



HITECH PRIORITY GRANTS PROGRAM

State Health Information Exchange Cooperative Agreement Program

Fast-Track-A-Glance

- The HITECH Act amends Title XXX of the Public Health Service Act by adding Section 3013, State Grants to Promote Health Information Technology. Section 3013 provides for state grants to promote health information technology.
- Over the next several months, cooperative agreements will be awarded through the **State Health Information Exchange Cooperative Agreement Program** to states and qualified State Designated Entities (SDEs) to develop and advance mechanisms for information sharing across the health care system. States may choose to enter into multi-state arrangements. A cooperative agreement is a partnership between the grant recipient and the Federal government. States and SDEs will be required to match grant awards beginning in 2011.
- Under these State cooperative agreements \$564 million will be awarded to support efforts to achieve widespread and sustainable health information exchange (HIE) within and among states through the meaningful use of certified Electronic Health Records (EHRs). The goal of meaningful use of EHRs is for health care providers to use this technology to improve the quality and efficiency of care. State programs to promote HIE will help to realize the full potential of EHRs to improve the coordination, efficiency and quality of care.
- The Centers for Medicare & Medicaid Services will issue proposed criteria for meaningful use by the end of 2009.
- Legal, financial and technical support is necessary to enable consistent, secure, statewide HIE across health care provider systems. The State Health Information Exchange Cooperative Agreement Program fund efforts at the state level to establish and implement appropriate governance, policies and network services within the broader national framework to rapidly build capacity for connectivity between and among health care providers.
- The grant programs will support states and/or SDEs in establishing HIE capacity among health care providers and hospitals in their jurisdiction.
- Grant performance will be evaluated on a quarterly basis to determine if there is improved capability for providers to actively exchange healthcare data focusing specifically on electronic order and receipt of labs and test results as well as e-prescribing.
- Participating states will also be expected to use their authority and resources to:
 - Develop and implement up-to-date privacy and security requirements for HIE;
 - Develop directories and technical services to enable interoperability within and across states;
 - Coordinate with Medicaid and state public health programs to enable information exchange and support monitoring of provider participation in HIE.

- Remove barriers that may hinder effective HIE, particularly those related to interoperability across laboratories, hospitals, clinician offices, health plans and other health information exchange partners;
- Ensure an effective model for HIE governance and accountability is in place; and
- Convene health care stakeholders to build trust in and support for a statewide approach to HIE.
- The respective state governments, federal government and private sector will all play important roles in advancing HIE among health care providers through the grant programs.
 - States will develop and implement Strategic Plans to ensure that there is measurable progress within states toward universal adoption of HIE before Medicare payment penalties begin in 2015.
 - The federal government will continue to advance efforts to assure interoperability and health information exchange among states and on a national level through a variety of regulatory and programmatic activities.
 - The private sector will play an important role in providing innovative technological solutions to initiate, establish and maintain appropriate and secure HIE among health care providers at the state and national levels.
- State plans and implementation proposals must also address the needs of special populations and demographics within their state – including newborns, children, youth, those in foster care, the elderly, persons with disabilities, those with mental and substance abuse disorders, those with limited English proficiency, and the medically underserved, including Native Americans.

Additional information is available at <http://healthit.hhs.gov/stateHIEgrants>