

## INFORMATION BLOCKING

# Health Care Provider Definition and Cross-Reference Table

### 45 CFR PART 171—INFORMATION BLOCKING

#### Section 171.102 Definitions.




*Health care provider* has the same meaning as “health care provider” in 42 U.S.C. 300jj.

### Public Health Service Act (42 U.S.C. 300jj)


The term “health care provider” includes a hospital, skilled nursing facility, nursing facility, home health entity or other long term care facility, health care clinic, community mental health center (as defined in section 300x–2(b)(1) of this title), renal dialysis facility, blood center, ambulatory surgical center described in section 1395l(i) of this title, emergency medical services provider, Federally qualified health center, group practice, a pharmacist, a pharmacy, a laboratory, a physician (as defined in section 1395x(r) of this title), a practitioner (as described in section 1395u(b)(18)(C) of this title), a provider operated by, or under contract with, the Indian Health Service or by an Indian tribe (as defined in the Indian Self-Determination and Education Assistance Act [25 U.S.C. 450 et seq.]), tribal organization, or urban Indian organization (as defined in section 1603 of title 25), a rural health clinic, a covered entity under section 256b of this title, an ambulatory surgical center described in section 1395l(i) of this title, a therapist (as defined in section 1395w–4(k)(3)(B)(iii) of this title), and any other category of health care facility, entity, practitioner, or clinician determined appropriate by the Secretary.

#### **Disclaimer:**




For purposes of information blocking, health care provider is defined by the Public Health Service Act (PHSA). While terms used in the PHSA’s health care provider definition are interpreted to broadly refer to the specified provider type, there are certain terms within the health care provider definition that are further defined in a cross-referenced statutory section. To provide stakeholders with a readily available means of understanding these terms, ONC developed this Health Care Provider Definition and Cross-Reference Table. The Table is not exhaustive and not meant to address every term in the PHSA definition of health care provider. In addition, while every effort has been made to ensure the accuracy of the restatement of applicable laws, this Table is not a legal document. The official requirements are contained in the relevant statutes and regulations. Please note that other federal, state, and local laws may also apply.

Cross-Referenced Term(s)	Definition
 <p><b>Community Mental Health Centers</b> (as defined in 42 USC § 300x-2(b)(1))</p>	<p>(c) Criteria for mental health centers. The criteria referred to in subsection (b)(2) regarding community mental health centers are as follows:</p> <ul style="list-style-type: none"> <li>(1) With respect to mental health services, the centers provide services as follows: <ul style="list-style-type: none"> <li>(A) Services principally to individuals residing in a defined geographic area (hereafter in this subsection referred to as a “service area”).</li> <li>(B) Outpatient services, including specialized outpatient services for children, the elderly, individuals with a serious mental illness, and residents of the service areas of the centers who have been discharged from inpatient treatment at a mental health facility.</li> <li>(C) 24-hour-a-day emergency care services.</li> <li>(D) Day treatment or other partial hospitalization services, or psychosocial rehabilitation services.</li> <li>(E) Screening for patients being considered for admission to State mental health facilities to determine the appropriateness of such admission.</li> </ul> </li> <li>(2) The mental health services of the centers are provided, within the limits of the capacities of the centers, to any individual residing or employed in the service area of the center regardless of ability to pay for such services.</li> <li>(3) The mental health services of the centers are available and accessible promptly, as appropriate and in a manner which preserves human dignity and assures continuity and high quality care.</li> </ul>
 <p><b>Ambulatory Surgical Center</b> (as defined in 42 USC § 296(9))</p>	<p>(9) The term “ambulatory surgical center” has the meaning applicable to such term under title XVIII of the Social Security Act [et seq.].</p>
 <p><b>Physician</b> (as defined in 42 USC § 1395x(r))</p>	<p>(r) The term “physician”, when used in connection with the performance of any function or action, means (1) a doctor of medicine or osteopathy legally authorized to practice medicine and surgery by the State in which he performs such function or action (including a physician within the meaning of section 1301(a)(7) of this title (see below)), (2) a doctor of dental surgery or of dental medicine who is legally authorized to practice dentistry by the State in which he performs such function and who is acting within the scope of his license when he performs such functions, (3) a doctor of podiatric medicine for the purposes of subsections (k), (m), (p)(1), and (s) of this section and sections 1395f(a), 1395k(a)(2)(F)(ii), and 1395n of this title but only with respect to functions which he is legally authorized to perform as such by the State in which he performs them, (4) a doctor of optometry, but only for purposes of subsection (p)(1) and with respect to the provision of items or services described in subsection (s) which he is legally authorized to perform as a doctor of optometry by the State in which he performs them, or (5) a chiropractor who is licensed as such by the State (or in a State which does not license chiropractors as such, is legally authorized to perform the services of a chiropractor in the jurisdiction in which he performs such services), and who meets uniform minimum standards promulgated by the Secretary, but only for the purpose of subsections (s)(1) and (s)(2)(A) and only with respect to treatment by means of manual manipulation of the spine (to correct a subluxation) which he is legally authorized to perform by the State or jurisdiction in which such treatment is provided. For the purposes of section 1395y(a)(4) of this title and subject to the limitations and conditions provided in the previous sentence, such term includes a doctor of one of the arts, specified in such previous sentence, legally authorized to practice such art in the country in which the inpatient hospital services (referred to in such section 1395y(a)(4) of this title) are furnished.</p>
<p><b>*Physician</b> (as defined in 42 USC § 1301(a)(7))</p>	<p>(7) The terms “physician” and “medical care” and “hospitalization” include osteopathic practitioners or the services of osteopathic practitioners and hospitals within the scope of their practice as defined by State law.</p>


