AMENDMENT TO RULES COMMITTEE PRINT 116–19

OFFERED BY MR. LAMB OF PENNSYLVANIA

Insert after section 713 the following new section:

SEC. 713A. DEMONSTRATION OF INTEROPERABILITY MILESTONES.

(a) MILESTONES.—

(1) EVALUATION.—To demonstrate increasing levels of interoperability, functionality, and seamless health care within the electronic health record systems of the Department of Defense and the Department of Veterans Affairs, the Office shall seek to enter into an agreement with an independent entity to conduct an evaluation of the following use cases of such systems:

(A) By not later than 18 months after the date of the enactment of this Act, whether a clinician of the Department of Defense can access and meaningfully interact with a complete veteran patient health record from a military medical treatment facility.

(B) By not later than 18 months after the date of the enactment of this Act, whether a cli-

nician of the Department of Veterans Affairs can access and meaningfully interact with a complete patient health record of a member of the Armed Forces serving on active duty from a medical center of the Department of Veterans Affairs.

(C) By not later than two years after the date of the enactment of this Act, whether a clinician in the Department of Defense and the Department of Veterans Affairs can access and meaningfully interact with the data elements of the health record of a veteran patient or member of the Armed Forces which are generated when the veteran patient or member of the Armed Forces receives health care from a community care provider of the Department of Veterans Affairs or a TRICARE provider of the Department of Defense

(D) By not later than two years after the date of the enactment of this Act, whether a community care provider of the Department of the Veterans Affairs and a TRICARE provider on a Health Information Exchange-supported electronic health record can access a veteran

and active-duty member patient health record from the provider's system.

(E) By not later than two years after the enactment of this Act, and subsequently after each significant implementation wave, an assessment of interoperability between the legacy electronic health record systems and the future electronic health record systems of the Department of Veterans Affairs and the Department of Defense.

(F) By not later than two years after the enactment of this Act, and subsequently after each significant implementation wave, an assessment of the use of interoperable content between the legacy electronic health record systems and the future electronic health record systems of the Department of Veterans Affairs and the Department of Defense, and third-party applications.

(2) SUBMISSION.—The Office shall submit to the appropriate congressional committees a report detailing the evaluation, methodology for testing, and findings for each milestone demonstration under paragraph (1) by not later than the date specified under such paragraph.

(b) SYSTEM CONFIGURATION MANAGEMENT.—The Office shall—

(1) maintain the common configuration baseline for the electronic health record systems of the Department of Defense and the Department of Veterans Affairs; and

(2) continually evaluate the state of configuration, the impacts on interoperability, and shall promote the enhancement of such electronic health records systems.

(c) REGULAR CLINICAL CONSULTATION.—The Office shall convene at least annually a clinical workshop to include clinical staff from the Department of Defense, the Department of Veterans Affairs, the Coast Guard, community providers, and other leading clinical experts to assess the state of clinical use of the electronic health record systems and whether the systems are meeting clinical and patient needs. The clinical workshop shall make recommendations to the Office on the need for any improvements or concerns with the electronic health record systems.

(d) CLINICIAN AND PATIENT SATISFACTION SURVEY.—Beginning October 1, 2021, on at least a biannual basis, the Office shall undertake a clinician and patient satisfaction survey regarding clinical use and patient expe-

rience with the electronic health record systems of the Department of Defense and the Department of Veterans Affairs.

(e) ANNUAL REPORTS.—Not later than September 30, 2020, and annually thereafter, the Office shall submit to the appropriate congressional committees a report on—

(1) the state of the configuration baseline under subsection (b) and any activities which decremented or enhanced the state of configuration; and

(2) the activities, assessments and recommendations of the clinical workshop under subsection (c) and the response of the Office to the workshop recommendations and any action plans to implement the recommendations.

(f) DEFINITIONS.—In this section:

(1) The term ''appropriate congressional committees'' means the following:

(A) The congressional defense committees.

(B) The Committees on Veterans' Affairs of the House of Representatives and the Senate.

(2) The term ''configuration baseline'' means a fixed reference in the development cycle or an agreed-upon specification of a product at a point in time. It serves as a documented basis for defining

incremental change in all aspects of an information technology product.

(3) The term ''interoperability'' means the ability of different information systems, devices, or applications to connect in a coordinated and secure manner, within and across organizational boundaries, across the complete spectrum of care, including all applicable care settings, and with relevant stakeholders, including the person whose information is being shared, to access, exchange, integrate, and use computable data regardless of the data's origin or destination or the applications employed, and without additional intervention by the end user, including—

(A) the capability to reliably exchange information without error;

(B) the ability to interpret and to make effective use of the information so exchanged; and

(C) the ability for information that can be used to advance patient care to move between health care entities, regardless of the technology platform in place or the location where care was provided.

(4) The term ''meaningfully interact'' means that information can be viewed, consumed, acted

upon, and edited in a clinical setting to facilitate high quality clinical decision making in a clinical setting.

(5) The term ''Office'' means the office established by section 1635(b) of the Wounded Warrior Act (title XVI of Public Law 110–181; 10 U.S.C. 1071 note).

(6) The term ''seamless health care'' means health care which is optimized through access by patients and clinicians to integrated, relevant, and complete information about the patient's clinical experiences, social and environmental determinants of health, and health trends over time in order to enable patients and clinicians to move from task to task and encounter to encounter, within and across organizational boundaries, such that high-quality decisions may be formed easily and complete plans of care may be carried out smoothly.

(7) The term ''TRICARE program'' has the meaning given that term in section 1072 of title 10, United States Code.