

1 *apply with respect to the performance or coverage of abor-*  
 2 *tions.”.*

3           (4) *The bill referred to in subsection (a) is*  
 4 *amended by striking section 201.*

5       ***Subtitle C—Provisions Relating to***  
 6                                   ***Title III***

7       ***SEC. 10301. PLANS FOR A VALUE-BASED PURCHASING PRO-***  
 8                                   ***GRAM FOR AMBULATORY SURGICAL CEN-***  
 9                                   ***TERS.***

10       (a) *IN GENERAL.—Section 3006 is amended by adding*  
 11 *at the end the following new subsection:*

12       “(f) *AMBULATORY SURGICAL CENTERS.—*

13           “(1) *IN GENERAL.—The Secretary shall develop*  
 14 *a plan to implement a value-based purchasing pro-*  
 15 *gram for payments under the Medicare program*  
 16 *under title XVIII of the Social Security Act for am-*  
 17 *bulatory surgical centers (as described in section*  
 18 *1833(i) of the Social Security Act (42 U.S.C.*  
 19 *1395l(i)).*

20           “(2) *DETAILS.—In developing the plan under*  
 21 *paragraph (1), the Secretary shall consider the fol-*  
 22 *lowing issues:*

23           “(A) *The ongoing development, selection,*  
 24 *and modification process for measures (including*  
 25 *under section 1890 of the Social Security Act (42*

1           *U.S.C. 1395aaa) and section 1890A of such Act,*  
2           *as added by section 3014), to the extent feasible*  
3           *and practicable, of all dimensions of quality and*  
4           *efficiency in ambulatory surgical centers.*

5           “(B) *The reporting, collection, and valida-*  
6           *tion of quality data.*

7           “(C) *The structure of value-based payment*  
8           *adjustments, including the determination of*  
9           *thresholds or improvements in quality that*  
10           *would substantiate a payment adjustment, the*  
11           *size of such payments, and the sources of funding*  
12           *for the value-based bonus payments.*

13           “(D) *Methods for the public disclosure of in-*  
14           *formation on the performance of ambulatory sur-*  
15           *gical centers.*

16           “(E) *Any other issues determined appro-*  
17           *priate by the Secretary.*

18           “(3) *CONSULTATION.—In developing the plan*  
19           *under paragraph (1), the Secretary shall—*

20           “(A) *consult with relevant affected parties;*  
21           *and*

22           “(B) *consider experience with such dem-*  
23           *onstrations that the Secretary determines are rel-*  
24           *evant to the value-based purchasing program de-*  
25           *scribed in paragraph (1).*

1           “(4) *REPORT TO CONGRESS.*—Not later than  
2           *January 1, 2011, the Secretary shall submit to Con-*  
3           *gress a report containing the plan developed under*  
4           *paragraph (1).”.*

5           (b) *TECHNICAL.*—Section 3006(a)(2)(A) is amended  
6           by striking clauses (i) and (ii).

7           **SEC. 10302. REVISION TO NATIONAL STRATEGY FOR QUAL-**  
8           **ITY IMPROVEMENT IN HEALTH CARE.**

9           Section 399HH(a)(2)(B)(iii) of the *Public Health*  
10          *Service Act, as added by section 3011, is amended by insert-*  
11          *ing “(taking into consideration the limitations set forth in*  
12          *subsections (c) and (d) of section 1182 of the Social Security*  
13          *Act)” after “information”.*

14          **SEC. 10303. DEVELOPMENT OF OUTCOME MEASURES.**

15          (a) *DEVELOPMENT.*—Section 931 of the *Public Health*  
16          *Service Act, as added by section 3013(a), is amended by*  
17          *adding at the end the following new subsection:*

18                 “(f) *DEVELOPMENT OF OUTCOME MEASURES.*—

19                         “(1) *IN GENERAL.*—The Secretary shall develop,  
20                         and periodically update (not less than every 3 years),  
21                         provider-level outcome measures for hospitals and  
22                         physicians, as well as other providers as determined  
23                         appropriate by the Secretary.

1           “(2) *CATEGORIES OF MEASURES.*—*The measures*  
2           *developed under this subsection shall include, to the*  
3           *extent determined appropriate by the Secretary—*

4                   “(A) *outcome measurement for acute and*  
5                   *chronic diseases, including, to the extent feasible,*  
6                   *the 5 most prevalent and resource-intensive acute*  
7                   *and chronic medical conditions; and*

8                   “(B) *outcome measurement for primary and*  
9                   *preventative care, including, to the extent fea-*  
10                   *sible, measurements that cover provision of such*  
11                   *care for distinct patient populations (such as*  
12                   *healthy children, chronically ill adults, or infirm*  
13                   *elderly individuals).*

14           “(3) *GOALS.*—*In developing such measures, the*  
15           *Secretary shall seek to—*

16                   “(A) *address issues regarding risk adjust-*  
17                   *ment, accountability, and sample size;*

18                   “(B) *include the full scope of services that*  
19                   *comprise a cycle of care; and*

20                   “(C) *include multiple dimensions.*

21           “(4) *TIMEFRAME.*—

22                   “(A) *ACUTE AND CHRONIC DISEASES.*—*Not*  
23                   *later than 24 months after the date of enactment*  
24                   *of this Act, the Secretary shall develop not less*  
25                   *than 10 measures described in paragraph (2)(A).*

1           “(B) *PRIMARY AND PREVENTIVE CARE.*—  
2           *Not later than 36 months after the date of enact-*  
3           *ment of this Act, the Secretary shall develop not*  
4           *less than 10 measures described in paragraph*  
5           *(2)(B).”.*

6           (b) *HOSPITAL-ACQUIRED CONDITIONS.*—*Section*  
7           *1890A of the Social Security Act, as amended by section*  
8           *3013(b), is amended by adding at the end the following new*  
9           *subsection:*

10           “(f) *HOSPITAL ACQUIRED CONDITIONS.*—*The Sec-*  
11           *retary shall, to the extent practicable, publicly report on*  
12           *measures for hospital-acquired conditions that are currently*  
13           *utilized by the Centers for Medicare & Medicaid Services*  
14           *for the adjustment of the amount of payment to hospitals*  
15           *based on rates of hospital-acquired infections.”.*

16           (c) *CLINICAL PRACTICE GUIDELINES.*—*Section 304(b)*  
17           *of the Medicare Improvements for Patients and Providers*  
18           *Act of 2008 (Public Law 110–275) is amended by adding*  
19           *at the end the following new paragraph:*

20           “(4) *IDENTIFICATION.*—

21           “(A) *IN GENERAL.*—*Following receipt of the*  
22           *report submitted under paragraph (2), and not*  
23           *less than every 3 years thereafter, the Secretary*  
24           *shall contract with the Institute to employ the*  
25           *results of the study performed under paragraph*

1           (1) and the best methods identified by the Insti-  
2           tute for the purpose of identifying existing and  
3           new clinical practice guidelines that were devel-  
4           oped using such best methods, including guide-  
5           lines listed in the National Guideline Clearing-  
6           house.

7           “(B) CONSULTATION.—In carrying out the  
8           identification process under subparagraph (A),  
9           the Secretary shall allow for consultation with  
10          professional societies, voluntary health care orga-  
11          nizations, and expert panels.”.

12 **SEC. 10304. SELECTION OF EFFICIENCY MEASURES.**

13          Sections 1890(b)(7) and 1890A of the Social Security  
14          Act, as added by section 3014, are amended by striking  
15          “quality” each place it appears and inserting “quality and  
16          efficiency”.

17 **SEC. 10305. DATA COLLECTION; PUBLIC REPORTING.**

18          Section 399II(a) of the Public Health Service Act, as  
19          added by section 3015, is amended to read as follows:

20          “(a) IN GENERAL.—

21                 “(1) ESTABLISHMENT OF STRATEGIC FRAME-  
22                 WORK.—The Secretary shall establish and implement  
23                 an overall strategic framework to carry out the public  
24                 reporting of performance information, as described in  
25                 section 399JJ. Such strategic framework may include

1 *methods and related timelines for implementing na-*  
2 *tionally consistent data collection, data aggregation,*  
3 *and analysis methods.*

4 “(2) *COLLECTION AND AGGREGATION OF DATA.—*  
5 *The Secretary shall collect and aggregate consistent*  
6 *data on quality and resource use measures from in-*  
7 *formation systems used to support health care deliv-*  
8 *ery, and may award grants or contracts for this pur-*  
9 *pose. The Secretary shall align such collection and ag-*  
10 *gregation efforts with the requirements and assistance*  
11 *regarding the expansion of health information tech-*  
12 *nology systems, the interoperability of such technology*  
13 *systems, and related standards that are in effect on*  
14 *the date of enactment of the Patient Protection and*  
15 *Affordable Care Act.*

16 “(3) *SCOPE.—The Secretary shall ensure that*  
17 *the data collection, data aggregation, and analysis*  
18 *systems described in paragraph (1) involve an in-*  
19 *creasingly broad range of patient populations, pro-*  
20 *viders, and geographic areas over time.”.*

21 **SEC. 10306. IMPROVEMENTS UNDER THE CENTER FOR**  
22 **MEDICARE AND MEDICAID INNOVATION.**

23 *Section 1115A of the Social Security Act, as added by*  
24 *section 3021, is amended—*

1           (1) *in subsection (a), by inserting at the end the*  
2 *following new paragraph:*

3           “(5) *TESTING WITHIN CERTAIN GEOGRAPHIC*  
4 *AREAS.—For purposes of testing payment and service*  
5 *delivery models under this section, the Secretary may*  
6 *elect to limit testing of a model to certain geographic*  
7 *areas.”;*

8           (2) *in subsection (b)(2)—*

9           (A) *in subparagraph (A)—*

10           (i) *in the second sentence, by striking*  
11 *“the preceding sentence may include” and*  
12 *inserting “this subparagraph may include,*  
13 *but are not limited to,”; and*

14           (ii) *by inserting after the first sentence*  
15 *the following new sentence: “The Secretary*  
16 *shall focus on models expected to reduce pro-*  
17 *gram costs under the applicable title while*  
18 *preserving or enhancing the quality of care*  
19 *received by individuals receiving benefits*  
20 *under such title.”;*

21           (B) *in subparagraph (B), by adding at the*  
22 *end the following new clauses:*

23           “(xix) *Utilizing, in particular in enti-*  
24 *ties located in medically underserved areas*  
25 *and facilities of the Indian Health Service*



1           *(whether operated by such Service or by an*  
2           *Indian tribe or tribal organization (as those*  
3           *terms are defined in section 4 of the Indian*  
4           *Health Care Improvement Act)), telehealth*  
5           *services—*

6                     *“(I) in treating behavioral health*  
7                     *issues (such as post-traumatic stress*  
8                     *disorder) and stroke; and*

9                     *“(II) to improve the capacity of*  
10                    *non-medical providers and non-special-*  
11                    *ized medical providers to provide*  
12                    *health services for patients with chron-*  
13                    *ic complex conditions.*

14                    *“(xx) Utilizing a diverse network of*  
15                    *providers of services and suppliers to im-*  
16                    *prove care coordination for applicable indi-*  
17                    *viduals described in subsection (a)(4)(A)(i)*  
18                    *with 2 or more chronic conditions and a*  
19                    *history of prior-year hospitalization*  
20                    *through interventions developed under the*  
21                    *Medicare Coordinated Care Demonstration*  
22                    *Project under section 4016 of the Balanced*  
23                    *Budget Act of 1997 (42 U.S.C. 1395b–1*  
24                    *note).”;* and

1           (C) in subparagraph (C), by adding at the  
2           end the following new clause:

3                   “(viii) Whether the model demonstrates  
4                   effective linkage with other public sector or  
5                   private sector payers.”;

6           (3) in subsection (b)(4), by adding at the end the  
7           following new subparagraph:

8                   “(C) MEASURE SELECTION.—To the extent  
9                   feasible, the Secretary shall select measures under  
10                  this paragraph that reflect national priorities for  
11                  quality improvement and patient-centered care  
12                  consistent with the measures described in  
13                  1890(b)(7)(B).”; and

14          (4) in subsection (c)—

15                  (A) in paragraph (1)(B), by striking “care  
16                  and reduce spending; and” and inserting “pa-  
17                  tient care without increasing spending;”;

18                  (B) in paragraph (2), by striking “reduce  
19                  program spending under applicable titles.” and  
20                  inserting “reduce (or would not result in any in-  
21                  crease in) net program spending under applica-  
22                  ble titles; and”;

23          (C) by adding at the end the following:

24                  “(3) the Secretary determines that such expan-  
25                  sion would not deny or limit the coverage or provi-

1        *sion of benefits under the applicable title for applica-*  
2        *ble individuals.*

3        *In determining which models or demonstration projects to*  
4        *expand under the preceding sentence, the Secretary shall*  
5        *focus on models and demonstration projects that improve*  
6        *the quality of patient care and reduce spending.”.*

7        **SEC. 10307. IMPROVEMENTS TO THE MEDICARE SHARED**  
8                                **SAVINGS PROGRAM.**

9        *Section 1899 of the Social Security Act, as added by*  
10       *section 3022, is amended by adding at the end the following*  
11       *new subsections:*

12       “(i) *OPTION TO USE OTHER PAYMENT MODELS.—*

13                “(1) *IN GENERAL.—If the Secretary determines*  
14        *appropriate, the Secretary may use any of the pay-*  
15        *ment models described in paragraph (2) or (3) for*  
16        *making payments under the program rather than the*  
17        *payment model described in subsection (d).*

18                “(2) *PARTIAL CAPITATION MODEL.—*

19                        “(A) *IN GENERAL.—Subject to subpara-*  
20        *graph (B), a model described in this paragraph*  
21        *is a partial capitation model in which an ACO*  
22        *is at financial risk for some, but not all, of the*  
23        *items and services covered under parts A and B,*  
24        *such as at risk for some or all physicians’ serv-*  
25        *ices or all items and services under part B. The*

