Public Law 111-148, "Patient Protection and Affordable Care Act"

Introduced in House: 9/17/2009
Passed House: 10/8/2009, 416-0 (did not contain healthcare)
Passed Senate: 12/24/2009, 60-39 (contained Senate reform proposal)
Passed House: 3/21/2010, 219-212 (resolve differences with the Senate)
Signed by President: 3/23/2010

Public Law 111-152, "Health Care and Education Reconciliation Act of 2010"

Introduced in House: March 17, 2010
Passed House: 3/21/2010, 220-211
Passed Senate with amendments: 3/25/2010, 56-43
Passed House: 3/25/10, 220-207 (resolve differences with the Senate)
Signed by President: 3/30/2010
(PL 111-152 did not specifically contain provisions affecting HIT and HIM)

Important Acronyms:

HIT—Health Information Technology
NHITI—National Health Information Technology Infrastructure
ONC—Office of the National Coordinator for Health Information Technology
HI—Health Information
IT—Information Technology
HHS—Health and Human Services
VA—Veterans Administration
REC—Regional Extension Center
NIST—National Institute of Standards and Technology.

Page	Title	Topic	Legislative Intent	Impact
17	I	Quality	**Sec. 1001. Amendments to the PHSA** ***"Sec. 2717. Ensuring the Quality of Care."*** (1) In General—Within 2-years of enactment and in consultation with experts, the Secretary shall develop reporting requirements for use by a group health plan, and a health insurance issuer offering group or individual health insurance coverage, with respect to plan or coverage benefits and provider reimbursement structures that: a. Improve health outcomes through the implementation of activities such as quality reporting, effective case management, care coordination, chronic disease management, and medication and care compliance initiatives, including through the use of the medical home model as defined for sec. 3602 of PPACA b. Implement activities to prevent hospital readmissions… c. Implement activities to improve patient safety and reduce medical errors through the…use of best clinical practices, evidence base medicine, and HIT d. And implement wellness and health promotion activities. (2) Reporting requirements for group health plans and health insurance issuers Guidelines and regulations to be promulgated 2-years after enactment.	Likely increased reporting requirements and therefore additional requirements for HIM professionals to adhere to.
28	I	Consumer Information	**Sec. 1103. Immediate Information That Allows Consumers to Identify Affordable Coverage Options.** • By July 1, 2010, states are required to establish an internet portal to allow comparison of health coverage	

Page	Title	Topic	Legislative Intent	Impact
			options and enable individuals to identify affordable coverage options. The Secretary is required to develop the format for the portals and is allowed to contract out to do so.	
28	I	Administrative Simplification	**Sec. 1104. Administrative Simplification.** • "Operating Rules" are defined as the necessary business rules and guidelines for the electronic exchange of information that are not defined by a standard or its implementation specifications as adopted for purposes of this part. • Establishes requirements for financial and administrative transactions. The standards and operating rules adopted by the Secretary shall: o To the extent feasible and appropriate, enable determination of an individual's eligibility and financial responsibility for specific services prior to or at the point of care; o Be comprehensive, requiring minimal augmentation by paper or other communication o Provide for timely acknowledgement, response, and status reporting that supports a transparent claims and denial management process; o Describe all data elements (including reason and remark codes) in unambiguous terms, require that such data elements be required or conditioned upon set values in other fields, and prohibit additional conditions except where necessary to comply with state or federal law, or to protect against fraud or abuse. • Reduction of Clerical Burden—When adopting standards and operating rules for the transactions above, the Secretary will seek to reduce the number and complexity	Strongly supported by AHIMA as we were one of the primary advocates for both the Operating Rules and Administrative Simplification pieces.

