Chairman's Amendment in the Nature of a Substitute
Changes from
America's Affordable Health Choices Act (H.R. 3200)

Division A

Section 224. Instructs the Secretary to adopt successful payment models on a large scale geographically to the extent that she finds such models successful in Medicare or in the public health insurance option (p.125).

Section 241. Clarifies that Puerto Rico and the territories are included in the required study of geographic variation in application of the Federal Poverty Level. (p.143).

Division B

New Section 1126. Instructs the Centers for Medicare & Medicaid Services to develop a measurement tool providing information to physicians about their resource use compared to local and national peers. Directs CMS to deliver reports via physician contacts, local organizations, or by a method that allows for larger-scale dissemination. Instructs CMS to confidentially disseminate reports in significant scale beginning in 2011 (p. 266).

Section 1152. Instructs the Secretary to adopt bundled payments for inpatient and post-acute care services on a large scale geographically to the extent that she finds such payments are found to be successful in reducing costs and improving quality (p. 305).

Section 1158. Incorporates technical corrections to ensure that payment adjustments can be executed properly (p. 336).

Section 1301. Instructs the Secretary to adopt the ACO model on a large scale geographically to the extent that she finds it successful in reducing costs and improving quality (p. 450).

Section 1302. Instructs the Secretary to adopt the medical home model on a large scale geographically to the extent that she finds it successful in reducing costs and improving quality (p. 468). Clarifies that physician assistants are eligible to participate in both the independent and community-based medical home models (p. 468).

Section 1303. Clarifies that physician assistants are eligible for primary care incentive payments if otherwise qualified (p. 487).

Section 1701. Makes a conforming amendment to section 1905(a) of the Social Security Act (p. 750).

Section 1760. Changes "Effort" to "Eligibility" (p. 760).

Division C

Section 2002. Deletes support for primary care loan program (p. 870).

Section 2201. Clarifies fulfillment of National Health Service Corps service obligation on a part-time basis (p. 874).

Section 2211. Clarifies the provision of primary health services in a Health Professional Needs Area (p. 879) and clarifies the use of unappropriated funds for the HPNA program (p. 882).

Section 2212. Eliminates provisions relating to primary care student loan funds (p. 883).

Section 2213. Clarifies title to specify physician assistants (p. 884).

Section 2214. Clarifies that training program for medical residents includes both grants and contracts (p. 889); that period of a grant or contract may not exceed 3 years (p. 891); and that programs must be associated with entities accredited by the American Osteopathic Association (p. 893). Also clarifies the definition of primary care (p. 892).

Section 2215. Clarifies that the Secretary establish a training program for oral health professionals (pp. 893, 897) and that training support does not apply to training for dental hygienists (p. 895).

Section 2216. Conforming amendment to change in section 2212 (p. 897).

Section 2221. Adds reporting requirements (p. 899).

Section 2231. Clarifies eligibility for participation in Public Health Workforce Corps (p. 905).

Section 2232. Clarifies that accredited health professions schools include undergraduate and graduate programs (p. 915).

Section 2301. Changes affect following sections of the new Title XXXI of the Public Health Service Act:

> *Section 3111 of PHSA*: Provides funding to support Prevention Task Force at a level of $30 million for each fiscal year 2010 through 2014 and $35 million for each fiscal year 2015 through 2019 (p. 940). Provides funding to support core public health infrastructure and activities for CDC at a level of $350 million for each fiscal year 2010 through 2014 and $400 million for each fiscal year 2015 through 2019 (p. 942).

*Section 3131 of the PHSA***.** Specifies that the Task Force on Clinical Preventive Services includes individuals with expertise in health disparities (p. 947). Specifies that the Clinical Prevention Stakeholders Board includes a representative of the National Center on Minority Health and Health Disparities (p. 948). Clarifies that disclosure and conflicts of interest requirements apply to Task Force and Stakeholders Board (p. 949). Clarifies the definition of health disparities (p. 951).

Section 3132 of the PHSA. Specifies that the Task Force on Community Preventive Services includes individuals with expertise in health disparities (p. 954). Specifies that the Community Prevention Stakeholders Board includes a representative of the National Center on Minority Health and Health Disparities (p. 955). Clarifies that disclosure and conflicts of interest requirements apply to Task Force and Stakeholders Board (p. 956). Clarifies the definition of health disparities (p. 957).

Section 2401. Clarifies entities that may receive a grant to implement best practices (p. 977).

Section 2511. Clarifies that school-based health clinic services must be provided in accordance with federal, state, and local law (p. 1002).