



Healthcare policy decisions often hinge on public understanding of complex medical concepts. Our Healthcare Defined series provides clear explanations of healthcare terms and frameworks to support informed policy discussions. This resource offers an overview of the 21st Century Cures Act, including its key terms and provisions.

The 21st Century Cures Act

21st Century Cures Act

This federal legislation was enacted in 2016. It outlines patients' rights to access their own medical information and sets compliance rules detailing how providers and others must enable that access.

Actors

The 21st Century Cures Act defines actors as those to which the law applies and includes healthcare providers, health IT developers of certified health IT, and health information exchanges (HIEs) or health information networks (HINs).

Electronic Health Information (EHI)

EHI refers to the digital version of a patient's health information. It can include data such as demographics, medications, medical history, immunizations, test results, and imaging.

Information Blocking

Information blocking is an activity by an actor that interferes with a patient's access, exchange, or use of electronic health information (EHI). Actors can face fines of up to \$1 million dollars per infraction, in addition to other penalties, if they take action that they know, or should know, is likely to interfere with access, exchange, or use of EHI.

Exceptions

There are 10 exceptions to the information blocking rule, including protecting a patient's privacy, protecting security of EHI, and accounting for if there is an emergency that delays the records being sent. If an actor meets the conditions of one or more exceptions, their activity will not be considered information blocking.

Physical Harm vs Mental or Emotional Harm Exceptions

Current 21st Century Cures Act exception language allows clinicians to delay EHI, like test results, if they expect that the result may cause physical harm to the patient. Proposed federal policy changes and other legislation passed in states like Texas create an exception to also prevent mental or emotional harm to a patient. The federal proposal and Texas state law are similar. Both allow a 72-hour delay in the electronic delivery of certain results to give clinicians time to communicate with patients first. This helps ensure that patients get critical news about their health from their clinician, not a text alert.