\*Blue shaded terms are terms that have been cross-referenced within the cross-referenced terms of the health care provider definition.

Cross-Referenced Term(s)	Definition
 <p><b>Practitioner</b> (as defined in 42 USC § 1395u(b)(18)(C))</p>	<p><b>(C)</b> A practitioner described in this subparagraph is any of the following:</p> <ul style="list-style-type: none"> <li>(i) A physician assistant, nurse practitioner, or clinical nurse specialist (as defined in section 1395x(aa)(5) of this title).</li> <li>(ii) A certified registered nurse anesthetist (as defined in section 1395x(bb)(2) of this title).</li> <li>(iii) A certified nurse-midwife (as defined in section 1395x(gg)(2) of this title).</li> <li>(iv) A clinical social worker (as defined in section 1395x(hh)(1) of this title).</li> <li>(v) A clinical psychologist (as defined by the Secretary for purposes of section 1395x(ii) of this title).</li> <li>(vi) A registered dietitian or nutrition professional.</li> </ul>
<p><b>*Clinical Nurse Specialist</b> (as defined in 42 USC § 1395x(aa)(5))</p> <p><b>*Certified Registered Nurse Anesthetist</b> (as defined in 42 USC § 1395x(bb)(2))</p> <p><b>*Certified Nurse-midwife</b> (as defined in 42 USC § 1395x(gg)(2))</p> <p><b>*Clinical Social Worker</b> (as defined in 42 USC § 1395x(hh)(1))</p> <p><b>*Clinical Psychologist</b> (as defined in 42 CFR § 410.71)</p>	<p><b>(B)</b> The term “clinical nurse specialist” means, for purposes of this subchapter, an individual who—</p> <ul style="list-style-type: none"> <li>(i) is a registered nurse and is licensed to practice nursing in the State in which the clinical nurse specialist services are performed; and</li> <li>(ii) holds a master’s degree in a defined clinical area of nursing from an accredited educational institution.</li> </ul> <p><b>(2)</b> The term “certified registered nurse anesthetist” means a certified registered nurse anesthetist licensed by the State who meets such education, training, and other requirements relating to anesthesia services and related care as the Secretary may prescribe. In prescribing such requirements the Secretary may use the same requirements as those established by a national organization for the certification of nurse anesthetists. Such term also includes, as prescribed by the Secretary, an anesthesiologist assistant.</p> <p><b>(2)</b> The term “certified nurse-midwife” means a registered nurse who has successfully completed a program of study and clinical experience meeting guidelines prescribed by the Secretary, or has been certified by an organization recognized by the Secretary.</p> <p><b>(hh)</b> Clinical social worker; clinical social worker services</p> <p><b>(1)</b> The term “clinical social worker” means an individual who—</p> <ul style="list-style-type: none"> <li>(A) possesses a master’s or doctor’s degree in social work;</li> <li>(B) after obtaining such degree has performed at least 2 years of supervised clinical social work; and</li> <li>(C) (i) is licensed or certified as a clinical social worker by the State in which the services are performed, or (ii) in the case of an individual in a State which does not provide for licensure or certification— <ul style="list-style-type: none"> <li>(I) has completed at least 2 years or 3,000 hours of post-master’s degree supervised clinical social work practice under the supervision of a master’s level social worker in an appropriate setting (as determined by the Secretary), and</li> <li>(II) meets such other criteria as the Secretary establishes</li> </ul> </li> </ul> <p><b>(d)</b> Qualifications. For purposes of this subpart, a clinical psychologist is an individual who</p> <ul style="list-style-type: none"> <li><b>(1)</b> Holds a doctoral degree in psychology; and</li> <li><b>(2)</b> Is licensed or certified, on the basis of the doctoral degree in psychology, by the State in which he or she practices, at the independent practice level of psychology to furnish diagnostic, assessment, preventive, and therapeutic services directly to individuals.</li> </ul>


