence-based deci-
11 sion support;

12 “(E) enhancement of consumer and pa-
13 tient empowerment; or

14 “(F) services that assist with workflow re-
15 design, training, system configuration, human
16 change management and other similar services
17 focused on getting the best value from existing
18 technology that has already been purchased.

19 Such term shall not include information technology
20 whose sole use is financial management, mainte-
21 nance of inventory of basic supplies, or appointment
22 scheduling.

23 “(2) The term ‘eligible professional’ means any
24 of the following:

1 “(A) A physician (as defined in section
2 1861(r) of the Social Security Act (42 U.S.C.
3 1395x(r))).

4 “(B) A practitioner described in section
5 1842(b)(18)(C) of that Act.

6 “(C) A physical or occupational therapist
7 or a qualified speech-language pathologist.

8 “(D) A qualified audiologist (as defined in
9 section 1861(l)(3)(B)) of that Act.

10 “(E) A State-licensed pharmacist.

11 “(F) A State-licensed, a State-certified, or
12 a nationally accredited home health care pro-
13 vider.

14 “(3) The term ‘qualified eligible professional’
15 means an eligible professional whose office can be
16 classified as a small business concern by the Admin-
17 istrator for purposes of this Act under size stand-
18 ards established under section 3 of this Act.

19 “(b) LOAN GUARANTEES FOR QUALIFIED ELIGIBLE
20 PROFESSIONALS.—

21 “(1) IN GENERAL.—Subject to paragraph (2),
22 the Administrator may guarantee up to 90 percent
23 of the amount of a loan made to a qualified eligible
24 professional to be used for the acquisition of health
25 information technology for use in such eligible pro-

1 fessional’s medical practice and for the costs associ-
2 ated with the installation of such technology. Except
3 as otherwise provided in this section, the terms and
4 conditions that apply to loans made under section
5 7(a) of this Act shall apply to loan guarantees made
6 under this section.

7 “(2) LIMITATIONS ON GUARANTEE AMOUNTS.—
8 The maximum amount of loan principal guaranteed
9 under this subsection may not exceed—

10 “(A) \$250,000 with respect to any single
11 qualified eligible professional; and

12 “(B) \$500,000 with respect to a single
13 group of affiliated qualified eligible profes-
14 sionals.

15 “(c) FEES.—(1) The Administrator may impose a
16 guarantee fee on the borrower for the purpose of reducing
17 the cost (as defined in section 502(5) of the Federal Credit
18 Reform Act of 1990) of the guarantee to zero in an
19 amount not to exceed 2 percent of the total guaranteed
20 portion of any loan guaranteed under this section. The Ad-
21 ministrator may also impose annual servicing fees on lend-
22 ers not to exceed 0.5 percent of the outstanding balance
23 of the guarantees on lenders’ books.

24 “(2) No service fees, processing fees, origina-
25 tion fees, application fees, points, brokerage fees,

1 bonus points, or other fees may be charged to a loan
2 applicant or recipient by a lender in the case of a
3 loan guaranteed under this section.

4 “(d) DEFERRAL PERIOD.—Loans guaranteed under
5 this section shall carry a deferral period of not less than
6 1 year and not more than 3 years. The Administrator shall
7 have the authority to subsidize interest during the deferral
8 period.

9 “(e) EFFECTIVE DATE.—No loan may be guaranteed
10 under this section after the date that is 6 months after
11 the date of enactment of this section.

12 “(f) SUNSET.—No loan may be guaranteed under
13 this section after the date that is 10 years after the date
14 that is 6 months after the date of enactment of this sec-
15 tion.

16 “(g) AUTHORIZATION OF APPROPRIATIONS.—There
17 are authorized to be appropriated such sums as are nec-
18 essary for the cost (as defined in section 502(5) of the
19 Federal Credit Reform Act of 1990) of guaranteeing
20 \$25,000,000 in loans under this section. The Adminis-
21 trator shall determine such program cost separately and
22 distinctly from other programs operated by the Adminis-
23 trator.”.

1 **SEC. 4. CHALLENGE GRANT PROGRAM; DISRUPTIVE TECH-**
2 **NOLOGIES PRIZE PROGRAM.**

3 (a) IN GENERAL.—Subtitle B of title XXX of the
4 Public Health Service Act (42 U.S.C. 300jj-31 et. seq.)
5 is amended—

6 (1) by redesignating sections 3017 and 3018 as
7 sections 3019 and 3020, respectively; and

8 (2) by inserting after section 3016 the following
9 new sections:

10 **“SEC. 3017. CHALLENGE GRANT PROGRAM.**

11 “(a) IN GENERAL.—Subject to the availability of ap-
12 propriations, the Secretary, acting through the National
13 Coordinator, shall award competitive grants to eligible en-
14 tities to carry out the activities described in subsection (d).