1            *Secretary may limit a partial capitation model*  
2            *to ACOs that are highly integrated systems of*  
3            *care and to ACOs capable of bearing risk, as de-*  
4            *termined to be appropriate by the Secretary.*

5            *“(B) NO ADDITIONAL PROGRAM EXPENDI-*  
6            *TURES.—Payments to an ACO for items and*  
7            *services under this title for beneficiaries for a*  
8            *year under the partial capitation model shall be*  
9            *established in a manner that does not result in*  
10           *spending more for such ACO for such bene-*  
11           *ficiaries than would otherwise be expended for*  
12           *such ACO for such beneficiaries for such year if*  
13           *the model were not implemented, as estimated by*  
14           *the Secretary.*

15           *“(3) OTHER PAYMENT MODELS.—*

16           *“(A) IN GENERAL.—Subject to subpara-*  
17           *graph (B), a model described in this paragraph*  
18           *is any payment model that the Secretary deter-*  
19           *mines will improve the quality and efficiency of*  
20           *items and services furnished under this title.*

21           *“(B) NO ADDITIONAL PROGRAM EXPENDI-*  
22           *TURES.—Subparagraph (B) of paragraph (2)*  
23           *shall apply to a payment model under subpara-*  
24           *graph (A) in a similar manner as such subpara-*

1           *graph (B) applies to the payment model under*  
2           *paragraph (2).*

3           “(j) *INVOLVEMENT IN PRIVATE PAYER AND OTHER*  
4 *THIRD PARTY ARRANGEMENTS.—The Secretary may give*  
5 *preference to ACOs who are participating in similar ar-*  
6 *rangements with other payers.*

7           “(k) *TREATMENT OF PHYSICIAN GROUP PRACTICE*  
8 *DEMONSTRATION.—During the period beginning on the*  
9 *date of the enactment of this section and ending on the date*  
10 *the program is established, the Secretary may enter into*  
11 *an agreement with an ACO under the demonstration under*  
12 *section 1866A, subject to rebasing and other modifications*  
13 *deemed appropriate by the Secretary.”.*

14 **SEC. 10308. REVISIONS TO NATIONAL PILOT PROGRAM ON**  
15 **PAYMENT BUNDLING.**

16           (a) *IN GENERAL.—Section 1866D of the Social Secu-*  
17 *rity Act, as added by section 3023, is amended—*

18                 (1) *in paragraph (a)(2)(B), in the matter pre-*  
19 *ceding clause (i), by striking “8 conditions” and in-*  
20 *serting “10 conditions”;*

21                 (2) *by striking subsection (c)(1)(B) and inserting*  
22 *the following:*

23                         “(B) *EXPANSION.—The Secretary may, at*  
24 *any point after January 1, 2016, expand the du-*  
25 *ration and scope of the pilot program, to the ex-*

1           *tent determined appropriate by the Secretary,*  
2           *if—*

3                   “(i) *the Secretary determines that such*  
4                   *expansion is expected to—*

5                           “(I) *reduce spending under title*  
6                           *XVIII of the Social Security Act with-*  
7                           *out reducing the quality of care; or*

8                           “(II) *improve the quality of care*  
9                           *and reduce spending;*

10                   “(ii) *the Chief Actuary of the Centers*  
11                   *for Medicare & Medicaid Services certifies*  
12                   *that such expansion would reduce program*  
13                   *spending under such title XVIII; and*

14                           “(iii) *the Secretary determines that*  
15                           *such expansion would not deny or limit the*  
16                           *coverage or provision of benefits under this*  
17                           *title for individuals.”; and*

18                   (3) *by striking subsection (g) and inserting the*  
19                   *following new subsection:*

20                   “(g) *APPLICATION OF PILOT PROGRAM TO CON-*  
21                   *TINUING CARE HOSPITALS.—*

22                           “(1) *IN GENERAL.—In conducting the pilot pro-*  
23                           *gram, the Secretary shall apply the provisions of the*  
24                           *program so as to separately pilot test the continuing*  
25                           *care hospital model.*

1           “(2) *SPECIAL RULES.*—*In pilot testing the con-*  
2           *tinuing care hospital model under paragraph (1), the*  
3           *following rules shall apply:*

4                   “(A) *Such model shall be tested without the*  
5                   *limitation to the conditions selected under sub-*  
6                   *section (a)(2)(B).*

7                   “(B) *Notwithstanding subsection (a)(2)(D),*  
8                   *an episode of care shall be defined as the full pe-*  
9                   *riod that a patient stays in the continuing care*  
10                   *hospital plus the first 30 days following dis-*  
11                   *charge from such hospital.*

12           “(3) *CONTINUING CARE HOSPITAL DEFINED.*—*In*  
13           *this subsection, the term ‘continuing care hospital’*  
14           *means an entity that has demonstrated the ability to*  
15           *meet patient care and patient safety standards and*  
16           *that provides under common management the medical*  
17           *and rehabilitation services provided in inpatient re-*  
18           *habilitation hospitals and units (as defined in section*  
19           *1886(d)(1)(B)(ii)), long term care hospitals (as de-*  
20           *fined in section 1886(d)(1)(B)(iv)(I)), and skilled*  
21           *nursing facilities (as defined in section 1819(a)) that*  
22           *are located in a hospital described in section*  
23           *1886(d).”.*

24           (b) *TECHNICAL AMENDMENTS.*—

1           (1) *Section 3023 is amended by striking*  
2           *“1886C” and inserting “1866C”.*

3           (2) *Title XVIII of the Social Security Act is*  
4           *amended by redesignating section 1866D, as added by*  
5           *section 3024, as section 1866E.*

6   **SEC. 10309. REVISIONS TO HOSPITAL READMISSIONS RE-**  
7                                    **DUCTION PROGRAM.**

8           *Section 1886(q)(1) of the Social Security Act, as added*  
9           *by section 3025, in the matter preceding subparagraph (A),*  
10          *is amended by striking “the Secretary shall reduce the pay-*  
11          *ments” and all that follows through “the product of” and*  
12          *inserting “the Secretary shall make payments (in addition*  
13          *to the payments described in paragraph (2)(A)(ii)) for such*  
14          *a discharge to such hospital under subsection (d) (or section*  
15          *1814(b)(3), as the case may be) in an amount equal to the*  
16          *product of”.*

17   **SEC. 10310. REPEAL OF PHYSICIAN PAYMENT UPDATE.**

18          *The provisions of, and the amendment made by, sec-*  
19          *tion 3101 are repealed.*

20   **SEC. 10311. REVISIONS TO EXTENSION OF AMBULANCE**  
21                                    **ADD-ONS.**

22          (i) *GROUND AMBULANCE.—Section 1834(l)(13)(A) of*  
23          *the Social Security Act (42 U.S.C. 1395m(l)(13)(A)), as*  
24          *amended by section 3105(a), is further amended—*

25                  (1) *in the matter preceding clause (i)—*



1           (A) by striking “2007, for” and inserting  
2           “2007, and for”; and

3           (B) by striking “2010, and for such services  
4           furnished on or after April 1, 2010, and before  
5           January 1, 2011” and inserting “2011”; and  
6           (2) in each of clauses (i) and (ii)—

7           (A) by striking “, and on or after April 1,  
8           2010, and before January 1, 2011” each place it  
9           appears; and

10           (B) by striking “January 1, 2010” and in-  
11           serting “January 1, 2011” each place it appears.

12           (b) *AIR AMBULANCE*.—Section 146(b)(1) of the Medi-  
13           care Improvements for Patients and Providers Act of 2008  
14           (Public Law 110–275), as amended by section 3105(b), is  
15           further amended by striking “December 31, 2009, and dur-  
16           ing the period beginning on April 1, 2010, and ending on  
17           January 1, 2011” and inserting “December 31, 2010”.

18           (c) *SUPER RURAL AMBULANCE*.—Section  
19           1834(l)(12)(A) of the Social Security Act (42 U.S.C.  
20           1395m(l)(12)(A)), as amended by section 3105(c), is further  
21           amended by striking “2010, and on or after April 1, 2010,  
22           and before January 1, 2011” and inserting “2011”.

1 **SEC. 10312. CERTAIN PAYMENT RULES FOR LONG-TERM**  
2 **CARE HOSPITAL SERVICES AND MORATORIUM**  
3 **ON THE ESTABLISHMENT OF CERTAIN HOS-**  
4 **PITALS AND FACILITIES.**

5 (a) *CERTAIN PAYMENT RULES.*—Section 114(c) of the  
6 *Medicare, Medicaid, and SCHIP Extension Act of 2007* (42  
7 *U.S.C. 1395ww note*), as amended by section 4302(a) of the  
8 *American Recovery and Reinvestment Act (Public Law*  
9 *111–5)* and section 3106(a) of this Act, is further amended  
10 *by striking “4-year period” each place it appears and in-*  
11 *serting “5-year period”.*

12 (b) *MORATORIUM.*—Section 114(d) of such Act (42  
13 *U.S.C. 1395ww note*), as amended by section 3106(b) of this  
14 Act, in the matter preceding subparagraph (A), is amended  
15 *by striking “4-year period” and inserting “5-year period”.*

16 **SEC. 10313. REVISIONS TO THE EXTENSION FOR THE RURAL**  
17 **COMMUNITY HOSPITAL DEMONSTRATION**  
18 **PROGRAM.**

19 (a) *IN GENERAL.*—Subsection (g) of section 410A of  
20 *the Medicare Prescription Drug, Improvement, and Mod-*  
21 *ernization Act of 2003 (Public Law 108–173; 117 Stat.*  
22 *2272)*, as added by section 3123(a) of this Act, is amended  
23 *to read as follows:*

24 “(g) *FIVE-YEAR EXTENSION OF DEMONSTRATION PRO-*  
25 *GRAM.*—

1           “(1) *IN GENERAL.*—Subject to the succeeding  
2           provisions of this subsection, the Secretary shall con-  
3           duct the demonstration program under this section for  
4           an additional 5-year period (in this section referred  
5           to as the ‘5-year extension period’) that begins on the  
6           date immediately following the last day of the initial  
7           5-year period under subsection (a)(5).

8           “(2) *EXPANSION OF DEMONSTRATION STATES.*—  
9           Notwithstanding subsection (a)(2), during the 5-year  
10          extension period, the Secretary shall expand the num-  
11          ber of States with low population densities deter-  
12          mined by the Secretary under such subsection to 20.  
13          In determining which States to include in such ex-  
14          pansion, the Secretary shall use the same criteria and  
15          data that the Secretary used to determine the States  
16          under such subsection for purposes of the initial 5-  
17          year period.

18          “(3) *INCREASE IN MAXIMUM NUMBER OF HOS-*  
19          *PITALS PARTICIPATING IN THE DEMONSTRATION PRO-*  
20          *GRAM.*—Notwithstanding subsection (a)(4), during the  
21          5-year extension period, not more than 30 rural com-  
22          munity hospitals may participate in the demonstra-  
23          tion program under this section.

24          “(4) *HOSPITALS IN DEMONSTRATION PROGRAM*  
25          *ON DATE OF ENACTMENT.*—In the case of a rural

1 *community hospital that is participating in the dem-*  
2 *onstration program under this section as of the last*  
3 *day of the initial 5-year period, the Secretary—*

4 *“(A) shall provide for the continued partici-*  
5 *pation of such rural community hospital in the*  
6 *demonstration program during the 5-year exten-*  
7 *sion period unless the rural community hospital*  
8 *makes an election, in such form and manner as*  
9 *the Secretary may specify, to discontinue such*  
10 *participation; and*

11 *“(B) in calculating the amount of payment*  
12 *under subsection (b) to the rural community hos-*  
13 *pital for covered inpatient hospital services fur-*  
14 *nished by the hospital during such 5-year exten-*  
15 *sion period, shall substitute, under paragraph*  
16 *(1)(A) of such subsection—*

17 *“(i) the reasonable costs of providing*  
18 *such services for discharges occurring in the*  
19 *first cost reporting period beginning on or*  
20 *after the first day of the 5-year extension*  
21 *period, for*

22 *“(ii) the reasonable costs of providing*  
23 *such services for discharges occurring in the*  
24 *first cost reporting period beginning on or*

1           *after the implementation of the demonstra-*  
2           *tion program.”.*

3           **(b) CONFORMING AMENDMENTS.**—*Subsection (a)(5) of*  
4 *section 410A of the Medicare Prescription Drug, Improve-*  
5 *ment, and Modernization Act of 2003 (Public Law 108–*  
6 *173; 117 Stat. 2272), as amended by section 3123(b) of this*  
7 *Act, is amended by striking “1-year extension” and insert-*  
8 *ing “5-year extension”.*

9   **SEC. 10314. ADJUSTMENT TO LOW-VOLUME HOSPITAL PRO-**  
10           **VISION.**

11           *Section 1886(d)(12) of the Social Security Act (42*  
12 *U.S.C. 1395ww(d)(12), as amended by section 3125, is*  
13 *amended—*

14           (1) *in subparagraph (C)(i), by striking “1,500*  
15 *discharges” and inserting “1,600 discharges”; and*

16           (2) *in subparagraph (D), by striking “1,500 dis-*  
17 *charges” and inserting “1,600 discharges”.*

18   **SEC. 10315. REVISIONS TO HOME HEALTH CARE PROVI-**  
19           **SIONS.**

20           **(a) REBASING.**—*Section 1895(b)(3)(A)(iii) of the So-*  
21 *cial Security Act, as added by section 3131, is amended—*

22           (1) *in the clause heading, by striking “2013” and*  
23 *inserting “2014”;*

24           (2) *in subclause (I), by striking “2013” and in-*  
25 *serting “2014”; and*

1           (3) *in subclause (II), by striking “2016” and in-*  
2           *serting “2017”.*

3           (b) *REVISION OF HOME HEALTH STUDY AND RE-*  
4 *PORT.—Section 3131(d) is amended to read as follows:*

5           “(d) *STUDY AND REPORT ON THE DEVELOPMENT OF*  
6 *HOME HEALTH PAYMENT REVISIONS IN ORDER TO EN-*  
7 *SURE ACCESS TO CARE AND PAYMENT FOR SEVERITY OF*  
8 *ILLNESS.—*

9           “(1) *IN GENERAL.—The Secretary of Health and*  
10          *Human Services (in this section referred to as the*  
11          *‘Secretary’) shall conduct a study on home health*  
12          *agency costs involved with providing ongoing access*  
13          *to care to low-income Medicare beneficiaries or bene-*  
14          *ficiaries in medically underserved areas, and in treat-*  
15          *ing beneficiaries with varying levels of severity of ill-*  
16          *ness. In conducting the study, the Secretary may ana-*  
17          *lyze items such as the following:*

18                 “(A) *Methods to potentially revise the home*  
19                 *health prospective payment system under section*  
20                 *1895 of the Social Security Act (42 U.S.C.*  
21                 *1395fff) to account for costs related to patient se-*  
22                 *verity of illness or to improving beneficiary ac-*  
23                 *cess to care, such as—*

1           “(i) payment adjustments for services  
2           that may involve additional or fewer re-  
3           sources;

4           “(ii) changes to reflect resources in-  
5           volved with providing home health services  
6           to low-income Medicare beneficiaries or  
7           Medicare beneficiaries residing in medically  
8           underserved areas;

9           “(iii) ways outlier payments might be  
10          revised to reflect costs of treating Medicare  
11          beneficiaries with high levels of severity of  
12          illness; and

13          “(iv) other issues determined appro-  
14          priate by the Secretary.