Page	Title	Topic	Legislative Intent	Impact
			of the forms (paper and electronic) and data entry required by patients and provided. • The Secretary will adopt a single set of operating rules for each transaction referred to above with the goal of creating as much uniformity as possible when adopting electronic standards. The operating rules shall be consensus-based and reflect the necessary business rules affecting health plans and providers and the manner in which they operate pursuant to the HIPAA standards. • Operating Rules Development—The Secretary will consider recommendations for operating rules developed by a qualified nonprofit entity that meets a number requirements including o Mission focus is administrative simplification o Demonstration of a multi-stakeholder and consensus-based process for the development of operating rules o The entity has a public set of guiding principles to ensure that the process is open and transparent o The entity builds upon the standards developed under HIPAA o Allows for public review and updates of the rules. • Review and Recommendations—NCVHS requirements for the review of operating rules and the nonprofit entity o Advise Secretary whether or not the nonprofit entity meets the development requirements o Review the operating rules that are developed and recommended o Determine whether or not the rules represent a consensus view of the healthcare stakeholders and do not conflict with the standards o Evaluate whether such operating rules are	Operating rules will solidify the multiple payer instruction into one guide for each transaction across the country. Reduces the number of operating rules from about 1,200 to 1.

Page	Title	Topic	Legislative Intent	Impact
			consistent with electronic standards adopted for HIT o Submit to the Secretary recommendations as to whether or not the rules should be adopted. • Implementation o Eligibility for health plan and health claim status: adopted by July 1, 2011. Effective by January 1, 2013. May allow for a machine readable ID card. o Electronic funds transfers and health care payment and remittance advice: adopted by July 1, 2012. Effective by January 1, 2014. o Health claims or equivalent encounter information, enrollment and disenrollment in a health plan, health plan premium payments, referral certification and authorization: Adopted by July 1, 2014. Effective by January 1, 2016. • Expedited Rulemaking—The Secretary is required to promulgate an interim final rule applying any standard or operating rule recommended by the NCVHS. The Secretary shall accept and consider public comments on any interim final rule published under this subparagraph for 60 days after the date of the publication. • Compliance o Health Plan Certification ▪ Eligibility for a health plan, health claim status, electronic funds transfers, healthcare payment and remittance advice • Health plan file a certification statement by December 31, 2013. ▪ Health claims or equivalent encounter information, enrollment and disenrollment in a health plan, health plan premium	AHIMA was one of the primary groups behind legislative language to modify and quicken the standards adoption and updating process providing for a more responsive transaction and less expensive upgrades.

Page	Title	Topic	Legislative Intent	Impact
			payments, health claims attachments, referral certification and authorizations. • Health plan file a certification with the Secretary by December 31, 2015. ▪ Additional requirements for certification including enabling certification by an outside entity. • Requirements for the review and amendment of the standards and operating rules by the review committee/NCVHS. Hearings will commence by April 1, 2014. The review committee will be established by January 1, 2014. o Interim Final Rulemaking—recommendations to amend the adopted standards and operating rules by the review committee will be done by interim final rules and published within 90 days of the receipt of the report from the committee. ▪ 60-day public comment period ▪ Effective date of the interim final rule shall be 25-months following the close of the comment period. • Operating rules can be adopted for any standards. • Establishment of a penalty fee and process for any plan that does not meet the certification and documentation compliance. • Promulgation of Rules: o Unique Health Plan Identifier: Secretary to promulgate final rule that is effective by October 1, 2012 o Electronic Funds Transfer: Interim final rule and adoption by January 1, 2012, with effective date	

Page	Title	Topic	Legislative Intent	Impact
			by January 1, 2014. o Health Claims Attachments: Interim final rule and adoption by January 1, 2014, with effective date by January 1, 2016. o Expansion of electronic transactions in Medicare.	
62	I	Quality Improvement/Patient Safety	**Part II—Consumer Choices and Insurance Competition Through Health Benefit Exchanges** **Sec. 1311. Affordable Choices of Health Benefit Plans.** (h) Quality Improvement • Enhancing patient safety—a qualified health plan may contract with: o A hospital with greater than 50 beds only if such hospital ▪ Utilizes a patient safety evaluation system as described in part C of title IX of the PHSA ▪ Implements a mechanism to ensure that each patient receives a comprehensive program for hospital discharge that includes patient-centered education and counseling, comprehensive discharge planning, and post discharge reinforcement by an appropriate healthcare professional; or o A healthcare provider only if such provider implements mechanisms to improve quality as the Secretary may require by regulation	Potential for increased reporting requirements along with additional documentation information.
144	I	HIT	**Sec. 1561. Health Information Technology Enrollment Standards and Protocols. Amends Title XXX of the PHSA.**	