15 “(b) ELIGIBLE ENTITY DEFINED.—In this section,
16 the term ‘eligible entity’ means any individual or entity,
17 except for an entity that—

18 “(1) has 500 or more employees; and

19 “(2) has an annual revenue of \$7,000,000 or
20 more.

21 “(c) APPLICATION.—An eligible entity seeking a
22 grant under this section shall submit an application to the
23 National Coordinator at such time, in such manner, and
24 containing such information as the National Coordinator
25 may require, including a description of the product, proc-

1 ess, or structure described in subsection (d) for which the
2 entity intends to use the grant.

3 “(d) USES OF FUNDS.—An eligible entity that re-
4 ceives a grant under this section shall use such funds to
5 develop an effective product, process, or structure that en-
6 hances the use, particularly by patients, of health informa-
7 tion technology, by—

8 “(1) integrating more than one aspect of health
9 information;

10 “(2) performing a medical consultation using
11 technology;

12 “(3) providing health information to physicians
13 or patients;

14 “(4) allowing better coordination during the de-
15 livery and follow-up after the delivery of health care;

16 or

17 “(5) addressing any of the three areas that the
18 Commission established under section 3018(e)(1)
19 has identified pursuant to its duties under section
20 3018(e)(2)(A).

21 “(e) PROHIBITED USE OF FUNDS.—An eligible entity
22 that receives a grant under this section may not use such
23 grant to develop a product, process, or structure that
24 meets only the requirements that are necessary to be a
25 certified EHR technology.

1 “(f) GRANT AMOUNT.—A grant awarded under this
2 section may not be greater than \$75,000.

3 “(g) REPORT.—Not later than one year after the
4 date of receipt of a grant under this section, an eligible
5 entity shall submit to the National Coordinator and the
6 Administrator of the Centers for Medicare & Medicaid
7 Services a report that describes—

8 “(1) the progress that the entity has made on
9 the product, process, or structure funded by the
10 grant; and

11 “(2) how patients, health care providers, and
12 other individuals and entities involved in the delivery
13 of healthcare, including the Centers for Medicare &
14 Medicaid Services, could use the product, process, or
15 structure funded by the grant to enhance the deliv-
16 ery of and reduce the cost of health care.

17 “(h) AUTHORIZATION OF APPROPRIATIONS.—There
18 is authorized to be appropriated to carry out this section
19 \$5,000,000 for each of fiscal years 2014 through 2016.

20 **“SEC. 3018. DISRUPTIVE TECHNOLOGIES PRIZE PROGRAM.**

21 “(a) PRIZE PROGRAM AUTHORIZED.—For purposes
22 of rewarding innovation in health information technology,
23 the Secretary, acting through the National Coordinator,
24 shall carry out a program to award one prize competitively
25 in each of the three areas identified by the Commission

1 under subsection (e)(2)(A) using the benchmarks devel-
2 oped under subsection (e)(2)(B) to select the prize recipi-
3 ent in each category.

4 “(b) ADMINISTRATION OF PROGRAM.—In carrying
5 out the program under subsection (a), the following shall
6 apply:

7 “(1) ADVERTISING.—The National Coordinator
8 shall widely advertise the prize competition to en-
9 courage broad participation.

10 “(2) REQUIREMENTS AND REGISTRATION.—The
11 National Coordinator shall publish a notice in the
12 Federal Register announcing—

13 “(A) the rules for being eligible to partici-
14 pate in the competition;

15 “(B) the process for participants to reg-
16 ister for the competition;

17 “(C) the areas of health information tech-
18 nology that the Commission develops under
19 subsection (e)(2)(A) for each prize; and

20 “(D) the benchmarks that the Commission
21 develops under subsection (e)(2)(B) based on
22 which a winner will be selected in each such
23 area.

24 “(c) ELIGIBILITY.—To be eligible to win a prize
25 under this section, an individual or entity—

1 “(1) shall register to participate in the competi-
2 tion in accordance with any rules promulgated by
3 the National Coordinator under subsection (b)(2);

4 “(2) in the case of an entity, shall be incor-
5 porated in and maintain a primary place of business
6 in the United States, and in the case of an indi-
7 vidual, whether participating singly or in a group,
8 shall be a citizen or permanent resident of the
9 United States; and

10 “(3) may not be a Federal entity or Federal
11 employee acting within the scope of their employ-
12 ment; and

13 “(4) shall submit an application that includes
14 an explanation of the anticipated market viability of
15 the technology that such individual or entity would
16 develop with funds received under the prize program.