15          “(B) Operational issues involved with po-  
16          tential implementation of potential revisions to  
17          the home health payment system, including im-  
18          pacts for both home health agencies and adminis-  
19          trative and systems issues for the Centers for  
20          Medicare & Medicaid Services, and any possible  
21          payment vulnerabilities associated with imple-  
22          menting potential revisions.

23          “(C) Whether additional research might be  
24          needed.

1           “(D) *Other items determined appropriate*  
2           *by the Secretary.*

3           “(2) *CONSIDERATIONS.—In conducting the study*  
4           *under paragraph (1), the Secretary may consider*  
5           *whether patient severity of illness and access to care*  
6           *could be measured by factors, such as—*

7                   “(A) *population density and relative pa-*  
8                   *tient access to care;*

9                   “(B) *variations in service costs for pro-*  
10                   *viding care to individuals who are dually eligi-*  
11                   *ble under the Medicare and Medicaid programs;*

12                   “(C) *the presence of severe or chronic dis-*  
13                   *eases, which might be measured by multiple, dis-*  
14                   *continuous home health episodes;*

15                   “(D) *poverty status, such as evidenced by*  
16                   *the receipt of Supplemental Security Income*  
17                   *under title XVI of the Social Security Act; and*

18                   “(E) *other factors determined appropriate*  
19                   *by the Secretary.*

20           “(3) *REPORT.—Not later than March 1, 2014,*  
21           *the Secretary shall submit to Congress a report on the*  
22           *study conducted under paragraph (1), together with*  
23           *recommendations for such legislation and administra-*  
24           *tive action as the Secretary determines appropriate.*



1           “(4) *CONSULTATIONS.*—*In conducting the study*  
2 *under paragraph (1), the Secretary shall consult with*  
3 *appropriate stakeholders, such as groups representing*  
4 *home health agencies and groups representing Medi-*  
5 *care beneficiaries.*

6           “(5) *MEDICARE DEMONSTRATION PROJECT*  
7 *BASED ON THE RESULTS OF THE STUDY.*—

8           “(A) *IN GENERAL.*—*Subject to subpara-*  
9 *graph (D), taking into account the results of the*  
10 *study conducted under paragraph (1), the Sec-*  
11 *retary may, as determined appropriate, provide*  
12 *for a demonstration project to test whether mak-*  
13 *ing payment adjustments for home health serv-*  
14 *ices under the Medicare program would substan-*  
15 *tially improve access to care for patients with*  
16 *high severity levels of illness or for low-income or*  
17 *underserved Medicare beneficiaries.*

18           “(B) *WAIVING BUDGET NEUTRALITY.*—*The*  
19 *Secretary shall not reduce the standard prospec-*  
20 *tive payment amount (or amounts) under section*  
21 *1895 of the Social Security Act (42 U.S.C.*  
22 *1395fff) applicable to home health services fur-*  
23 *nished during a period to offset any increase in*  
24 *payments during such period resulting from the*

1           *application of the payment adjustments under*  
2           *subparagraph (A).*

3           “(C) *NO EFFECT ON SUBSEQUENT PERI-*  
4           *ODS.—A payment adjustment resulting from the*  
5           *application of subparagraph (A) for a period—*

6                     *“(i) shall not apply to payments for*  
7                     *home health services under title XVIII after*  
8                     *such period; and*

9                     *“(ii) shall not be taken into account in*  
10                    *calculating the payment amounts applicable*  
11                    *for such services after such period.*

12           “(D) *DURATION.—If the Secretary deter-*  
13           *mines it appropriate to conduct the demonstra-*  
14           *tion project under this subsection, the Secretary*  
15           *shall conduct the project for a four year period*  
16           *beginning not later than January 1, 2015.*

17           “(E) *FUNDING.—The Secretary shall pro-*  
18           *vide for the transfer from the Federal Hospital*  
19           *Insurance Trust Fund under section 1817 of the*  
20           *Social Security Act (42 U.S.C. 1395i) and the*  
21           *Federal Supplementary Medical Insurance Trust*  
22           *Fund established under section 1841 of such Act*  
23           *(42 U.S.C. 1395t), in such proportion as the Sec-*  
24           *retary determines appropriate, of \$500,000,000*  
25           *for the period of fiscal years 2015 through 2018.*

1        *Such funds shall be made available for the study*  
2        *described in paragraph (1) and the design, im-*  
3        *plementation and evaluation of the demonstra-*  
4        *tion described in this paragraph. Amounts avail-*  
5        *able under this subparagraph shall be available*  
6        *until expended.*

7            *“(F) EVALUATION AND REPORT.—If the*  
8        *Secretary determines it appropriate to conduct*  
9        *the demonstration project under this subsection,*  
10       *the Secretary shall—*

11            *“(i) provide for an evaluation of the*  
12        *project; and*

13            *“(ii) submit to Congress, by a date*  
14        *specified by the Secretary, a report on the*  
15        *project.*

16            *“(G) ADMINISTRATION.—Chapter 35 of title*  
17        *44, United States Code, shall not apply with re-*  
18        *spect to this subsection.”.*

19    **SEC. 10316. MEDICARE DSH.**

20        *Section 1886(r)(2)(B) of the Social Security Act, as*  
21        *added by section 3133, is amended—*

22            *(1) in clause (i)—*

23            *(A) in the matter preceding subclause (I),*  
24        *by striking “(divided by 100)”;*

1           (B) in subclause (I), by striking “2012”  
2           and inserting “2013”;

3           (C) in subclause (II), by striking the period  
4           at the end and inserting a comma; and

5           (D) by adding at the end the following flush  
6           matter:

7           “minus 1.5 percentage points.”.

8           (2) in clause (ii)—

9           (A) in the matter preceding subclause (I),  
10          by striking “(divided by 100)”;

11          (B) in subclause (I), by striking “2012”  
12          and inserting “2013”;

13          (C) in subclause (II), by striking the period  
14          at the end and inserting a comma; and

15          (D) by adding at the end the following flush  
16          matter:

17          “and, for each of 2018 and 2019, minus 1.5  
18          percentage points.”.

19 **SEC. 10317. REVISIONS TO EXTENSION OF SECTION 508**  
20 **HOSPITAL PROVISIONS.**

21          Section 3137(a) is amended to read as follows:

22          “(a) *EXTENSION.*—

23                 “(1) *IN GENERAL.*—Subsection (a) of section 106  
24          of division B of the Tax Relief and Health Care Act  
25          of 2006 (42 U.S.C. 1395 note), as amended by section

1 *117 of the Medicare, Medicaid, and SCHIP Extension*  
2 *Act of 2007 (Public Law 110–173) and section 124*  
3 *of the Medicare Improvements for Patients and Pro-*  
4 *viders Act of 2008 (Public Law 110–275), is amended*  
5 *by striking ‘September 30, 2009’ and inserting ‘Sep-*  
6 *tember 30, 2010’.*

7 *“(2) SPECIAL RULE FOR FISCAL YEAR 2010.—*

8 *“(A) IN GENERAL.—Subject to subpara-*  
9 *graph (B), for purposes of implementation of the*  
10 *amendment made by paragraph (1), including*  
11 *(notwithstanding paragraph (3) of section*  
12 *117(a) of the Medicare, Medicaid and SCHIP*  
13 *Extension Act of 2007 (Public Law 110–173), as*  
14 *amended by section 124(b) of the Medicare Im-*  
15 *provements for Patients and Providers Act of*  
16 *2008 (Public Law 110–275)) for purposes of the*  
17 *implementation of paragraph (2) of such section*  
18 *117(a), during fiscal year 2010, the Secretary of*  
19 *Health and Human Services (in this subsection*  
20 *referred to as the ‘Secretary’) shall use the hos-*  
21 *pital wage index that was promulgated by the*  
22 *Secretary in the Federal Register on August 27,*  
23 *2009 (74 Fed. Reg. 43754), and any subsequent*  
24 *corrections.*

1           “(B) *EXCEPTION.*—Beginning on April 1,  
2           2010, in determining the wage index applicable  
3           to hospitals that qualify for wage index reclassi-  
4           fication, the Secretary shall include the average  
5           hourly wage data of hospitals whose reclassifica-  
6           tion was extended pursuant to the amendment  
7           made by paragraph (1) only if including such  
8           data results in a higher applicable reclassified  
9           wage index.

10           “(3) *ADJUSTMENT FOR CERTAIN HOSPITALS IN*  
11           *FISCAL YEAR 2010.*—

12           “(A) *IN GENERAL.*—In the case of a sub-  
13           section (d) hospital (as defined in subsection  
14           (d)(1)(B) of section 1886 of the Social Security  
15           Act (42 U.S.C. 1395ww)) with respect to  
16           which—

17           “(i) a reclassification of its wage index  
18           for purposes of such section was extended  
19           pursuant to the amendment made by para-  
20           graph (1); and

21           “(ii) the wage index applicable for  
22           such hospital for the period beginning on  
23           October 1, 2009, and ending on March 31,  
24           2010, was lower than for the period begin-  
25           ning on April 1, 2010, and ending on Sep-

1            *tember 30, 2010, by reason of the applica-*  
2            *tion of paragraph (2)(B);*  
3            *the Secretary shall pay such hospital an addi-*  
4            *tional payment that reflects the difference be-*  
5            *tween the wage index for such periods.*

6            *“(B) TIMEFRAME FOR PAYMENTS.—The*  
7            *Secretary shall make payments required under*  
8            *subparagraph by not later than December 31,*  
9            *2010.”.*

10 **SEC. 10318. REVISIONS TO TRANSITIONAL EXTRA BENEFITS**  
11 **UNDER MEDICARE ADVANTAGE.**

12            *Section 1853(p)(3)(A) of the Social Security Act, as*  
13 *added by section 3201(h), is amended by inserting “in*  
14 *2009” before the period at the end.*

15 **SEC. 10319. REVISIONS TO MARKET BASKET ADJUSTMENTS.**

16            *(a) INPATIENT ACUTE HOSPITALS.—Section*  
17 *1886(b)(3)(B)(xii) of the Social Security Act, as added by*  
18 *section 3401(a), is amended—*

19            *(1) in subclause (I), by striking “and” at the*  
20 *end;*

21            *(2) by redesignating subclause (II) as subclause*  
22 *(III);*

23            *(3) by inserting after subclause (II) the following*  
24 *new subclause:*

1           “(II) for each of fiscal years 2012 and 2013, by  
2           0.1 percentage point; and”;

3           (4) in subclause (III), as redesignated by para-  
4           graph (2), by striking “2012” and inserting “2014”.

5           (b) *LONG-TERM CARE HOSPITALS*.—Section  
6           1886(m)(4) of the Social Security Act, as added by section  
7           3401(c), is amended—

8           (1) in subparagraph (A)—

9           (A) in clause (i)—

10           (i) by striking “each of rate years 2010  
11           and 2011” and inserting “rate year 2010”;  
12           and

13           (ii) by striking “and” at the end;

14           (B) by redesignating clause (ii) as clause  
15           (iv);

16           (C) by inserting after clause (i) the fol-  
17           lowing new clauses:

18           “(ii) for rate year 2011, 0.50 percent-  
19           age point;

20           “(iii) for each of the rate years begin-  
21           ning in 2012 and 2013, 0.1 percentage  
22           point; and”;

23           (D) in clause (iv), as redesignated by sub-  
24           paragraph (B), by striking “2012” and inserting  
25           “2014”; and





1           (3) by inserting after clause (ii) the following  
2 new clause:

3                   “(ii) for each of the rate years begin-  
4                   ning in 2012 and 2013, 0.1 percentage  
5                   point; and”; and

6           (4) in clause (iii), as redesignated by paragraph  
7 (2), by striking “2012” and inserting “2014”.

8           (f) *HOSPICE CARE*.—Section 1814(i)(1)(C) of the So-  
9 cial Security Act (42 U.S.C. 1395f(i)(1)(C)), as amended  
10 by section 3401(g), is amended—

11           (1) in clause (iv)(II), by striking “0.5” and in-  
12           serting “0.3”; and

13           (2) in clause (v), in the matter preceding sub-  
14           clause (I), by striking “0.5” and inserting “0.3”.