Page	Title	Topic	Legislative Intent	Impact
			"Sec. 3021. Health Information Technology Enrollment Standards and Protocols." Within 180 days, the law requires the Secretary, in consultation with the HIT Policy Committee and HIT Standards Committee to develop interoperable and secure standards to facilitate the enrollment of individuals in Federal and State health and human services programs. The new standards include: • Electronic matching against existing Federal and State data as evidence of eligibility and in lieu of paper documentation, including vital records, employment history, enrollment systems, and tax records. • Simplification and submission of electronic documentation, digitization of documents, and systems verification of eligibility. • Reuse of stored eligibility information (including documentation) to assist with retention of eligible individuals in HHS programs. • Capability for individuals to apply, recertify and manage their eligibility information online, including at home, at points of service, and other community-based locations. • Ability to expand the enrollment system to integrate new programs, rules, and functionalities, to operate at increased volume, and to apply streamlined verification and eligibility processes to other Federal and State programs. • Notification of eligibility, recertification, and other needed communication regarding eligibility, which may include communication via email and cellular phones. • Other functionalities to streamline enrollment processes (d) Grants for Implementation of Appropriate Enrollment	Impact will be on Federal and state agency workers as this requires electronic standards for enrolling individuals into Federal and State programs.

Page	Title	Topic	Legislative Intent	Impact

			HIT—
			• Enables the Secretary to award grants to "eligible entities" to develop new, and adapt existing, technology systems to implement HIT enrollment standards and protocols.
			  ○ Eligible entities include a state, political subdivision of a state, or a local governmental entity
			  ○ An application will need to be submitted to the Secretary.	

199	II	Quality	**Subtitle I—Improving the Quality of Medicaid for Patients and Providers**
			Sec. 2701. Adult Health Quality Measures—Amends title XI of the SSA…
			"Sec. 1139B. Adult Health Quality Measures."
			• Requires the Secretary to identify and publish a recommended core set of adult health quality measures for Medicaid eligible adults (same as for public and private sponsored health arrangements)
			  ○ By January 1, 2011, the Secretary shall identify and publish for comment
			  ○ By January 1, 2012, the Secretary shall publish that are applicable
			  ○ By January 1, 2013, Secretary, in consultation with the States, shall develop a standardized reporting format
			  ○ By January 1, 2014 and every 3-years thereafter, reports to Congress.
			• Establishes a Medicaid Quality Measurement Program not later than 12 months after the release of the core measures.
				Potential for increased quality reporting requirements on those participating in Medicaid.

Page	Title	Topic	Legislative Intent	Impact
245	III	Quality	**Sec. 3002. Improvements to the Physician Quality Reporting System**. • Extends payments under the PQRI program. • Creates appeals/feedback process for those participating in the program. • Integrates PQRI reporting and EHR (meaningful use) reporting by January 1, 2012. The Secretary will develop the plan.	Increased reporting that will likely have potential impact on receiving HIT incentive funding due to the combination of PQRI and meaningful use.
250	III	Quality	**Sec. 3004. Quality Reporting for Long-Term Care Hospitals, Inpatient Rehabilitation Hospitals, and Hospice Programs** • Long-Term Care Hospitals, Inpatient Rehab Hospitals and Hospice Programs to submit quality data for rate year 2014 and each subsequent rate year. • Reduction in annual market basket update without successful participation. • Secretary to publish measures by October 1, 2012.	Increased reporting requirements that has a reimbursement impact.
253	III	Quality	**Sec. 3005. Quality Reporting for PPS-Exempt Cancer Hospitals.** • Submit quality data for rate year 2014 and each subsequent rate year. • Reduction in annual market basket update without successful participation. • Secretary publish measures by October 1, 2012.	Increased reporting requirements that has a reimbursement impact.
260	III	Quality	**Part II—National Strategy to Improve Health Care Quality.** **Sec. 3011. National Strategy.** • Amends title III of the PHSA: ***"Sec. 399HH. National Strategy for Quality Improvement in Health Care."***	Potential process changes and the developing of new

Page	Title	Topic	Legislative Intent	Impact
			• Requires the Secretary to establish a national strategy through a transparent collaborative process to improve the delivery of services, patient health outcomes, and population health. ○ One requirement is to enhance the use of healthcare data to improve quality, efficiency, transparency and outcomes.	reporting requirements.