17 “(d) PRIZE AMOUNT.—

18 “(1) IN GENERAL.—Subject to paragraph (2), a
19 prize awarded under this section shall be in the
20 amount of \$10,000,000.

21 “(2) ALTERNATIVE RULE.—In the case that the
22 amount made available for prize awards under this
23 section is less than \$33,000,000, the National Coor-
24 dinator may reserve not more than 10 percent for
25 the administrative costs of carrying out this section,

1 and shall divide the remaining amount equally for
2 the three prizes awarded under this section.

3 “(e) COMMISSION.—

4 “(1) IN GENERAL.—There is established a com-
5 mission to carry out the activities described in para-
6 graph (2) (referred to in this section as the ‘Com-
7 mission’).

8 “(2) DUTIES.—

9 “(A) AREAS OF HEALTH INFORMATION
10 TECHNOLOGY.—For the purposes of the prize
11 program under subsection (a), the Commission
12 shall identify three areas within the field of
13 health information technology that are not ade-
14 quately addressed by certified EHR tech-
15 nologies and the use of such technologies. Each
16 area identified shall be an area that will pro-
17 mote the development of technologies that
18 would be widely useful, would help decrease the
19 cost of health care, and would improve the qual-
20 ity of health care, particularly for patients.

21 “(B) BENCHMARKS.—The Commission
22 shall develop the benchmarks that the National
23 Coordinator shall use to determine the prize re-
24 cipient in each area identified under subpara-

1 graph (A). The Commission shall identify such
2 benchmarks with the goals of—

3 “(i) attracting participants from out-
4 side the health information technology field
5 that will take new approaches to address-
6 ing the areas identified by the Commission
7 under subparagraph (A);

8 “(ii) solving such challenges; and

9 “(iii) promoting the development of
10 technologies that will be widely adopted,
11 particularly by patients.

12 “(C) RESTRICTION OF PRIZE AWARD.—

13 The Commission shall determine how to restrict
14 the prize recipients’ use of the funds awarded
15 as a prize under this section, with respect to
16 the development of health information tech-
17 nology, in order to ensure that the prize recipi-
18 ents use such funds to further develop the tech-
19 nologies for which such prize was awarded.

20 “(3) MEMBERS.—

21 “(A) NUMBER AND APPOINTMENT.—The
22 Commission shall be composed of 10 members
23 appointed by the National Coordinator not later
24 than 90 days after the date of the enactment of
25 this Act.

1 “(B) COMPOSITION.—Each member of the
2 Commission shall be appointed to represent one
3 of the following four categories:

4 “(i) The varied disciplines within the
5 health information technology field.

6 “(ii) The varied disciplines within the
7 medical field that are not described in
8 clause (i).

9 “(iii) Individuals who—

10 “(I) represent a patient-led, pa-
11 tient-centered organization with a pa-
12 tient constituency;

13 “(II) have experience with health
14 information technology and privacy;
15 and

16 “(III) are trained, knowledgeable,
17 and prepared to participate in the de-
18 cision-making process regarding
19 health information technology.

20 “(iv) Officers or employees of the
21 Federal Government.

22 “(C) REPRESENTATION OF MEMBERSHIP
23 CATEGORIES.—At least two members of the
24 Commission shall represent each of the cat-
25 egories described in subparagraph (B).

1 “(D) TRAVEL EXPENSES.—Each member
2 shall receive travel expenses, including per diem
3 in lieu of subsistence, in accordance with appli-
4 cable provisions under subchapter I of chapter
5 57 of title 5, United States Code.

6 “(E) FIRST MEETING.—The Commission
7 shall hold its first meeting not later than 180
8 days after the date of the enactment of this
9 Act.

10 “(4) REPORT TO THE NATIONAL COORDI-
11 NATOR.—Not later than one year after the date of
12 enactment of this Act, the Commission shall submit
13 to the National Coordinator a report containing the
14 areas, benchmarks, and restrictions on the uses of
15 prize awards that the Commission identifies for the
16 prize program under paragraph (2).

17 “(5) TERMINATION.—The Commission shall
18 terminate upon submitting its report to the National
19 Coordinator under paragraph (4).