15           (g)           *OUTPATIENT           HOSPITALS*.—Section  
16 1833(t)(3)(G)(i) of the Social Security Act, as added by sec-  
17 tion 3401(i), is amended—

18           (1) in subclause (I), by striking “and” at the  
19           end;

20           (2) by redesignating subclause (II) as subclause  
21           (III);

22           (3) by inserting after subclause (II) the following  
23 new subclause:

24                   “(II) for each of 2012 and 2013,  
25                   0.1 percentage point; and”; and

1           (4) *in subclause (III), as redesignated by para-*  
2           *graph (2), by striking “2012” and inserting “2014”.*

3 **SEC. 10320. EXPANSION OF THE SCOPE OF, AND ADDI-**  
4           **TIONAL IMPROVEMENTS TO, THE INDE-**  
5           **PENDENT MEDICARE ADVISORY BOARD.**

6           (a) *IN GENERAL.—Section 1899A of the Social Secu-*  
7           *riety Act, as added by section 3403, is amended—*

8           (1) *in subsection (c)—*

9           (A) *in paragraph (1)(B), by adding at the*  
10           *end the following new sentence: “In any year*  
11           *(beginning with 2014) that the Board is not re-*  
12           *quired to submit a proposal under this section,*  
13           *the Board shall submit to Congress an advisory*  
14           *report on matters related to the Medicare pro-*  
15           *gram.”;*

16           (B) *in paragraph (2)(A)—*

17           (i) *in clause (iv), by inserting “or the*  
18           *full premium subsidy under section 1860D-*  
19           *14(a)” before the period at the end of the*  
20           *last sentence; and*

21           (ii) *by adding at the end the following*  
22           *new clause:*

23           “(vii) *If the Chief Actuary of the Cen-*  
24           *ters for Medicare & Medicaid Services has*  
25           *made a determination described in sub-*

1            *section (e)(3)(B)(i)(II) in the determination*  
2            *year, the proposal shall be designed to help*  
3            *reduce the growth rate described in para-*  
4            *graph (8) while maintaining or enhancing*  
5            *beneficiary access to quality care under this*  
6            *title.”;*

7            *(C) in paragraph (2)(B)—*

8                    *(i) in clause (v), by striking “and” at*  
9                    *the end;*

10                   *(ii) in clause (vi), by striking the pe-*  
11                   *riod at the end and inserting “; and”; and*

12                   *(iii) by adding at the end the following*  
13                   *new clause:*

14                   *“(vii) take into account the data and*  
15                   *findings contained in the annual reports*  
16                   *under subsection (n) in order to develop*  
17                   *proposals that can most effectively promote*  
18                   *the delivery of efficient, high quality care to*  
19                   *Medicare beneficiaries.”;*

20            *(D) in paragraph (3)—*

21                   *(i) in the heading, by striking “TRANS-*  
22                   *MISSION OF BOARD PROPOSAL TO PRESI-*  
23                   *DENT” and inserting “SUBMISSION OF*  
24                   *BOARD PROPOSAL TO CONGRESS AND THE*  
25                   *PRESIDENT”;*

1           (ii) in subparagraph (A)(i), by strik-  
2           ing “transmit a proposal under this section  
3           to the President” and insert “submit a pro-  
4           posal under this section to Congress and the  
5           President”; and

6           (iii) in subparagraph (A)(ii)—

7                 (I) in subclause (I), by inserting  
8                 “or” at the end;

9                 (II) in subclause (II), by striking  
10                “; or” and inserting a period; and

11               (III) by striking subclause (III);

12           (E) in paragraph (4)—

13               (i) by striking “the Board under para-  
14               graph (3)(A)(i) or”; and

15               (ii) by striking “immediately” and in-  
16               serting “within 2 days”;

17           (F) in paragraph (5)—

18               (i) by striking “to but” and inserting  
19               “but”; and

20               (ii) by inserting “Congress and” after  
21               “submit a proposal to”; and

22           (G) in paragraph (6)(B)(i), by striking  
23           “per unduplicated enrollee” and inserting “(cal-  
24           culated as the sum of per capita spending under  
25           each of parts A, B, and D)”;

- 1           (2) *in subsection (d)—*
- 2                 (A) *in paragraph (1)(A)—*
- 3                     (i) *by inserting “the Board or” after*
- 4                     *“a proposal is submitted by”; and*
- 5                     (ii) *by inserting “subsection*
- 6                     *(c)(3)(A)(i) or” after “the Senate under”;*
- 7                     *and*
- 8                 (B) *in paragraph (2)(A), by inserting “the*
- 9                 *Board or” after “a proposal is submitted by”;*
- 10           (3) *in subsection (e)—*
- 11                 (A) *in paragraph (1), by inserting “the*
- 12                 *Board or” after “a proposal submitted by”; and*
- 13                 (B) *in paragraph (3)—*
- 14                     (i) *by striking “EXCEPTION.—The Sec-*
- 15                     *retary shall not be required to implement*
- 16                     *the recommendations contained in a pro-*
- 17                     *posal submitted in a proposal year by” and*
- 18                     *inserting “EXCEPTIONS.—*
- 19                     *“(A) IN GENERAL.—The Secretary shall not*
- 20                     *implement the recommendations contained in a*
- 21                     *proposal submitted in a proposal year by the*
- 22                     *Board or”;*
- 23                     (ii) *by redesignating subparagraphs*
- 24                     *(A) and (B) as clauses (i) and (ii), respec-*
- 25                     *tively, and indenting appropriately; and*

1           *(iii) by adding at the end the following*  
2           *new subparagraph:*

3           “(B) *LIMITED ADDITIONAL EXCEPTION.—*

4                 “(i) *IN GENERAL.—Subject to clause*  
5                 *(ii), the Secretary shall not implement the*  
6                 *recommendations contained in a proposal*  
7                 *submitted by the Board or the President to*  
8                 *Congress pursuant to this section in a pro-*  
9                 *posal year (beginning with proposal year*  
10                *2019) if—*

11                “(I) *the Board was required to*  
12                *submit a proposal to Congress under*  
13                *this section in the year preceding the*  
14                *proposal year; and*

15                “(II) *the Chief Actuary of the*  
16                *Centers for Medicare & Medicaid Serv-*  
17                *ices makes a determination in the de-*  
18                *termination year that the growth rate*  
19                *described in subsection (c)(8) exceeds*  
20                *the growth rate described in subsection*  
21                *(c)(6)(A)(i).*

22                “(i) *LIMITED ADDITIONAL EXCEPTION*  
23                *MAY NOT BE APPLIED IN TWO CONSECUTIVE*  
24                *YEARS.—This subparagraph shall not apply*  
25                *if the recommendations contained in a pro-*

1            *posal submitted by the Board or the Presi-*  
2            *dent to Congress pursuant to this section in*  
3            *the year preceding the proposal year were*  
4            *not required to be implemented by reason of*  
5            *this subparagraph.*

6            *“(iii) NO AFFECT ON REQUIREMENT TO*  
7            *SUBMIT PROPOSALS OR FOR CONGRES-*  
8            *SIONAL CONSIDERATION OF PROPOSALS.—*  
9            *Clause (i) and (ii) shall not affect—*

10            *“(I) the requirement of the Board*  
11            *or the President to submit a proposal*  
12            *to Congress in a proposal year in ac-*  
13            *cordance with the provisions of this*  
14            *section; or*

15            *“(II) Congressional consideration*  
16            *of a legislative proposal (described in*  
17            *subsection (c)(3)(B)(iv)) contained*  
18            *such a proposal in accordance with*  
19            *subsection (d).”;*

20            *(4) in subsection (f)(3)(B)—*

21            *(A) by striking “or advisory reports to Con-*  
22            *gress” and inserting “, advisory reports, or advi-*  
23            *sory recommendations”; and*



1           (B) by inserting “or produce the public re-  
2           port under subsection (n)” after “this section”;  
3           and

4           (5) by adding at the end the following new sub-  
5           sections:

6           “(n) ANNUAL PUBLIC REPORT.—

7           “(1) IN GENERAL.—Not later than July 1, 2014,  
8           and annually thereafter, the Board shall produce a  
9           public report containing standardized information on  
10          system-wide health care costs, patient access to care,  
11          utilization, and quality-of-care that allows for com-  
12          parison by region, types of services, types of pro-  
13          viders, and both private payers and the program  
14          under this title.

15          “(2) REQUIREMENTS.—Each report produced  
16          pursuant to paragraph (1) shall include information  
17          with respect to the following areas:

18                 “(A) The quality and costs of care for the  
19                 population at the most local level determined  
20                 practical by the Board (with quality and costs  
21                 compared to national benchmarks and reflecting  
22                 rates of change, taking into account quality  
23                 measures described in section 1890(b)(7)(B)).

24                 “(B) Beneficiary and consumer access to  
25                 care, patient and caregiver experience of care,

1           *and the cost-sharing or out-of-pocket burden on*  
2           *patients.*

3           “(C) *Epidemiological shifts and demo-*  
4           *graphic changes.*

5           “(D) *The proliferation, effectiveness, and*  
6           *utilization of health care technologies, including*  
7           *variation in provider practice patterns and*  
8           *costs.*

9           “(E) *Any other areas that the Board deter-*  
10           *mines affect overall spending and quality of care*  
11           *in the private sector.*

12           “(o) *ADVISORY RECOMMENDATIONS FOR NON-FED-*  
13           *ERAL HEALTH CARE PROGRAMS.—*

14           “(1) *IN GENERAL.—Not later than January 15,*  
15           *2015, and at least once every two years thereafter, the*  
16           *Board shall submit to Congress and the President rec-*  
17           *ommendations to slow the growth in national health*  
18           *expenditures (excluding expenditures under this title*  
19           *and in other Federal health care programs) while pre-*  
20           *servicing or enhancing quality of care, such as rec-*  
21           *ommendations—*

22           “(A) *that the Secretary or other Federal*  
23           *agencies can implement administratively;*

24           “(B) *that may require legislation to be en-*  
25           *acted by Congress in order to be implemented;*

1           “(C) that may require legislation to be en-  
2           acted by State or local governments in order to  
3           be implemented;

4           “(D) that private sector entities can volun-  
5           tarily implement; and

6           “(E) with respect to other areas determined  
7           appropriate by the Board.

8           “(2) *COORDINATION.*—*In making recommenda-*  
9           *tions under paragraph (1), the Board shall coordinate*  
10          *such recommendations with recommendations con-*  
11          *tained in proposals and advisory reports produced by*  
12          *the Board under subsection (c).*

13          “(3) *AVAILABLE TO PUBLIC.*—*The Board shall*  
14          *make recommendations submitted to Congress and the*  
15          *President under this subsection available to the pub-*  
16          *lic.”.*

17          “(b) *NAME CHANGE.*—*Any reference in the provisions*  
18          *of, or amendments made by, section 3403 to the “Inde-*  
19          *pendent Medicare Advisory Board” shall be deemed to be*  
20          *a reference to the “Independent Payment Advisory Board”.*

21          “(c) *RULE OF CONSTRUCTION.*—*Nothing in the amend-*  
22          *ments made by this section shall preclude the Independent*  
23          *Medicare Advisory Board, as established under section*  
24          *1899A of the Social Security Act (as added by section*

1 3403), from solely using data from public or private sources  
2 to carry out the amendments made by subsection (a)(4).

3 **SEC. 10321. REVISION TO COMMUNITY HEALTH TEAMS.**

4 Section 3502(c)(2)(A) is amended by inserting “or  
5 other primary care providers” after “physicians”.

6 **SEC. 10322. QUALITY REPORTING FOR PSYCHIATRIC HOS-**  
7 **PITALS.**

8 (a) *IN GENERAL.*—Section 1886(s) of the Social Secu-  
9 rity Act, as added by section 3401(f), is amended by adding  
10 at the end the following new paragraph:

11 “(4) *QUALITY REPORTING.*—

12 “(A) *REDUCTION IN UPDATE FOR FAILURE*  
13 *TO REPORT.*—

14 “(i) *IN GENERAL.*—Under the system  
15 described in paragraph (1), for rate year  
16 2014 and each subsequent rate year, in the  
17 case of a psychiatric hospital or psychiatric  
18 unit that does not submit data to the Sec-  
19 retary in accordance with subparagraph (C)  
20 with respect to such a rate year, any an-  
21 nual update to a standard Federal rate for  
22 discharges for the hospital during the rate  
23 year, and after application of paragraph  
24 (2), shall be reduced by 2 percentage points.