262	III	Quality	**Sec. 3012. Interagency Working Group on Health Care Quality.**
			• Convened by President to
			  ○ Collaborate, cooperate and consult between Federal departments and agencies
			  ○ Avoid duplication
			  ○ Assess alignment of quality efforts
			  ○ Chaired by Sec. of HHS
			  ○ First report to Congress is December 31, 2010 and annually thereafter.	

263	III	Quality	**Sec. 2013. Quality Measurement Development.** • Quality measure defined as "a standard for measuring the performance and improvement of population health or of health plans, providers of services, and other clinicians in the delivery of health care services. • Secretary in consultation with the AHRQ Director and CMS Administrator shall identify, at least triennially, gaps where measures don't exist and where improvement is needed. Gaps will be identified and made available on a web site. • Secretary can award grants, contracts or intergovernmental agreements to eligible entities for purposes of developing, improving, updating, or expanding quality measures identified. Priority will be	Development of additional quality measures which in turn will require the reporting of additional information.

Page	Title	Topic	Legislative Intent	Impact
			given to the development of measures that assess: ○ Health outcomes and functional status of patients ○ The management and coordination of healthcare across episodes of care and care transitions for patients across the continuum of providers, settings, and plans ○ The experience, quality and use of information provided to and used by patients, caregivers, and authorized representatives to inform decisionmaking about treatment options, including the use o fshared decisionmaking tols and preference sensitive care ○ The meaningful use of HIT ○ The safety, effectiveness, and patient-centeredness, appropriateness and timeliness of care ○ The efficiency of care ○ The equity of health services and health disparities across health disparity populations ○ Patient experience and satisfaction ○ The use of innovate strategies and methodologies ○ Other areas determined by the Secretary. • CMS Administrator will develop quality measures through contracts. In doing so, will consult with the AHRQ Director • $75,000,000 appropriated for each fiscal year from 2010-2014.	
266	III	Quality	**Sec. 3014. Quality Measurement.** • Authorizes $20 million for the Secretary to support the endorsement and use of the measures in Medicare, reporting information to the public, and in programs.	
269	III	Quality	**Sec. 3015. Data Collection; Public Reporting.**	

Page	Title	Topic	Legislative Intent	Impact
			Amends title III of the PHSA by adding: "Sec. 399II. Collection and Analysis for Data for Quality and Resource Use Measures." • The Secretary shall collect and aggregate consistent data on quality and resource use measures from information systems used to support health care delivery to implement the public reporting of performance information…and may award grants or contracts for this purpose. The Secretary is to insure that such collection, aggregation, and analysis systems span an increasingly broad range of patient populations, providers and geographic areas over time. • Grants or contracts can be awarded for data collection. The bill establishes the requirements for "eligible entities." The grants require matching funds from the eligible entities.	Additional reporting requirements.
271	III	Various	**PART III—Encouraging Development of New Patient Care Models.** **Sec. 3021. Establishment of Center for Medicare and Medicaid Innovation within CMS.** • Amends title XI of the SSA to add: ***"Sec. 115A. (a) Center for Medicare and Medicaid Innovation Established"*** • Created within CMS to test innovative payment and service delivery models to reduce program expenditures under the applicable titles while preserving or enhancing the quality of care furnished to individuals under such titles. The Secretary shall give preference to models that also improve the coordination, quality, and efficiency of	Exchange of data among healthcare providers will mean a much more current and accurate record at discharge or transfer