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Cross-Referenced Term(s)	Definition
 <p><b>Indian Tribe</b> (as defined in 42 USC § 300f(14))</p>	<p><b>(14)</b> The term “Indian Tribe” means any Indian tribe having a Federally recognized governing body carrying out substantial governmental duties and powers over any area. For purposes of sections 300j-12, 300j-19a, and 300j-19b of this title, the term includes any Native village (as defined in section 1602(c) of title 43).</p>
 <p><b>Urban Indian Organization</b> (as defined in 25 USC § 1603)</p>	<p><b>(29)</b> The term “Urban Indian organization” means a nonprofit corporate body situated in an urban center, governed by an urban Indian controlled board of directors, and providing for the maximum participation of all interested Indian groups and individuals, which body is capable of legally cooperating with other public and private entities for the purpose of performing the activities described in section 1653(a) of this title.</p>
 <p><b>Covered Entity</b> (as defined in 42 USC §256b)</p>	<p><b>(4)</b> “Covered entity” defined In this section, the term “covered entity” means an entity that meets the requirements described in paragraph (5) and is one of the following:</p> <ul style="list-style-type: none"> <li>(A) A Federally-qualified health center (as defined in section 1905(l)(2)(B) of the Social Security Act [42 U.S.C. 1396d(l)(2)(B)]).</li> <li>(B) An entity receiving a grant under section 256a [1] of this title. (for the development and operation of demonstration programs to provide patient navigator services to improve health care outcomes)</li> <li>(C) A family planning project receiving a grant or contract under section 300 of this title.</li> <li>(D) An entity receiving a grant under subpart II 1 of part C of subchapter XXIV (relating to categorical grants for outpatient early intervention services for HIV disease).</li> <li>(E) A State-operated AIDS drug purchasing assistance program receiving financial assistance under subchapter XXIV.</li> <li>(F) A black lung clinic receiving funds under section 937(a) of title 30.</li> <li>(G) A comprehensive hemophilia diagnostic treatment center receiving a grant under section 501(a)(2) of the Social Security Act [42 U.S.C. 701(a)(2)].</li> <li>(H) A Native Hawaiian Health Center receiving funds under the Native Hawaiian Health Care Act of 1988.</li> <li>(I) An urban Indian organization receiving funds under title V of the Indian Health Care Improvement Act [25 U.S.C. 1651 et seq.].</li> <li>(J) Any entity receiving assistance under subchapter XXIV (HIV Health Care Services Program) (other than a State or unit of local government or an entity described in subparagraph (D)), but only if the entity is certified by the Secretary pursuant to paragraph (7).</li> <li>(K) An entity receiving funds under section 247c of this title (relating to treatment of sexually transmitted diseases) or section 247b(j)(2) 1 of this title (relating to treatment of tuberculosis) through a State or unit of local government, but only if the entity is certified by the Secretary pursuant to paragraph (7).</li> </ul>