1           “(i) *SPECIAL RULE.*—*The application*  
2           *of this subparagraph may result in such an-*  
3           *annual update being less than 0.0 for a rate*  
4           *year, and may result in payment rates*  
5           *under the system described in paragraph*  
6           *(1) for a rate year being less than such pay-*  
7           *ment rates for the preceding rate year.*

8           “(B) *NONCUMULATIVE APPLICATION.*—*Any*  
9           *reduction under subparagraph (A) shall apply*  
10           *only with respect to the rate year involved and*  
11           *the Secretary shall not take into account such re-*  
12           *duction in computing the payment amount*  
13           *under the system described in paragraph (1) for*  
14           *a subsequent rate year.*

15           “(C) *SUBMISSION OF QUALITY DATA.*—*For*  
16           *rate year 2014 and each subsequent rate year,*  
17           *each psychiatric hospital and psychiatric unit*  
18           *shall submit to the Secretary data on quality*  
19           *measures specified under subparagraph (D).*  
20           *Such data shall be submitted in a form and*  
21           *manner, and at a time, specified by the Sec-*  
22           *retary for purposes of this subparagraph.*

23           “(D) *QUALITY MEASURES.*—

24           “(i) *IN GENERAL.*—*Subject to clause*  
25           *(ii), any measure specified by the Secretary*

1           *under this subparagraph must have been*  
2           *endorsed by the entity with a contract*  
3           *under section 1890(a).*

4           “(ii) *EXCEPTION.*—*In the case of a*  
5           *specified area or medical topic determined*  
6           *appropriate by the Secretary for which a*  
7           *feasible and practical measure has not been*  
8           *endorsed by the entity with a contract*  
9           *under section 1890(a), the Secretary may*  
10           *specify a measure that is not so endorsed as*  
11           *long as due consideration is given to meas-*  
12           *ures that have been endorsed or adopted by*  
13           *a consensus organization identified by the*  
14           *Secretary.*

15           “(iii) *TIME FRAME.*—*Not later than*  
16           *October 1, 2012, the Secretary shall publish*  
17           *the measures selected under this subpara-*  
18           *graph that will be applicable with respect to*  
19           *rate year 2014.*

20           “(E) *PUBLIC AVAILABILITY OF DATA SUB-*  
21           *MITTED.*—*The Secretary shall establish proce-*  
22           *dures for making data submitted under subpara-*  
23           *graph (C) available to the public. Such proce-*  
24           *dures shall ensure that a psychiatric hospital*  
25           *and a psychiatric unit has the opportunity to re-*

1           *view the data that is to be made public with re-*  
 2           *spect to the hospital or unit prior to such data*  
 3           *being made public. The Secretary shall report*  
 4           *quality measures that relate to services furnished*  
 5           *in inpatient settings in psychiatric hospitals and*  
 6           *psychiatric units on the Internet website of the*  
 7           *Centers for Medicare & Medicaid Services.”.*

8           (b)           **CONFORMING            AMENDMENT.**—*Section*  
 9           *1890(b)(7)(B)(i)(I) of the Social Security Act, as added by*  
 10          *section 3014, is amended by inserting “1886(s)(4)(D),”*  
 11          *after “1886(o)(2),”.*

12          **SEC. 10323. MEDICARE COVERAGE FOR INDIVIDUALS EX-**  
 13                            **POSED TO ENVIRONMENTAL HEALTH HAZ-**  
 14                            **ARDS.**

15          (a) *IN GENERAL.*—*Title XVIII of the Social Security*  
 16          *Act (42 U.S.C. 1395 et seq.) is amended by inserting after*  
 17          *section 1881 the following new section:*

18          **“SEC. 1881A. MEDICARE COVERAGE FOR INDIVIDUALS EX-**  
 19                            **POSED TO ENVIRONMENTAL HEALTH HAZ-**  
 20                            **ARDS.**

21          **“(a) DEEMING OF INDIVIDUALS AS ELIGIBLE FOR**  
 22          **MEDICARE BENEFITS.—**

23                    **“(1) IN GENERAL.**—*For purposes of eligibility*  
 24                    *for benefits under this title, an individual determined*  
 25                    *under subsection (c) to be an environmental exposure*

1 *affected individual described in subsection (e)(2) shall*  
2 *be deemed to meet the conditions specified in section*  
3 *226(a).*

4 “(2) *DISCRETIONARY DEEMING.*—*For purposes of*  
5 *eligibility for benefits under this title, the Secretary*  
6 *may deem an individual determined under subsection*  
7 *(c) to be an environmental exposure affected indi-*  
8 *vidual described in subsection (e)(3) to meet the con-*  
9 *ditions specified in section 226(a).*

10 “(3) *EFFECTIVE DATE OF COVERAGE.*—*An Indi-*  
11 *vidual who is deemed eligible for benefits under this*  
12 *title under paragraph (1) or (2) shall be—*

13 “(A) *entitled to benefits under the program*  
14 *under Part A as of the date of such deeming; and*

15 “(B) *eligible to enroll in the program under*  
16 *Part B beginning with the month in which such*  
17 *deeming occurs.*

18 “(b) *PILOT PROGRAM FOR CARE OF CERTAIN INDIVID-*  
19 *UALS RESIDING IN EMERGENCY DECLARATION AREAS.*—

20 “(1) *PROGRAM; PURPOSE.*—

21 “(A) *PRIMARY PILOT PROGRAM.*—*The Sec-*  
22 *retary shall establish a pilot program in accord-*  
23 *ance with this subsection to provide innovative*  
24 *approaches to furnishing comprehensive, coordi-*



1           nated, and cost-effective care under this title to  
2           individuals described in paragraph (2)(A).

3           “(B) *OPTIONAL PILOT PROGRAMS.*—The  
4           Secretary may establish a separate pilot pro-  
5           gram, in accordance with this subsection, with  
6           respect to each geographic area subject to an  
7           emergency declaration (other than the declara-  
8           tion of June 17, 2009), in order to furnish such  
9           comprehensive, coordinated and cost-effective  
10          care to individuals described in subparagraph  
11          (2)(B) who reside in each such area.

12          “(2) *INDIVIDUAL DESCRIBED.*—For purposes of  
13          paragraph (1), an individual described in this para-  
14          graph is an individual who enrolls in part B, sub-  
15          mits to the Secretary an application to participate in  
16          the applicable pilot program under this subsection,  
17          and—

18                 “(A) is an environmental exposure affected  
19                 individual described in subsection (e)(2) who re-  
20                 sides in or around the geographic area subject to  
21                 an emergency declaration made as of June 17,  
22                 2009; or

23                 “(B) is an environmental exposure affected  
24                 individual described in subsection (e)(3) who—

1                   “(i) is deemed under subsection (a)(2);

2                   and

3                   “(ii) meets such other criteria or con-  
4                   ditions for participation in a pilot program  
5                   under paragraph (1)(B) as the Secretary  
6                   specifies.

7                   “(3) FLEXIBLE BENEFITS AND SERVICES.—A  
8                   pilot program under this subsection may provide for  
9                   the furnishing of benefits, items, or services not other-  
10                  wise covered or authorized under this title, if the Sec-  
11                  retary determines that furnishing such benefits, items,  
12                  or services will further the purposes of such pilot pro-  
13                  gram (as described in paragraph (1)).

14                  “(4) INNOVATIVE REIMBURSEMENT METHODOLO-  
15                  GIES.—For purposes of the pilot program under this  
16                  subsection, the Secretary—

17                         “(A) shall develop and implement appro-  
18                         priate methodologies to reimburse providers for  
19                         furnishing benefits, items, or services for which  
20                         payment is not otherwise covered or authorized  
21                         under this title, if such benefits, items, or serv-  
22                         ices are furnished pursuant to paragraph (3);  
23                         and

24                         “(B) may develop and implement innova-  
25                         tive approaches to reimbursing providers for any

1           *benefits, items, or services furnished under this*  
2           *subsection.*

3           “(5) *LIMITATION.*—*Consistent with section*  
4           *1862(b), no payment shall be made under the pilot*  
5           *program under this subsection with respect to bene-*  
6           *fits, items, or services furnished to an environmental*  
7           *exposure affected individual (as defined in subsection*  
8           *(e)) to the extent that such individual is eligible to re-*  
9           *ceive such benefits, items, or services through any*  
10          *other public or private benefits plan or legal agree-*  
11          *ment.*

12          “(6) *WAIVER AUTHORITY.*—*The Secretary may*  
13          *waive such provisions of this title and title XI as are*  
14          *necessary to carry out pilot programs under this sub-*  
15          *section.*

16          “(7) *FUNDING.*—*For purposes of carrying out*  
17          *pilot programs under this subsection, the Secretary*  
18          *shall provide for the transfer, from the Federal Hos-*  
19          *pital Insurance Trust Fund under section 1817 and*  
20          *the Federal Supplementary Medical Insurance Trust*  
21          *Fund under section 1841, in such proportion as the*  
22          *Secretary determines appropriate, of such sums as the*  
23          *Secretary determines necessary, to the Centers for*  
24          *Medicare & Medicaid Services Program Management*  
25          *Account.*

1           “(8) *WAIVER OF BUDGET NEUTRALITY.*—*The*  
2           *Secretary shall not require that pilot programs under*  
3           *this subsection be budget neutral with respect to ex-*  
4           *penditures under this title.*

5           “(c) *DETERMINATIONS.*—

6           “(1) *BY THE COMMISSIONER OF SOCIAL SECUR-*  
7           *ITY.*—*For purposes of this section, the Commissioner*  
8           *of Social Security, in consultation with the Secretary,*  
9           *and using the cost allocation method prescribed in*  
10           *section 201(g), shall determine whether individuals*  
11           *are environmental exposure affected individuals.*

12           “(2) *BY THE SECRETARY.*—*The Secretary shall*  
13           *determine eligibility for pilot programs under sub-*  
14           *section (b).*

15           “(d) *EMERGENCY DECLARATION DEFINED.*—*For pur-*  
16           *poses of this section, the term ‘emergency declaration’ means*  
17           *a declaration of a public health emergency under section*  
18           *104(a) of the Comprehensive Environmental Response,*  
19           *Compensation, and Liability Act of 1980.*

20           “(e) *ENVIRONMENTAL EXPOSURE AFFECTED INDI-*  
21           *VIDUAL DEFINED.*—

22           “(1) *IN GENERAL.*—*For purposes of this section,*  
23           *the term ‘environmental exposure affected individual’*  
24           *means—*

1           “(A) *an individual described in paragraph*  
2           *(2); and*

3           “(B) *an individual described in paragraph*  
4           *(3).*

5           “(2) *INDIVIDUAL DESCRIBED.—*

6           “(A) *IN GENERAL.—An individual de-*  
7           *scribed in this paragraph is any individual*  
8           *who—*

9                   “(i) *is diagnosed with 1 or more condi-*  
10                  *tions described in subparagraph (B);*

11                  “(ii) *as demonstrated in such manner*  
12                  *as the Secretary determines appropriate,*  
13                  *has been present for an aggregate total of 6*  
14                  *months in the geographic area subject to an*  
15                  *emergency declaration specified in sub-*  
16                  *section (b)(2)(A), during a period ending—*

17                          “(I) *not less than 10 years prior*  
18                          *to such diagnosis; and*

19                          “(II) *prior to the implementation*  
20                          *of all the remedial and removal actions*  
21                          *specified in the Record of Decision for*  
22                          *Operating Unit 4 and the Record of*  
23                          *Decision for Operating Unit 7;*

24                          “(iii) *files an application for benefits*  
25                          *under this title (or has an application filed*

1           *on behalf of the individual), including pur-*  
2           *suant to this section; and*

3                   *“(iv) is determined under this section*  
4           *to meet the criteria in this subparagraph.*

5           “(B) *CONDITIONS DESCRIBED.—For pur-*  
6           *poses of subparagraph (A), the following condi-*  
7           *tions are described in this subparagraph:*

8                   *“(i) Asbestosis, pleural thickening, or*  
9           *pleural plaques as established by—*

10                    *“(I) interpretation by a ‘B Read-*  
11                    *er’ qualified physician of a plain chest*  
12                    *x-ray or interpretation of a computed*  
13                    *tomographic radiograph of the chest by*  
14                    *a qualified physician, as determined*  
15                    *by the Secretary; or*

16                    *“(II) such other diagnostic stand-*  
17                    *ards as the Secretary specifies,*  
18           *except that this clause shall not apply to*  
19           *pleural thickening or pleural plaques unless*  
20           *there are symptoms or conditions requiring*  
21           *medical treatment as a result of these diag-*  
22           *noses.*

23                    *“(ii) Mesothelioma, or malignancies of*  
24           *the lung, colon, rectum, larynx, stomach,*

1           *esophagus, pharynx, or ovary, as established*  
2           *by—*

3                   “(I) *pathologic examination of bi-*  
4                   *opsy tissue;*

5                   “(II)           *cytology           from*  
6                   *bronchioalveolar lavage; or*

7                   “(III) *such other diagnostic*  
8                   *standards as the Secretary specifies.*

9                   “(iii) *Any other diagnosis which the*  
10                  *Secretary, in consultation with the Commis-*  
11                  *sioner of Social Security, determines is an*  
12                  *asbestos-related medical condition, as estab-*  
13                  *lished by such diagnostic standards as the*  
14                  *Secretary specifies.*

15                  “(3) *OTHER INDIVIDUAL DESCRIBED.—An indi-*  
16                  *vidual described in this paragraph is any individual*  
17                  *who—*

18                       “(A) *is not an individual described in*  
19                       *paragraph (2);*

20                       “(B) *is diagnosed with a medical condition*  
21                       *caused by the exposure of the individual to a*  
22                       *public health hazard to which an emergency dec-*  
23                       *laration applies, based on such medical condi-*  
24                       *tions, diagnostic standards, and other criteria as*  
25                       *the Secretary specifies;*

1           “(C) as demonstrated in such manner as the  
2           Secretary determines appropriate, has been  
3           present for an aggregate total of 6 months in the  
4           geographic area subject to the emergency declara-  
5           tion involved, during a period determined appro-  
6           priate by the Secretary;

7           “(D) files an application for benefits under  
8           this title (or has an application filed on behalf  
9           of the individual), including pursuant to this  
10          section; and

11          “(E) is determined under this section to  
12          meet the criteria in this paragraph.”.

13          (b) *PROGRAM FOR EARLY DETECTION OF CERTAIN*  
14 *MEDICAL CONDITIONS RELATED TO ENVIRONMENTAL*  
15 *HEALTH HAZARDS.*—Title XX of the Social Security Act  
16 (42 U.S.C. 1397 et seq.), as amended by section 5507, is  
17 amended by adding at the end the following:

18 **“SEC. 2009. PROGRAM FOR EARLY DETECTION OF CERTAIN**  
19 **MEDICAL CONDITIONS RELATED TO ENVI-**  
20 **RONMENTAL HEALTH HAZARDS.**

21          “(a) *PROGRAM ESTABLISHMENT.*—The Secretary shall  
22 establish a program in accordance with this section to make  
23 competitive grants to eligible entities specified in subsection  
24 (b) for the purpose of—



1           “(1) screening at-risk individuals (as defined in  
2 subsection (c)(1)) for environmental health conditions  
3 (as defined in subsection (c)(3)); and

4           “(2) developing and disseminating public infor-  
5 mation and education concerning—

6                   “(A) the availability of screening under the  
7 program under this section;

8                   “(B) the detection, prevention, and treat-  
9 ment of environmental health conditions; and

10                   “(C) the availability of Medicare benefits  
11 for certain individuals diagnosed with environ-  
12 mental health conditions under section 1881A.