Page	Title	Topic	Legislative Intent	Impact
			health care services furnished to applicable individuals. The law provides $10 billion over ten years to test the models. Models to be tested include a wide range of areas including patient-centered medical home models and a range of others. After evaluation, the Secretary can implement them nationwide if they improve care quality and reduce spending.	
277	III	Medicare Savings	**Sec. 3022. Medicare Shared Savings Program.** • Amends Title XVIII of the SSA to add: ***"Sec. 1899. Establishment.—"*** • By January 1, 2012, the Secretary shall establish a shared savings program that promotes accountability for a patient population and coordinates items and services under parts A and B, and encourages investment in infrastructure and redesigned care processes for high quality and efficient service delivery. o Groups of providers of services and suppliers meeting criteria specified by the Secretary may work together to manage and coordinate Care for Medicare fee-for-service beneficiaries through an accountable care organization (ACO) and o ACOs that meet the quality performance standards established by the Secretary are eligible to receive shared-savings payments. ▪ Requirements established for ACO eligibility. ▪ The Secretary may require quality reporting, e-prescribing and the use of electronic health records.	Additional reporting which could have an impact on reimbursement.

Page	Title	Topic	Legislative Intent	Impact
281	III	Payment	**Sec. 3023. National Pilot Program on Payment Bundling.** • Amends title XVIII of the SSA and adds: "National Pilot Program on Payment Bundling Sec. 1866D. (a) Implementation—" • The Secretary shall establish a pilot program for integrated care during an episode of care provide to an applicable beneficiary around a hospitalization in order to improve coordination, quality, and efficiency healthcare services. o Defines applicable beneficiaries and applicable conditions o Requires the Secretary, in consultation with AHRQ to develop quality measures for an episode of care and post-acute care o Secretary shall establish quality measures related to care provided by entities participating in the pilot program. They shall include: ▪ Functional status improvement ▪ Reducing rates of avoidable hospital readmissions ▪ Rates of discharge to the community ▪ Rates of admission to an ER after a hospitalization ▪ Incidence of health care acquired infections ▪ Efficiency measures ▪ Measures of patient-centeredness of care ▪ Measures of patient perception of care ▪ Other measures, including patient outcomes, determined by the Secretary. o Data to be submitted, to the extent practicable,	Additional reporting requirements.

Page	Title	Topic	Legislative Intent	Impact
			through a qualified electronic health record.	
286	III	Home Care	**Sec. 3024. Independence at Home Demonstration Program.** • Amends title XVIII of the SSA to add: ***"Independence at Home Medical Practice Demonstration Program*** ***Sec. 1866D. (a) Establishment—"*** • The Secretary shall conduct a demonstration program to test a payment incentive and service delivery model that utilizes physician and nurse practitioner directed home-based primary care teams designed to reduce expenditures and improve health outcomes. • Goal is to: o Reduce preventable hospitalizations o Prevent hospital readmissions o Reduce emergency room visits o Improve health outcomes commensurate with the beneficiaries stage of chronic illness o Improving the efficiency of care, such as by reducing duplicative diagnostic and lab tests o Reducing the cost of health care serviced covered under this title. o Achieving beneficiary and family caregiver satisfaction. • Care will be given through electronic health records and telehealth methodologies. • $5 million per year from 2010-2015.	Need to insure the necessary privacy and security protocols for delivering remote care.
435-7	IV	Wellness and HIT	**Sec. 4103. Medicare Coverage of Annual Wellness Visit Providing a Personalized Prevention Plan.** (F) the Secretary shall encourage the use of, integration with and coordinated HIT (including technology that is compatible	

Page	Title	Topic	Legislative Intent	Impact
			with electronic health records and personal health records) and may experiment with use of personalized technology to aid in the development of self-management skills and management of and adherence to provider recommendations in order to improve the health status of beneficiaries.	
460	IV	Data Collection	**Sec. 4302. Understanding Health Disparities: Data Collection** and Analysis. • Amends the Public Health Service Act to add: ***"Title XXXI—Data Collection, Analysis and Quality*** ***"sec. 3101. Data Collection, Analysis, and Quality."*** • Includes general collection requirements and collection standards • Data management—In collecting data, the Secretary, acting through the National Coordinator for HIT shall develop: o National standards for management of collected data o Develop interoperability and security systems for data management. • This section also includes requirements for data analysis, data reporting and dissemination, limitations on use, and protection and sharing of data.	
466	IV	Public Health	**Sec. 4304. Epidemiology-Laboratory Capacity Grants.** • Amends title XXVIII of the PHSA to add: ***"Subtitle C—Strengthening Public Health Surveillance Systems***	