20 “(f) AUTHORIZATION OF APPROPRIATIONS.—In addi-
21 tion to sums authorized to be appropriated to carry out
22 this subtitle under section 3020, there is authorized to be
23 appropriated to carry out this section \$33,000,000 for fis-
24 cal year 2014.”.

25 (b) CONFORMING AMENDMENTS.—

1 (1) Section 3011 of such Act (42 U.S.C. 300jj-
2 31) is amended—

3 (A) in subsection (a), by striking “section
4 3018” and inserting “section 3020”; and

5 (B) in subsection (b), by striking “section
6 3018” and inserting “section 3020”.

7 (2) Section 3020 of such Act (as so redesign-
8 nated) is amended by inserting “except for section
9 3018,” after “For purposes of carrying out this sub-
10 title.”.

11 **SECTION 5. ESTABLISHMENT OF THE OFFICE OF WIRELESS**
12 **HEALTH TECHNOLOGY.**

13 Chapter X of the Federal Food, Drug, and Cosmetic
14 Act (21 U.S.C. 391 et seq.) is amended by adding at the
15 end the following new section:

16 **“SEC. 1013. OFFICE OF WIRELESS HEALTH TECHNOLOGY.**

17 “(a) ESTABLISHMENT.—There is established within
18 the Office of the Commissioner an office to be known as
19 the Office of Wireless Health Technology (referred to in
20 this section as the ‘Office’), which shall be headed by a
21 director.

22 “(b) APPOINTMENT OF FIRST DIRECTOR.—The first
23 Director of the Office shall be appointed by the Commis-
24 sioner not later than 90 days after the date of enactment
25 of this section.

1 “(c) DUTIES.—The Director of the Office shall—

2 “(1) through public meetings and other forms
3 of communication with individuals and entities that
4 design, produce, disseminate, or have a prevailing in-
5 terest in wireless health technology, receive and ana-
6 lyze recommendations with respect to ways that ex-
7 isting regulations regarding wireless health tech-
8 nology might be made more reasonable and predict-
9 able, including ways that such regulations could be
10 clarified and simplified;

11 “(2) coordinate with federal agencies, offices,
12 institutes, and centers involved in the regulation of
13 wireless health technology, including the Federal
14 Communications Commission, the Office of the Na-
15 tional Coordinator for Health Information Tech-
16 nology, the Centers for Medicare & Medicaid Serv-
17 ices, the Agency for Healthcare Research and Qual-
18 ity, the National Institute of Standards and Tech-
19 nology, the Health Resources and Services Adminis-
20 tration, and the National Institutes of Health, re-
21 garding activities of such agencies, offices, institutes,
22 and centers that can be improved so as to make
23 such regulation more robust, predictable, and easily
24 understood and navigated by individuals and entities

1 that design, produce, disseminate, or have a pre-
2 vailing interest in wireless health technology;

3 “(3) provide information to individuals and en-
4 tities that design, produce, disseminate, or have a
5 prevailing interest in wireless health technology on
6 how to design, produce, or disseminate wireless
7 health technology in accordance with existing law;
8 and

9 “(4) publish and make available on the public
10 Internet website of the Food and Drug Administra-
11 tion in a searchable format an annual report that—

12 “(A) explains how the Food and Drug Ad-
13 ministration implemented regulations regarding
14 wireless health technology during the prior
15 year;

16 “(B) analyzes the effectiveness of—

17 “(i) such regulations; and

18 “(ii) other wireless health-related ef-
19 forts by the Food and Drug Administra-
20 tion; and

21 “(C) provides specific recommendations on
22 how the Food and Drug Administration should
23 improve its practices with regard to wireless
24 health technology (in a manner that ensures
25 consistency within the Food and Drug Adminis-

1 tration regarding the application of its regu-
2 latory approach without compromising patient
3 safety or privacy) in order to—

4 “(i) remove barriers to innovations in
5 such technology; and

6 “(ii) align such practices with the
7 practices of other Federal agencies.

8 “(d) CONSULTATION WITH WORKING GROUP AND
9 COMMISSIONS.—In carrying out the duties specified in
10 subsection (c), the Director of the Office shall consult with
11 any working group convened under section 618(b)(1) of
12 the Food and Drug Administration Safety and Innovation
13 Act, and may consult with any Federal commission.

14 “(e) DEFINITION OF WIRELESS HEALTH TECH-
15 NOLOGY.—For purposes of this section, the term ‘wireless
16 health technology’ has such meaning as specified by the
17 Commissioner pursuant to regulation, but in no case shall
18 include technology this is not regulated under the provi-
19 sions of this Act (other than this section).