13       “(b) *ELIGIBLE ENTITIES.*—

14           “(1) *IN GENERAL.*—For purposes of this section,  
15 an eligible entity is an entity described in paragraph  
16 (2) which submits an application to the Secretary in  
17 such form and manner, and containing such informa-  
18 tion and assurances, as the Secretary determines ap-  
19 propriate.

20           “(2) *TYPES OF ELIGIBLE ENTITIES.*—The enti-  
21 ties described in this paragraph are the following:

22                   “(A) A hospital or community health center.

23                   “(B) A Federally qualified health center.

24                   “(C) A facility of the Indian Health Serv-  
25 ice.

1           “(D) A National Cancer Institute-des-  
2           ignated cancer center.

3           “(E) An agency of any State or local gov-  
4           ernment.

5           “(F) A nonprofit organization.

6           “(G) Any other entity the Secretary deter-  
7           mines appropriate.

8           “(c) DEFINITIONS.—In this section:

9           “(1) AT-RISK INDIVIDUAL.—The term ‘at-risk in-  
10          dividual’ means an individual who—

11           “(A)(i) as demonstrated in such manner as  
12          the Secretary determines appropriate, has been  
13          present for an aggregate total of 6 months in the  
14          geographic area subject to an emergency declara-  
15          tion specified under paragraph (2), during a pe-  
16          riod ending—

17           “(I) not less than 10 years prior to the  
18          date of such individual’s application under  
19          subparagraph (B); and

20           “(II) prior to the implementation of  
21          all the remedial and removal actions speci-  
22          fied in the Record of Decision for Operating  
23          Unit 4 and the Record of Decision for Oper-  
24          ating Unit 7; or

1           “(i) meets such other criteria as the Sec-  
2           retary determines appropriate considering the  
3           type of environmental health condition at issue;  
4           and

5           “(B) has submitted an application (or has  
6           an application submitted on the individual’s be-  
7           half), to an eligible entity receiving a grant  
8           under this section, for screening under the pro-  
9           gram under this section.

10          “(2) *EMERGENCY DECLARATION*.—The term  
11          ‘emergency declaration’ means a declaration of a pub-  
12          lic health emergency under section 104(a) of the Com-  
13          prehensive Environmental Response, Compensation,  
14          and Liability Act of 1980.

15          “(3) *ENVIRONMENTAL HEALTH CONDITION*.—The  
16          term ‘environmental health condition’ means—

17                 “(A) asbestosis, pleural thickening, or pleu-  
18                 ral plaques, as established by—

19                         “(i) interpretation by a ‘B Reader’  
20                         qualified physician of a plain chest x-ray or  
21                         interpretation of a computed tomographic  
22                         radiograph of the chest by a qualified physi-  
23                         cian, as determined by the Secretary; or

24                         “(ii) such other diagnostic standards  
25                         as the Secretary specifies;

1           “(B) mesothelioma, or malignancies of the  
2           lung, colon, rectum, larynx, stomach, esophagus,  
3           pharynx, or ovary, as established by—

4                   “(i) pathologic examination of biopsy  
5                   tissue;

6                   “(ii) cytology from bronchioalveolar la-  
7                   vage; or

8                   “(iii) such other diagnostic standards  
9                   as the Secretary specifies; and

10           “(C) any other medical condition which the  
11           Secretary determines is caused by exposure to a  
12           hazardous substance or pollutant or contaminant  
13           at a Superfund site to which an emergency dec-  
14           laration applies, based on such criteria and as  
15           established by such diagnostic standards as the  
16           Secretary specifies.

17           “(4) HAZARDOUS SUBSTANCE; POLLUTANT; CON-  
18           TAMINANT.—The terms ‘hazardous substance’, ‘pollut-  
19           ant’, and ‘contaminant’ have the meanings given  
20           those terms in section 101 of the Comprehensive Envi-  
21           ronmental Response, Compensation, and Liability  
22           Act of 1980 (42 U.S.C. 9601).

23           “(5) SUPERFUND SITE.—The term ‘Superfund  
24           site’ means a site included on the National Priorities  
25           List developed by the President in accordance with

1 *section 105(a)(8)(B) of the Comprehensive Environ-*  
2 *mental Response, Compensation, and Liability Act of*  
3 *1980 (42 U.S.C. 9605(a)(8)(B)).*

4 “(d) *HEALTH COVERAGE UNAFFECTED.*—*Nothing in*  
5 *this section shall be construed to affect any coverage obliga-*  
6 *tion of a governmental or private health plan or program*  
7 *relating to an at-risk individual.*

8 “(e) *FUNDING.*—

9 “(1) *IN GENERAL.*—*Out of any funds in the*  
10 *Treasury not otherwise appropriated, there are ap-*  
11 *propriated to the Secretary, to carry out the program*  
12 *under this section—*

13 “(A) *\$23,000,000 for the period of fiscal*  
14 *years 2010 through 2014; and*

15 “(B) *\$20,000,000 for each 5-fiscal year pe-*  
16 *riod thereafter.*

17 “(2) *AVAILABILITY.*—*Funds appropriated under*  
18 *paragraph (1) shall remain available until expended.*

19 “(f) *NONAPPLICATION.*—

20 “(1) *IN GENERAL.*—*Except as provided in para-*  
21 *graph (2), the preceding sections of this title shall not*  
22 *apply to grants awarded under this section.*

23 “(2) *LIMITATIONS ON USE OF GRANTS.*—*Section*  
24 *2005(a) shall apply to a grant awarded under this*  
25 *section to the same extent and in the same manner*

1     *as such section applies to payments to States under*  
2     *this title, except that paragraph (4) of such section*  
3     *shall not be construed to prohibit grantees from con-*  
4     *ducting screening for environmental health conditions*  
5     *as authorized under this section.”.*

6     **SEC. 10324. PROTECTIONS FOR FRONTIER STATES.**

7     *(a) FLOOR ON AREA WAGE INDEX FOR HOSPITALS IN*  
8     *FRONTIER STATES.—*

9             *(1) IN GENERAL.—Section 1886(d)(3)(E) of the*  
10     *Social Security Act (42 U.S.C. 1395ww(d)(3)(E)) is*  
11     *amended—*

12             *(A) in clause (i), by striking “clause (ii)”*  
13     *and inserting “clause (ii) or (iii)”;* and

14             *(B) by adding at the end the following new*  
15     *clause:*

16             *“(iii) FLOOR ON AREA WAGE INDEX*  
17     *FOR HOSPITALS IN FRONTIER STATES.—*

18             *“(I) IN GENERAL.—Subject to*  
19     *subclause (IV), for discharges occurring*  
20     *on or after October 1, 2010, the area*  
21     *wage index applicable under this sub-*  
22     *paragraph to any hospital which is lo-*  
23     *cated in a frontier State (as defined in*  
24     *subclause (II)) may not be less than*  
25     *1.00.*

1                   “(II) *FRONTIER STATE DE-*  
2                   *FINED.*—*In this clause, the term ‘fron-*  
3                   *tier State’ means a State in which at*  
4                   *least 50 percent of the counties in the*  
5                   *State are frontier counties.*

6                   “(III) *FRONTIER COUNTY DE-*  
7                   *FINED.*—*In this clause, the term ‘fron-*  
8                   *tier county’ means a county in which*  
9                   *the population per square mile is less*  
10                  *than 6.*

11                  “(IV) *LIMITATION.*—*This clause*  
12                  *shall not apply to any hospital located*  
13                  *in a State that receives a non-labor re-*  
14                  *lated share adjustment under para-*  
15                  *graph (5)(H).”.*

16                  (2) *WAIVING BUDGET NEUTRALITY.*—*Section*  
17                  *1886(d)(3)(E) of the Social Security Act (42 U.S.C.*  
18                  *1395ww(d)(3)(E)), as amended by subsection (a), is*  
19                  *amended in the third sentence by inserting “and the*  
20                  *amendments made by section 10324(a)(1) of the Pa-*  
21                  *tient Protection and Affordable Care Act” after*  
22                  *“2003”.*

23                  (b) *FLOOR ON AREA WAGE ADJUSTMENT FACTOR FOR*  
24                  *HOSPITAL OUTPATIENT DEPARTMENT SERVICES IN FRON-*  
25                  *TIER STATES.*—*Section 1833(t) of the Social Security Act*

1 *(42 U.S.C. 1395l(t)), as amended by section 3138, is*  
2 *amended—*

3 *(1) in paragraph (2)(D), by striking “the Sec-*  
4 *retary” and inserting “subject to paragraph (19), the*  
5 *Secretary”; and*

6 *(2) by adding at the end the following new para-*  
7 *graph:*

8 *“(19) FLOOR ON AREA WAGE ADJUSTMENT FAC-*  
9 *TOR FOR HOSPITAL OUTPATIENT DEPARTMENT SERV-*  
10 *ICES IN FRONTIER STATES.—*

11 *“(A) IN GENERAL.—Subject to subpara-*  
12 *graph (B), with respect to covered OPD services*  
13 *furnished on or after January 1, 2011, the area*  
14 *wage adjustment factor applicable under the*  
15 *payment system established under this subsection*  
16 *to any hospital outpatient department which is*  
17 *located in a frontier State (as defined in section*  
18 *1886(d)(3)(E)(iii)(II)) may not be less than*  
19 *1.00. The preceding sentence shall not be applied*  
20 *in a budget neutral manner.*

21 *“(B) LIMITATION.—This paragraph shall*  
22 *not apply to any hospital outpatient department*  
23 *located in a State that receives a non-labor re-*  
24 *lated share adjustment under section*  
25 *1886(d)(5)(H).”.*



1       (c) *FLOOR FOR PRACTICE EXPENSE INDEX FOR PHY-*  
2 *SICIANS' SERVICES FURNISHED IN FRONTIER STATES.—*  
3 *Section 1848(e)(1) of the Social Security Act (42 U.S.C.*  
4 *1395w-4(e)(1)), as amended by section 3102, is amended—*

5           (1) *in subparagraph (A), by striking “and (H)”*  
6 *and inserting “(H), and (I)”;* and

7           (2) *by adding at the end the following new sub-*  
8 *paragraph:*

9                   *“(I) FLOOR FOR PRACTICE EXPENSE INDEX*  
10 *FOR SERVICES FURNISHED IN FRONTIER*  
11 *STATES.—*

12                   *“(i) IN GENERAL.—Subject to clause*  
13 *(ii), for purposes of payment for services*  
14 *furnished in a frontier State (as defined in*  
15 *section 1886(d)(3)(E)(iii)(II)) on or after*  
16 *January 1, 2011, after calculating the prac-*  
17 *tice expense index in subparagraph (A)(i),*  
18 *the Secretary shall increase any such index*  
19 *to 1.00 if such index would otherwise be less*  
20 *than 1.00. The preceding sentence shall not*  
21 *be applied in a budget neutral manner.*

22                   *“(ii) LIMITATION.—This subparagraph*  
23 *shall not apply to services furnished in a*  
24 *State that receives a non-labor related share*  
25 *adjustment under section 1886(d)(5)(H).”.*

1 **SEC. 10325. REVISION TO SKILLED NURSING FACILITY PRO-**  
2 **SPECTIVE PAYMENT SYSTEM.**

3 (a) *TEMPORARY DELAY OF RUG–IV.*—Notwith-  
4 standing any other provision of law, the Secretary of  
5 Health and Human Services shall not, prior to October 1,  
6 2011, implement Version 4 of the Resource Utilization  
7 Groups (in this subsection referred to as “RUG–IV”) pub-  
8 lished in the Federal Register on August 11, 2009, entitled  
9 “Prospective Payment System and Consolidated Billing for  
10 Skilled Nursing Facilities for FY 2010; Minimum Data  
11 Set, Version 3.0 for Skilled Nursing Facilities and Medicaid  
12 Nursing Facilities” (74 Fed. Reg. 40288). Beginning on Oc-  
13 tober 1, 2010, the Secretary of Health and Human Services  
14 shall implement the change specific to therapy furnished on  
15 a concurrent basis that is a component of RUG–IV and  
16 changes to the lookback period to ensure that only those  
17 services furnished after admission to a skilled nursing facil-  
18 ity are used as factors in determining a case mix classifica-  
19 tion under the skilled nursing facility prospective payment  
20 system under section 1888(e) of the Social Security Act (42  
21 U.S.C. 1395yy(e)).

22 (b) *CONSTRUCTION.*—Nothing in this section shall be  
23 interpreted as delaying the implementation of Version 3.0  
24 of the Minimum Data Sets (MDS 3.0) beyond the planned  
25 implementation date of October 1, 2010.

1 **SEC. 10326. PILOT TESTING PAY-FOR-PERFORMANCE PRO-**  
2 **GRAMS FOR CERTAIN MEDICARE PROVIDERS.**

3 (a) *IN GENERAL.*—Not later than January 1, 2016,  
4 the Secretary of Health and Human Services (in this sec-  
5 tion referred to as the “Secretary”) shall, for each provider  
6 described in subsection (b), conduct a separate pilot pro-  
7 gram under title XVIII of the Social Security Act to test  
8 the implementation of a value-based purchasing program  
9 for payments under such title for the provider.