Page	Title	Topic	Legislative Intent	Impact
			Sec. 2821. Epidemiology-Laboratory Capacity Grants." • Secretary through the CDC Director award grants to State Health Departments as well as local health departments and tribal jurisdictions that meet such criteria as the Director determines is appropriate. Academic centers that assist state and local health departments are also eligible as the Director deems appropriate. One of the grant categories can be: ○ Improving information systems including developing and maintaining an information exchange using national guidelines and complying with capacities and functions determined by an advisory council established and appointed by the director. • $190,000,000 appropriated for each of the fiscal years from 2010-2013. Not less than $60,000,000 will be made available for each of the fiscal years for improving information systems.	
470	V	Workforce	**Title V—Health Care Workforce** **Subtitle A—Purpose and Definitions** **Sec. 5001. Purpose** • To improve access to and delivery of health care services for all individuals, particularly low income, underserved, uninsured, minority, health disparity, and rural populations by: ○ Gathering and assessing comprehensive data in order for the health care workforce to meet the health care needs of individuals, including research on supply, demand, distribution, diversity, and skills needs of the health care workforce	Important to increase workforce capacity.

Page	Title	Topic	Legislative Intent	Impact
			○ Increasing the supply of a qualified health care workforce to improve access to and the delivery of health care services for all individuals ○ Enhancing health care workforce education and training to improve access to and the delivery of health care services for all individuals.	
470	V	Workforce definitions	**Sec. 5002. Definitions.** • Allied Health Professional • Health Care Career Pathway • Institution of Higher Education • Low Income Individual, State Workforce Investment Board, and Local Workforce Investment Board • Postsecondary Education • Registered Apprenticeship Program • Physician Assistant Education Program • Area health Education Center • Clinical Social Worker • Cultural Competency • Direct Care Worker • Federally Qualified Health Center • Frontier Health Professional Shortage Area • Graduate Psychology • Health Disparity Population • Health Literacy • Mental Health Service Professional • One-Stop Delivery System Center • Paraprofessional Child and Adolescent Mental Health Worker • Racial and Ethnic Minority Group; Racial and Ethnic Minority Population • Rural Health Clinic	

Page	Title	Topic	Legislative Intent	Impact
			• Accelerated Nursing Degree Program • Bride or Degree Completion Program	
474	V	Workforce	**Subtitle B—Innovations in the Health Care Workforce** **Sec. 5101. National Health Care Workforce Commission** • Serves as a national resource for Congress, the President, States and localities • Communicates and coordinates with the Departments of HHS, Labor, Veterans Affairs, Homeland Security, and Education on related activities administered by the departments • Develops and commissions evaluations of education and training activities to determine whether and demand for health care workers is being met • Identifies barriers to improved coordination at the Federal, State and local levels and recommend ways to address such barriers • Encourages innovations to address population needs, constant changes in technology and other environmental factors 15 members appointed by the Comptroller of the Treasury and includes a representative of the health care workforce or health professionals and educational institutions. Topics to be reviewed: • Current health care workforce supply and distribution, including demographics, skill sets and demands with projected demands during the subsequent 10 and 25-year periods.	Important for the ability to research and assess workforce issues.

Page	Title	Topic	Legislative Intent	Impact
			• Healthcare workforce education and training capacity, including the number of students who have completed education and training, including registered apprenticeships, the number of qualified faculty, the education and training infrastructure, and the education and training demands, with projected demands during the subsequent 10 and 25-year periods. • The education loan and grant programs in title VII and VIII of the PHSA and whether they should become part of the Higher Education Act. • The implications of new and existing Federal policies which affect the health care workforce • The health care workforce needs of special populations..with recommendations for new and existing Federal policies to meet the needs of these special populations • Recommendations creating or revising national loan repayment programs and scholarship programs to require low-income, minority medical students to serve in their home communities, if designated as medical underserved community. High Priority Areas: • The initial high priority topics include: o Integrated health care workforce planning that identifies health care professional skills needed and maximizes skill sets of health care professionals across disciplines o An analysis of the nature, scopes of practice, and demands for health care workers in the enhanced IT and management workplace. o An analysis of how to align Medicare/Medicaid	Beneficial because of the focus on the enhanced IT and management workplace.