20 “(f) AUTHORIZATION OF APPROPRIATIONS.—There
21 is authorized to be appropriated to carry out this section
22 \$1,000,000 for each of fiscal years 2014 through 2018.”.

1 **SEC. 6. MOBILE HEALTH SOFTWARE APPLICATION TECH-**
2 **NOLOGY RESPONSIBILITIES OF THE HEALTH**
3 **INFORMATION TECHNOLOGY RESEARCH**
4 **CENTER.**

5 Section 3012 of the Public Health Service Act (42
6 U.S.C. 300jj-32) is amended—

7 (1) in subsection (b), by adding at the end the
8 following new paragraph:

9 “(4) ENCOURAGEMENT OF DESIGN, PRODUC-
10 TION, AND DISSEMINATION OF MOBILE HEALTH
11 SOFTWARE APPLICATION TECHNOLOGY.—

12 “(A) IN GENERAL.—In addition to the
13 purposes under paragraph (3), the Center
14 shall—

15 “(i) establish an educational website
16 repository and a response mechanism (such
17 as a national telephone number) to provide
18 timely responses to questions in order to
19 make information available and provide di-
20 rect support to individuals and entities
21 that design, produce, disseminate, or have
22 a prevailing interest in mobile health soft-
23 ware application technology regarding the
24 actions such individuals and entities must
25 take in order to ensure that such tech-

1 nology is designed, produced, and dissemi-
2 nated in accordance with Federal law; and

3 “(ii) publish and make available on
4 the public Internet website of the Depart-
5 ment in a searchable format an annual re-
6 port that—

7 “(I) highlights and explains the
8 laws and regulations that commonly
9 impede efforts by individuals and enti-
10 ties to design, produce, or disseminate
11 mobile health software application
12 technology; and

13 “(II) discusses the work the Cen-
14 ter has completed in the past year
15 with regard to mobile health software
16 application technology, including ac-
17 complishments by the Center and
18 challenges that may require more
19 work or outside support in order for
20 the Center to accomplish the objec-
21 tives outlined in this subparagraph.

22 “(B) DEFINITION OF MOBILE HEALTH
23 SOFTWARE APPLICATION TECHNOLOGY.—For
24 purposes of subparagraph (A), the term ‘mobile

1 health software application technology’ means a
2 software program that—

3 “(i) offers health-related services and
4 runs on a mobile device; or

5 “(ii) enables health-related services
6 through other portals associated with the
7 use of a mobile device.

8 “(C) AUTHORIZATION OF APPROPRIA-
9 TIONS.—There is authorized to be appropriated
10 to carry out this paragraph \$500,000 for each
11 of fiscal years 2014 through 2018.”; and

12 (2) in subsection (c)(8), by deleting “paragraph
13 (3)” and inserting “paragraphs (3) and (4)”.

14 **SEC. 7. WORKFORCE RETRAINING GRANTS.**

15 (a) IN GENERAL.—The National Coordinator for
16 Health Information Technology may award to eligible en-
17 tities grants to be used for training health care workers
18 in health information technology (in this section referred
19 to as “HIT”).

20 (b) PERIOD OF GRANT.—The period of a grant under
21 this section shall be 24 months.

22 (c) ELIGIBLE ENTITIES.—In this section, “eligible
23 entities” means entities that provide clinical health care
24 services to individuals within the United States.

1 (d) **JOB TRANSITION.**—As a condition on receipt of
2 a grant under this section, a grantee shall ensure that
3 each employee whose HIT training is funded by that grant
4 assumes expanded duties with the grantee, either in the
5 form of a new employment position or revised duties with-
6 in such employee’s existing employment position, that re-
7 quires the use of HIT, not more than 1 year after the
8 employee completes the training.

9 (e) **REPORTING.**—Each grantee shall submit a report
10 not later than 24 months after receipt of a grant to the
11 National Coordinator for Health Information Technology
12 including the following:

13 (1) The number of employees who received
14 training pursuant to the grant.

15 (2) The HIT skills covered during such training
16 or trainings.

17 (3) Documentation that each trained employee
18 commenced or will commence work in a new position
19 that satisfies the condition set forth in subsection
20 (d).

21 (f) **AUTHORIZATION OF APPROPRIATIONS.**—There
22 are authorized to be appropriated to carry out this section
23 \$10,000,000 for each of fiscal years 2014 through 2018.