10 (b) *PROVIDERS DESCRIBED.*—The providers described  
11 in this paragraph are the following:

12 (1) *Psychiatric hospitals (as described in clause*  
13 *(i) of section 1886(d)(1)(B) of such Act (42 U.S.C.*  
14 *1395ww(d)(1)(B))) and psychiatric units (as de-*  
15 *scribed in the matter following clause (v) of such sec-*  
16 *tion).*

17 (2) *Long-term care hospitals (as described in*  
18 *clause (iv) of such section).*

19 (3) *Rehabilitation hospitals (as described in*  
20 *clause (ii) of such section).*

21 (4) *PPS-exempt cancer hospitals (as described in*  
22 *clause (v) of such section).*

23 (5) *Hospice programs (as defined in section*  
24 *1861(dd)(2) of such Act (42 U.S.C. 1395x(dd)(2))).*

25 (c) *WAIVER AUTHORITY.*—The Secretary may waive  
26 such requirements of titles XI and XVIII of the Social Secu-

1 *riety Act as may be necessary solely for purposes of carrying*  
2 *out the pilot programs under this section.*

3       *(d) NO ADDITIONAL PROGRAM EXPENDITURES.—Pay-*  
4 *ments under this section under the separate pilot program*  
5 *for value based purchasing (as described in subsection (a))*  
6 *for each provider type described in paragraphs (1) through*  
7 *(5) of subsection (b) for applicable items and services under*  
8 *title XVIII of the Social Security Act for a year shall be*  
9 *established in a manner that does not result in spending*  
10 *more under each such value based purchasing program for*  
11 *such year than would otherwise be expended for such pro-*  
12 *vider type for such year if the pilot program were not im-*  
13 *plemented, as estimated by the Secretary.*

14       *(e) EXPANSION OF PILOT PROGRAM.—The Secretary*  
15 *may, at any point after January 1, 2018, expand the dura-*  
16 *tion and scope of a pilot program conducted under this sub-*  
17 *section, to the extent determined appropriate by the Sec-*  
18 *retary, if—*

19               *(1) the Secretary determines that such expansion*  
20               *is expected to—*

21                       *(A) reduce spending under title XVIII of the*  
22                       *Social Security Act without reducing the quality*  
23                       *of care; or*

24                       *(B) improve the quality of care and reduce*  
25                       *spending;*

1           (2) *the Chief Actuary of the Centers for Medicare*  
2           *& Medicaid Services certifies that such expansion*  
3           *would reduce program spending under such title*  
4           *XVIII; and*

5           (3) *the Secretary determines that such expansion*  
6           *would not deny or limit the coverage or provision of*  
7           *benefits under such title XIII for Medicare bene-*  
8           *ficiaries.*

9   **SEC. 10327. IMPROVEMENTS TO THE PHYSICIAN QUALITY**  
10           **REPORTING SYSTEM.**

11           (a) *IN GENERAL.*—*Section 1848(m) of the Social Secu-*  
12           *rity Act (42 U.S.C. 1395w-4(m)) is amended by adding*  
13           *at the end the following new paragraph:*

14                   “(7) *ADDITIONAL INCENTIVE PAYMENT.*—

15                           “(A) *IN GENERAL.*—*For 2011 through 2014,*  
16                           *if an eligible professional meets the requirements*  
17                           *described in subparagraph (B), the applicable*  
18                           *quality percent for such year, as described in*  
19                           *clauses (iii) and (iv) of paragraph (1)(B), shall*  
20                           *be increased by 0.5 percentage points.*

21                           “(B) *REQUIREMENTS DESCRIBED.*—*In*  
22                           *order to qualify for the additional incentive pay-*  
23                           *ment described in subparagraph (A), an eligible*  
24                           *professional shall meet the following require-*  
25                           *ments:*

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“(i) *The eligible professional shall—*

    “(I) *satisfactorily submit data on quality measures for purposes of paragraph (1) for a year; and*

    “(II) *have such data submitted on their behalf through a Maintenance of Certification Program (as defined in subparagraph (C)(i)) that meets—*

        “(aa) *the criteria for a registry (as described in subsection (k)(4)); or*

        “(bb) *an alternative form and manner determined appropriate by the Secretary.*

“(ii) *The eligible professional, more frequently than is required to qualify for or maintain board certification status—*

    “(I) *participates in such a Maintenance of Certification program for a year; and*

    “(II) *successfully completes a qualified Maintenance of Certification Program practice assessment (as defined in subparagraph (C)(ii)) for such year.*

1           “(iii) A Maintenance of Certification  
2           program submits to the Secretary, on behalf  
3           of the eligible professional, information—

4                   “(I) in a form and manner speci-  
5                   fied by the Secretary, that the eligible  
6                   professional has successfully met the re-  
7                   quirements of clause (ii) (which may  
8                   be in the form of a structural meas-  
9                   ure);

10                   “(II) if requested by the Sec-  
11                   retary, on the survey of patient experi-  
12                   ence with care (as described in sub-  
13                   paragraph (C)(i)(II)); and

14                   “(III) as the Secretary may re-  
15                   quire, on the methods, measures, and  
16                   data used under the Maintenance of  
17                   Certification Program and the quali-  
18                   fied Maintenance of Certification Pro-  
19                   gram practice assessment.

20           “(C) DEFINITIONS.—For purposes of this  
21           paragraph:

22                   “(i) The term ‘Maintenance of Certifi-  
23                   cation Program’ means a continuous assess-  
24                   ment program, such as qualified American  
25                   Board of Medical Specialties Maintenance

1           *of Certification program or an equivalent*  
2           *program (as determined by the Secretary),*  
3           *that advances quality and the lifelong*  
4           *learning and self-assessment of board cer-*  
5           *tified specialty physicians by focusing on*  
6           *the competencies of patient care, medical*  
7           *knowledge, practice-based learning, inter-*  
8           *personal and communication skills and pro-*  
9           *fessionalism. Such a program shall include*  
10          *the following:*

11                   *“(I) The program requires the*  
12                   *physician to maintain a valid, unre-*  
13                   *stricted medical license in the United*  
14                   *States.*

15                   *“(II) The program requires a*  
16                   *physician to participate in educational*  
17                   *and self-assessment programs that re-*  
18                   *quire an assessment of what was*  
19                   *learned.*

20                   *“(III) The program requires a*  
21                   *physician to demonstrate, through a*  
22                   *formalized, secure examination, that*  
23                   *the physician has the fundamental di-*  
24                   *agnostic skills, medical knowledge, and*



1           *clinical judgment to provide quality*  
2           *care in their respective specialty.*

3           “(IV) *The program requires suc-*  
4           *cessful completion of a qualified Main-*  
5           *tenance of Certification Program prac-*  
6           *tice assessment as described in clause*  
7           *(ii).*

8           “(ii) *The term ‘qualified Maintenance*  
9           *of Certification Program practice assess-*  
10           *ment’ means an assessment of a physician’s*  
11           *practice that—*

12           “(I) *includes an initial assess-*  
13           *ment of an eligible professional’s prac-*  
14           *tice that is designed to demonstrate the*  
15           *physician’s use of evidence-based medi-*  
16           *cine;*

17           “(II) *includes a survey of patient*  
18           *experience with care; and*

19           “(III) *requires a physician to im-*  
20           *plement a quality improvement inter-*  
21           *vention to address a practice weakness*  
22           *identified in the initial assessment*  
23           *under subclause (I) and then to re-*  
24           *measure to assess performance im-*  
25           *provement after such intervention.”.*

1       **(b) AUTHORITY.**—Section 3002(c) of this Act is  
2 amended by adding at the end the following new paragraph:

3               **“(3) AUTHORITY.**—For years after 2014, if the  
4 Secretary of Health and Human Services determines  
5 it to be appropriate, the Secretary may incorporate  
6 participation in a Maintenance of Certification Pro-  
7 gram and successful completion of a qualified Mainte-  
8 nance of Certification Program practice assessment  
9 into the composite of measures of quality of care fur-  
10 nished pursuant to the physician fee schedule pay-  
11 ment modifier, as described in section 1848(p)(2) of  
12 the Social Security Act (42 U.S.C. 1395w–4(p)(2)).”.

13       **(c) ELIMINATION OF MA REGIONAL PLAN STABILIZA-**  
14 **TION FUND.**—

15               **(1) IN GENERAL.**—Section 1858 of the Social Se-  
16 curity Act (42 U.S.C. 1395w–27a) is amended by  
17 striking subsection (e).

18               **(2) TRANSITION.**—Any amount contained in the  
19 MA Regional Plan Stabilization Fund as of the date  
20 of the enactment of this Act shall be transferred to the  
21 Federal Supplementary Medical Insurance Trust  
22 Fund.

1 **SEC. 10328. IMPROVEMENT IN PART D MEDICATION THER-**  
2 **APY MANAGEMENT (MTM) PROGRAMS.**

3 (a) *IN GENERAL.*—Section 1860D–4(c)(2) of the So-  
4 cial Security Act (42 U.S.C. 1395w–104(c)(2)) is amend-  
5 ed—

6 (1) *by redesignating subparagraphs (C), (D),*  
7 *and (E) as subparagraphs (E), (F), and (G), respec-*  
8 *tively; and*

9 (2) *by inserting after subparagraph (B) the fol-*  
10 *lowing new subparagraphs:*

11 “(C) *REQUIRED INTERVENTIONS.*—*For plan*  
12 *years beginning on or after the date that is 2*  
13 *years after the date of the enactment of the Pa-*  
14 *tient Protection and Affordable Care Act, pre-*  
15 *scription drug plan sponsors shall offer medica-*  
16 *tion therapy management services to targeted*  
17 *beneficiaries described in subparagraph (A)(ii)*  
18 *that include, at a minimum, the following to in-*  
19 *crease adherence to prescription medications or*  
20 *other goals deemed necessary by the Secretary:*

21 “(i) *An annual comprehensive medica-*  
22 *tion review furnished person-to-person or*  
23 *using telehealth technologies (as defined by*  
24 *the Secretary) by a licensed pharmacist or*  
25 *other qualified provider. The comprehensive*  
26 *medication review—*

1           “(I) shall include a review of the  
2           individual’s medications and may re-  
3           sult in the creation of a recommended  
4           medication action plan or other ac-  
5           tions in consultation with the indi-  
6           vidual and with input from the pre-  
7           scriber to the extent necessary and  
8           practicable; and

9           “(II) shall include providing the  
10          individual with a written or printed  
11          summary of the results of the review.

12          The Secretary, in consultation with relevant  
13          stakeholders, shall develop a standardized  
14          format for the action plan under subclause  
15          (I) and the summary under subclause (II).

16          “(ii) Follow-up interventions as war-  
17          ranted based on the findings of the annual  
18          medication review or the targeted medica-  
19          tion enrollment and which may be provided  
20          person-to-person or using telehealth tech-  
21          nologies (as defined by the Secretary).

22          “(D) ASSESSMENT.—The prescription drug  
23          plan sponsor shall have in place a process to as-  
24          sess, at least on a quarterly basis, the medication  
25          use of individuals who are at risk but not en-

1           rolled in the medication therapy management  
2           program, including individuals who have experi-  
3           enced a transition in care, if the prescription  
4           drug plan sponsor has access to that informa-  
5           tion.

6           “(E) *AUTOMATIC ENROLLMENT WITH ABIL-*  
7           *ITY TO OPT-OUT.*—The prescription drug plan  
8           sponsor shall have in place a process to—

9                   “(i) subject to clause (ii), automati-  
10                   cally enroll targeted beneficiaries described  
11                   in subparagraph (A)(ii), including bene-  
12                   ficiaries identified under subparagraph (D),  
13                   in the medication therapy management pro-  
14                   gram required under this subsection; and

15                   “(ii) permit such beneficiaries to opt-  
16                   out of enrollment in such program.”.

17           (b) *RULE OF CONSTRUCTION.*—Nothing in this section  
18           shall limit the authority of the Secretary of Health and  
19           Human Services to modify or broaden requirements for a  
20           medication therapy management program under part D of  
21           title XVIII of the Social Security Act or to study new mod-  
22           els for medication therapy management through the Center  
23           for Medicare and Medicaid Innovation under section 1115A  
24           of such Act, as added by section 3021.

1 **SEC. 10329. DEVELOPING METHODOLOGY TO ASSESS**  
2 **HEALTH PLAN VALUE.**

3 (a) *DEVELOPMENT.*—*The Secretary of Health and*  
4 *Human Services (referred to in this section as the “Sec-*  
5 *retary”), in consultation with relevant stakeholders includ-*  
6 *ing health insurance issuers, health care consumers, em-*  
7 *ployers, health care providers, and other entities determined*  
8 *appropriate by the Secretary, shall develop a methodology*  
9 *to measure health plan value. Such methodology shall take*  
10 *into consideration, where applicable—*

11 (1) *the overall cost to enrollees under the plan;*

12 (2) *the quality of the care provided for under the*  
13 *plan;*

14 (3) *the efficiency of the plan in providing care;*

15 (4) *the relative risk of the plan’s enrollees as*  
16 *compared to other plans;*

17 (5) *the actuarial value or other comparative*  
18 *measure of the benefits covered under the plan; and*

19 (6) *other factors determined relevant by the Sec-*  
20 *retary.*

21 (b) *REPORT.*—*Not later than 18 months after the date*  
22 *of enactment of this Act, the Secretary shall submit to Con-*  
23 *gress a report concerning the methodology developed under*  
24 *subsection (a).*

1 **SEC. 10330. MODERNIZING COMPUTER AND DATA SYSTEMS**  
2 **OF THE CENTERS FOR MEDICARE & MED-**  
3 **ICAID SERVICES TO SUPPORT IMPROVE-**  
4 **MENTS IN CARE DELIVERY.**

5 (a) *IN GENERAL.*—*The Secretary of Health and*  
6 *Human Services (in this section referred to as the “Sec-*  
7 *retary”)* shall develop a plan (and detailed budget for the  
8 resources needed to implement such plan) to modernize the  
9 computer and data systems of the Centers for Medicare &  
10 Medicaid Services (in this section referred to as “CMS”).