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Cross-Referenced Term(s)	Definition
<p> <b>Covered Entity</b> (as defined in 42 USC §256b) <i>(continued)</i></p>	<p>(L) A subsection (d) hospital (as defined in section 1886(d)(1)(B) of the Social Security Act [42 U.S.C. 1395ww(d)(1)(B)]) that—</p> <ul style="list-style-type: none"> <li>(i) is owned or operated by a unit of State or local government, is a public or private non-profit corporation which is formally granted governmental powers by a unit of State or local government, or is a private non-profit hospital which has a contract with a State or local government to provide health care services to low income individuals who are not entitled to benefits under title XVIII of the Social Security Act [42 U.S.C. 1395 et seq.] or eligible for assistance under the State plan under this subchapter;</li> <li>(ii) for the most recent cost reporting period that ended before the calendar quarter involved, had a disproportionate share adjustment percentage (as determined under section 1886(d)(5)(F) of the Social Security Act [42 U.S.C. 1395ww(d)(5)(F)]) greater than 11.75 percent or was described in section 1886(d)(5)(F)(i)(II) of such Act [42 U.S.C. 1395ww(d)(5)(F)(i)(II)]; and</li> <li>(iii) does not obtain covered outpatient drugs through a group purchasing organization or other group purchasing arrangement.</li> </ul> <p>(M) A children's hospital excluded from the Medicare prospective payment system pursuant to section 1886(d)(1)(B)(iii) of the Social Security Act [42 U.S.C. 1395ww(d)(1)(B)(iii)], or a free-standing cancer hospital excluded from the Medicare prospective payment system pursuant to section 1886(d)(1)(B)(v) of the Social Security Act, that would meet the requirements of subparagraph (L), including the disproportionate share adjustment percentage requirement under clause (ii) of such subparagraph, if the hospital were a subsection (d) hospital as defined by section 1886(d)(1)(B) of the Social Security Act.</p> <p>(N) An entity that is a critical access hospital (as determined under section 1820(c)(2) of the Social Security Act [42 U.S.C. 1395i-4(c)(2)]), and that meets the requirements of subparagraph (L)(i).</p> <p>(O) An entity that is a rural referral center, as defined by section 1886(d)(5)(C)(i) of the Social Security Act [42 U.S.C. 1395ww(d)(5)(C)(i)], or a sole community hospital, as defined by section 1886(d)(5)(C)(iii) of such Act, and that both meets the requirements of subparagraph (L)(i) and has a disproportionate share adjustment percentage equal to or greater than 8 percent.</p>
<p><b>*Subsection (d) Hospital</b> (as defined in 42 USC §1395ww(d)(1)(B))</p>	<p><b>(B)</b> As used in this section, the term “subsection (d) hospital” means a hospital located in one of the fifty States or the District of Columbia other than—</p> <ul style="list-style-type: none"> <li>(i) a psychiatric hospital (as defined in section 1861(f)),</li> <li>(ii) a rehabilitation hospital (as defined by the Secretary),</li> <li>(iii) a hospital whose inpatients are predominantly individuals under 18 years of age,</li> <li>(iv) a hospital which has an average inpatient length of stay (as determined by the Secretary) of greater than 25 days,</li> <li>(v) (I) a hospital that the Secretary has classified, at any time on or before December 31, 1990, (or, in the case of a hospital that, as of the date of the enactment of this clause, is located in a State operating a demonstration project under section 1814(b), on or before December 31, 1991) for purposes of applying exceptions and adjustments to payment amounts under this subsection, as a hospital involved extensively in treatment for or research on cancer,</li> </ul>

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Cross-Referenced Term(s)	Definition
<p><b>*Subsection (d) Hospital</b> (as defined in 42 USC §1395ww(d)(1)(B) <i>(continued)</i>)</p>	<p>(II) a hospital that was recognized as a comprehensive cancer center or clinical cancer research center by the National Cancer Institute of the National Institutes of Health as of April 20, 1983, that is located in a State which, as of December 19, 1989, was not operating a demonstration project under section 1814(b), that applied and was denied, on or before December 31, 1990, for classification as a hospital involved extensively in treatment for or research on cancer under this clause (as in effect on the day before the date of the enactment of this subclause), that as of the date of the enactment of this subclause, is licensed for less than 50 acute care beds, and that demonstrates for the 4-year period ending on December 31, 1996, that at least 50 percent of its total discharges have a principal finding of neoplastic disease, as defined in subparagraph (E), or (III) a hospital that was recognized as a clinical cancer research center by the National Cancer Institute of the National Institutes of Health as of February 18, 1998, that has never been reimbursed for inpatient hospital services pursuant to a reimbursement system under a demonstration project under section 1814(b), that is a freestanding facility organized primarily for treatment of and research on cancer and is not a unit of another hospital, that as of the date of the enactment of this subclause, is licensed for 162 acute care beds, and that demonstrates for the 4-year period ending on June 30, 1999, that at least 50 percent of its total discharges have a principal finding of neoplastic disease, as defined in subparagraph (E);</p> <p>(vi) a hospital that first received payment under this subsection in 1986 which has an average inpatient length of stay (as determined by the Secretary) of greater than 20 days and that has 80 percent or more of its annual Medicare inpatient discharges with a principal diagnosis that reflects a finding of neoplastic disease in the 12-month cost reporting period ending in fiscal year 1997; and, in accordance with regulations of the Secretary, does not include a psychiatric or rehabilitation unit of the hospital which is a distinct part of the hospital (as defined by the Secretary). A hospital that was classified by the Secretary on or before September 30, 1995, as a hospital described in clause (iv) (as in effect as of such date) shall continue to be so classified (or, in the case of a hospital described in clause (iv)(II), as so in effect, shall be classified under clause (vi) on and after the effective date of such clause (vi) and for cost reporting periods beginning on or after January 1, 2015, shall not be subject to subsection (m) as of the date of such classification) notwithstanding that it is located in the same building as, or on the same campus as, another hospital.</p>
<p> <b>Therapist</b> (as defined in 42 USC § 1395w-4(k)(3)(B)(iii))</p>	<p>(iii) A physical or occupational therapist or a qualified speech-language pathologist.</p>

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