Page	Title	Topic	Legislative Intent	Impact
			GME policies with national workforce goals ○ The education and training capacity, projected demands, and integration with the health care delivery system of each of the following: ▪ Nursing workforce capacity at all levels ▪ Oral health care workforce capacity at all levels ▪ Mental and behavioral health… ▪ Allied health and public health… ▪ EMS workforce capacity, including retention and recruitment of the volunteer workforce ▪ The geographic distribution of health care providers as compared to the identified health care workforce needs of States and regions. Defines "health care workforce" and "health professionals."	
481	V	Workforce	**Sec. 5102. State Health Care Workforce Development Grants.** • A competitive health care workforce development grant program for the purpose of enabling State partnerships to complete comprehensive planning and to carry out activities leading to coherent and comprehensive health care workforce development strategies at the State and local levels. ○ Administered by HRSA. ○ Up to $150,000 planning grants available for up to 1-year. ○ An eligible partnership shall be a State workforce investment board. Some modifications may be required.	Immediate focus on developing state partnerships to look at workforce at the local level.

Page	Title	Topic	Legislative Intent	Impact
			○ 15% state match • Implementation grants ○ Awarded by the Administration to state partnerships to enable the implementation of activities that will result in a coherent and comprehensive plan for health workforce development that will address current and projected workforce demands within the State.	
485	V	Workforce	**Sec. 5103. Health Care Workforce Assessment.** • Establishment of the National Center for Health Care Workforce Analysis ○ Will work with the Commission and relevant regional and State centers and agencies to: ▪ Provide for the development of information describing and analyzing the health care workforce and related issues, develop and publish performance measures and benchmarks for programs, and establish, maintain and publicize a national Internet registry of each grant awarded under this title	This is a positive development for workforce assessment.
493	V	Workforce	**Subtitle C—Increasing the Supply of the Health Care Workforce** **Sec. 5205. Allied Health Workforce Recruitment and Retention Programs.** • Purpose it assure an adequate supply of allied health professionals to eliminate critical shortages in Federal, State, local, and tribal public health agencies or in settings where patients might require health care services, including acute care facilities, ambulatory care	Reauthorization of important Allied Health provisions in Title VII of the PHSA as administered by HRSA. We need to work to insure HIM focus.

Page	Title	Topic	Legislative Intent	Impact
			facilities, personal residences and other settings, as recognized by the Secretary by authorizing an Allied Health Loan Forgiveness Program. • Reauthorizes the "Allied Health Workforce Recruitment and Retention Program	
493	V	Workforce	**Sec. 5206. Grants for State and Local Programs.** • Amends Part E of title VII of the PHSA to add: ***"Sec. 777. Training for Mid-Career Public and Allied Health Professionals. "*** • The Secretary is enabled to make grants to, or enter into contracts with, any eligible entity to award scholarships to eligible individuals to enroll in degree or professional training programs for the purpose of enabling mid-career professionals in the public health and allied health workforce to receive additional training in the field of public and allied health. o An eligible entity is an accredited educational institution that offers a course of study, certificate program, or professional training program in public or allied health or a related discipline, as determined by the Secretary. o Eligible individuals are those employed in public and allied health positions at the Federal, state, tribal, or local level who are interested in retaining or upgrading their education. • $60 million authorized for FY 2010 and then such sums as may be necessary from 2011-2015. 50/50 split between public health and allied health.	This provides additional focus for allied health. It enables continuing education an new education for mid career professionals.
609	VI	Comparative Effectiveness	**Subtitle D—Patient-Centered Outcomes Research.** **Sec. 6301. Patient-Centered Outcomes Research.**	

Page	Title	Topic	Legislative Intent	Impact
			• Establishes the Patient-Centered Outcomes Research Institute. Enables the results of comparative effectiveness research and clinical evidence. Can be used as clinical-decision support in electronic health records.	
638	VI	Fraud	**Sec. 6402. Enhanced Medicare and Medicaid Program Integrity Provisions** • Amends Part A of title XI of the SSA and adds: ***"Sec. 1128J. Medicare and Medicaid Program Integrity Provisions."*** • Subsection (e) requires the inclusion of the National Provider Identifier on all applications and claims by January 1, 2011. The Secretary will promulgate a regulation.	There will be a need to insure the National Provider Identifier is on all claim forms and applications to provide care.
651	VI	Documentation	**Sec. 6407. Face to Face Encounter with Patient Required before Physicians may Certify Eligibility for Home Health Services or Durable Medical Equipment under Medicare.** • Requires physicians to meet with patients prior to assigning home health care or DME. The encounter must be documented.	Additional documentation requirements.
660	VI	Coding	**Sec. 6507. Mandatory State Use of National Correct Coding Initiative.** • Amends section 1903(r) of the SSA and adds provisions to insure that for claims filed on or after October 1, 2010, states incorporate compatible methodologies of the National Correct Coding Initiative.	Adherence to the National Correct Coding Initiative for state programs. This may assist states to use current versions of the classification system.
675	VI	HIT Grants	**Sec. 6703. Elder Justice Act.** • Amends title XX of the SSA and adds provisions for the Elder Justice Act.	

Page	Title	Topic	Legislative Intent	Impact

			"Part II—Programs to Promote Elder Justice."
			"Sec. 2041. Enhancement of Long-Term Care."
			• (b) Certified EHR Technology Grant Program.
			  ○ Secretary is authorized to establish a grant program to offset the costs related to the purchasing, leasing, developing, and implementing certified EHR technology designed to improve patient safety and reduce adverse events and health care complications resulting from medication errors.
			  ○ Grants can be used for:
			  ▪ Purchasing, leasing and installing (including handheld)
			  ▪ Making improvements to existing software and hardware
			  ▪ Making upgrades and other improvements to software and hardware to enable e-prescribing
			  ▪ Providing education and training to staff to implement the electronic transmission of prescription and patient information
			  ○ If grant application is approved, the LTC facility shall, if available, participate in a state health exchange.
			• (c) Adoption of Standards for Transactions Involving Clinical Data by LTC Facilities.
			  ○ Requires Secretary to adopt standards including standards for messaging and nomenclature
			  ○ Within 10 years of enactment of the Elder Justice Act, the Secretary shall have procedures inplace to accept optional electronic submission of clinical data by LTC facilities
				HIT incentive program for LTC providers.

Page	Title	Topic	Legislative Intent	Impact
			○ The Secretary is to promulgate regulations ○ Appropriations: ▪ $20 million for FY 2011 ▪ $17.5 million for FY 2012 ▪ $15 million for FY 2013 and 2014	
819	X	Quality	**Subtitle C—Provisions Relating to Title III** **Sec. 10303. Development of Outcome Measures.** • Amends Sec. 931 of the PHSA and adds: ○ (f) Development of outcomes measures ▪ The Secretary shall develop and update (not less than every 3-years), provider-level outcome measures for hospitals and physicians, as well as other providers as determined by the Secretary. ▪ Categories include: • Acute and chronic diseases including the 5 most prevalent and resource-intensive acute and chronic medical condition • Primary and preventative care, including, to the extent feasible, measurements that cover provision of such care for distinct patient populations	Additional reporting requirements.
834	X	Quality/Reimbursement	**Sec. 10322. Quality Reporting for Psychiatric Hospitals.** • For rate year 2014 and after, if a psychiatric hospital or unit does not submit quality data to the Secretary, any annual update to a standard Federal rate for discharges the rate year shall be reduced by 2 percentage points.	Reporting requirements with a reimbursement impact.
847	X	Medicare IT	**Sec. 10330. Modernizing Computer and Data Systems of CMS to Support Improvements in Care Delivery.**	

Page	Title	Topic	Legislative Intent	Impact
			• Requires the Secretary to develop a plan and detailed budget to modernize the computer and data systems of CMS.	