11 (b) *CONSIDERATIONS.*—*In developing the plan, the*  
12 *Secretary shall consider how such modernized computer sys-*  
13 *tem could—*

14 (1) *in accordance with the regulations promul-*  
15 *gated under section 264(c) of the Health Insurance*  
16 *Portability and Accountability Act of 1996, make*  
17 *available data in a reliable and timely manner to*  
18 *providers of services and suppliers to support their ef-*  
19 *forts to better manage and coordinate care furnished*  
20 *to beneficiaries of CMS programs; and*

21 (2) *support consistent evaluations of payment*  
22 *and delivery system reforms under CMS programs.*

23 (c) *POSTING OF PLAN.*—*By not later than 9 months*  
24 *after the date of the enactment of this Act, the Secretary*  
25 *shall post on the website of the Centers for Medicare & Med-*  
26 *icaid Services the plan described in subsection (a).*

1 **SEC. 10331. PUBLIC REPORTING OF PERFORMANCE INFOR-**  
2 **MATION.**

3 (a) *IN GENERAL.*—

4 (1) *DEVELOPMENT.*—*Not later than January 1,*  
5 *2011, the Secretary shall develop a Physician Com-*  
6 *pare Internet website with information on physicians*  
7 *enrolled in the Medicare program under section*  
8 *1866(j) of the Social Security Act (42 U.S.C.*  
9 *1395cc(j)) and other eligible professionals who par-*  
10 *ticipate in the Physician Quality Reporting Initia-*  
11 *tive under section 1848 of such Act (42 U.S.C.*  
12 *1395w-4).*

13 (2) *PLAN.*—*Not later than January 1, 2013, and*  
14 *with respect to reporting periods that begin no earlier*  
15 *than January 1, 2012, the Secretary shall also imple-*  
16 *ment a plan for making publicly available through*  
17 *Physician Compare, consistent with subsection (c),*  
18 *information on physician performance that provides*  
19 *comparable information for the public on quality and*  
20 *patient experience measures with respect to physi-*  
21 *cians enrolled in the Medicare program under such*  
22 *section 1866(j). To the extent scientifically sound*  
23 *measures that are developed consistent with the re-*  
24 *quirements of this section are available, such informa-*  
25 *tion, to the extent practicable, shall include—*



1           (A) measures collected under the Physician  
2           Quality Reporting Initiative;

3           (B) an assessment of patient health out-  
4           comes and the functional status of patients;

5           (C) an assessment of the continuity and co-  
6           ordination of care and care transitions, includ-  
7           ing episodes of care and risk-adjusted resource  
8           use;

9           (D) an assessment of efficiency;

10          (E) an assessment of patient experience and  
11          patient, caregiver, and family engagement;

12          (F) an assessment of the safety, effectiveness,  
13          and timeliness of care; and

14          (G) other information as determined appro-  
15          priate by the Secretary.

16          (b) *OTHER REQUIRED CONSIDERATIONS.*—In devel-  
17          oping and implementing the plan described in subsection  
18          (a)(2), the Secretary shall, to the extent practicable, in-  
19          clude—

20               (1) processes to assure that data made public, ei-  
21               ther by the Centers for Medicare & Medicaid Services  
22               or by other entities, is statistically valid and reliable,  
23               including risk adjustment mechanisms used by the  
24               Secretary;

1           (2) *processes by which a physician or other eligi-*  
2 *ble professional whose performance on measures is*  
3 *being publicly reported has a reasonable opportunity,*  
4 *as determined by the Secretary, to review his or her*  
5 *individual results before they are made public;*

6           (3) *processes by the Secretary to assure that the*  
7 *implementation of the plan and the data made avail-*  
8 *able on Physician Compare provide a robust and ac-*  
9 *curate portrayal of a physician's performance;*

10          (4) *data that reflects the care provided to all pa-*  
11 *tients seen by physicians, under both the Medicare*  
12 *program and, to the extent practicable, other payers,*  
13 *to the extent such information would provide a more*  
14 *accurate portrayal of physician performance;*

15          (5) *processes to ensure appropriate attribution of*  
16 *care when multiple physicians and other providers*  
17 *are involved in the care of a patient;*

18          (6) *processes to ensure timely statistical perform-*  
19 *ance feedback is provided to physicians concerning*  
20 *the data reported under any program subject to pub-*  
21 *lic reporting under this section; and*

22          (7) *implementation of computer and data sys-*  
23 *tems of the Centers for Medicare & Medicaid Services*  
24 *that support valid, reliable, and accurate public re-*  
25 *porting activities authorized under this section.*

1       (c) *ENSURING PATIENT PRIVACY.*—*The Secretary shall*  
2 *ensure that information on physician performance and pa-*  
3 *tient experience is not disclosed under this section in a*  
4 *manner that violates sections 552 or 552a of title 5, United*  
5 *States Code, with regard to the privacy of individually*  
6 *identifiable health information.*

7       (d)    *FEEDBACK FROM MULTI-STAKEHOLDER*  
8 *GROUPS.*—*The Secretary shall take into consideration*  
9 *input provided by multi-stakeholder groups, consistent with*  
10 *sections 1890(b)(7) and 1890A of the Social Security Act,*  
11 *as added by section 3014 of this Act, in selecting quality*  
12 *measures for use under this section.*

13       (e) *CONSIDERATION OF TRANSITION TO VALUE-BASED*  
14 *PURCHASING.*—*In developing the plan under this sub-*  
15 *section (a)(2), the Secretary shall, as the Secretary deter-*  
16 *mines appropriate, consider the plan to transition to a*  
17 *value-based purchasing program for physicians and other*  
18 *practitioners developed under section 131 of the Medicare*  
19 *Improvements for Patients and Providers Act of 2008 (Pub-*  
20 *lic Law 110–275).*

21       (f) *REPORT TO CONGRESS.*—*Not later than January*  
22 *1, 2015, the Secretary shall submit to Congress a report*  
23 *on the Physician Compare Internet website developed under*  
24 *subsection (a)(1). Such report shall include information on*  
25 *the efforts of and plans made by the Secretary to collect*

1 *and publish data on physician quality and efficiency and*  
2 *on patient experience of care in support of value-based pur-*  
3 *chasing and consumer choice, together with recommenda-*  
4 *tions for such legislation and administrative action as the*  
5 *Secretary determines appropriate.*

6 (g) *EXPANSION.—At any time before the date on which*  
7 *the report is submitted under subsection (f), the Secretary*  
8 *may expand (including expansion to other providers of*  
9 *services and suppliers under title XVIII of the Social Secu-*  
10 *rity Act) the information made available on such website.*

11 (h) *FINANCIAL INCENTIVES TO ENCOURAGE CON-*  
12 *SUMERS TO CHOOSE HIGH QUALITY PROVIDERS.—The*  
13 *Secretary may establish a demonstration program, not later*  
14 *than January 1, 2019, to provide financial incentives to*  
15 *Medicare beneficiaries who are furnished services by high*  
16 *quality physicians, as determined by the Secretary based*  
17 *on factors in subparagraphs (A) through (G) of subsection*  
18 *(a)(2). In no case may Medicare beneficiaries be required*  
19 *to pay increased premiums or cost sharing or be subject*  
20 *to a reduction in benefits under title XVIII of the Social*  
21 *Security Act as a result of such demonstration program.*  
22 *The Secretary shall ensure that any such demonstration*  
23 *program does not disadvantage those beneficiaries without*  
24 *reasonable access to high performing physicians or create*  
25 *financial inequities under such title.*

1 (i) *DEFINITIONS.*—*In this section:*

2 (1) *ELIGIBLE PROFESSIONAL.*—*The term “eligible*  
3 *professional” has the meaning given that term for*  
4 *purposes of the Physician Quality Reporting Initia-*  
5 *tive under section 1848 of the Social Security Act (42*  
6 *U.S.C. 1395w–4).*

7 (2) *PHYSICIAN.*—*The term “physician” has the*  
8 *meaning given that term in section 1861(r) of such*  
9 *Act (42 U.S.C. 1395x(r)).*

10 (3) *PHYSICIAN COMPARE.*—*The term “Physician*  
11 *Compare” means the Internet website developed under*  
12 *subsection (a)(1).*

13 (4) *SECRETARY.*—*The term “Secretary” means*  
14 *the Secretary of Health and Human Services.*

15 **SEC. 10332. AVAILABILITY OF MEDICARE DATA FOR PER-**  
16 **FORMANCE MEASUREMENT.**

17 (a) *IN GENERAL.*—*Section 1874 of the Social Security*  
18 *Act (42 U.S.C. 1395kk) is amended by adding at the end*  
19 *the following new subsection:*

20 “(e) *AVAILABILITY OF MEDICARE DATA.*—

21 “(1) *IN GENERAL.*—*Subject to paragraph (4), the*  
22 *Secretary shall make available to qualified entities*  
23 *(as defined in paragraph (2)) data described in para-*  
24 *graph (3) for the evaluation of the performance of*  
25 *providers of services and suppliers.*

1           “(2) *QUALIFIED ENTITIES.*—For purposes of this  
2 subsection, the term ‘qualified entity’ means a public  
3 or private entity that—

4           “(A) is qualified (as determined by the Sec-  
5 retary) to use claims data to evaluate the per-  
6 formance of providers of services and suppliers  
7 on measures of quality, efficiency, effectiveness,  
8 and resource use; and

9           “(B) agrees to meet the requirements de-  
10 scribed in paragraph (4) and meets such other  
11 requirements as the Secretary may specify, such  
12 as ensuring security of data.

13           “(3) *DATA DESCRIBED.*—The data described in  
14 this paragraph are standardized extracts (as deter-  
15 mined by the Secretary) of claims data under parts  
16 A, B, and D for items and services furnished under  
17 such parts for one or more specified geographic areas  
18 and time periods requested by a qualified entity. The  
19 Secretary shall take such actions as the Secretary  
20 deems necessary to protect the identity of individuals  
21 entitled to or enrolled for benefits under such parts.

22           “(4) *REQUIREMENTS.*—

23           “(A) *FEE.*—Data described in paragraph  
24 (3) shall be made available to a qualified entity  
25 under this subsection at a fee equal to the cost

1           *of making such data available. Any fee collected*  
2           *pursuant to the preceding sentence shall be de-*  
3           *posited into the Federal Supplementary Medical*  
4           *Insurance Trust Fund under section 1841.*

5           “(B) *SPECIFICATION OF USES AND METH-*  
6           *ODOLOGIES.—A qualified entity requesting data*  
7           *under this subsection shall—*

8                   “(i) *submit to the Secretary a descrip-*  
9                   *tion of the methodologies that such qualified*  
10                   *entity will use to evaluate the performance*  
11                   *of providers of services and suppliers using*  
12                   *such data;*

13                   “(ii)(I) *except as provided in subclause*  
14                   *(II), if available, use standard measures,*  
15                   *such as measures endorsed by the entity*  
16                   *with a contract under section 1890(a) and*  
17                   *measures developed pursuant to section 931*  
18                   *of the Public Health Service Act; or*

19                   “(II) *use alternative measures if the*  
20                   *Secretary, in consultation with appropriate*  
21                   *stakeholders, determines that use of such al-*  
22                   *ternative measures would be more valid, re-*  
23                   *liable, responsive to consumer preferences,*  
24                   *cost-effective, or relevant to dimensions of*

1           *quality and resource use not addressed by*  
2           *such standard measures;*

3           “(iii) include data made available  
4           under this subsection with claims data from  
5           sources other than claims data under this  
6           title in the evaluation of performance of  
7           providers of services and suppliers;

8           “(iv) only include information on the  
9           evaluation of performance of providers and  
10          suppliers in reports described in subpara-  
11          graph (C);

12          “(v) make available to providers of  
13          services and suppliers, upon their request,  
14          data made available under this subsection;  
15          and

16          “(vi) prior to their release, submit to  
17          the Secretary the format of reports under  
18          subparagraph (C).

19          “(C) *REPORTS*.—Any report by a qualified  
20          entity evaluating the performance of providers of  
21          services and suppliers using data made available  
22          under this subsection shall—

23                 “(i) include an understandable descrip-  
24                 tion of the measures, which shall include  
25                 quality measures and the rationale for use



1           *of other measures described in subparagraph*  
2           *(B)(ii)(II), risk adjustment methods, physi-*  
3           *cian attribution methods, other applicable*  
4           *methods, data specifications and limita-*  
5           *tions, and the sponsors, so that consumers,*  
6           *providers of services and suppliers, health*  
7           *plans, researchers, and other stakeholders*  
8           *can assess such reports;*

9           *“(ii) be made available confidentially,*  
10          *to any provider of services or supplier to be*  
11          *identified in such report, prior to the public*  
12          *release of such report, and provide an op-*  
13          *portunity to appeal and correct errors;*

14          *“(iii) only include information on a*  
15          *provider of services or supplier in an aggre-*  
16          *gate form as determined appropriate by the*  
17          *Secretary; and*

18          *“(iv) except as described in clause (ii),*  
19          *be made available to the public.*

20          “(D) APPROVAL AND LIMITATION OF  
21          *USES.—The Secretary shall not make data de-*  
22          *scribed in paragraph (3) available to a qualified*  
23          *entity unless the qualified entity agrees to release*  
24          *the information on the evaluation of performance*  
25          *of providers of services and suppliers. Such enti-*

1            *ty shall only use such data, and information de-*  
2            *ived from such evaluation, for the reports under*  
3            *subparagraph (C). Data released to a qualified*  
4            *entity under this subsection shall not be subject*  
5            *to discovery or admission as evidence in judicial*  
6            *or administrative proceedings without consent of*  
7            *the applicable provider of services or supplier.”.*

8            *(b) EFFECTIVE DATE.—The amendment made by sub-*  
9            *section (a) shall take effect on January 1, 2012.*

10    **SEC. 10333. COMMUNITY-BASED COLLABORATIVE CARE**  
11            **NETWORKS.**

12            *Part D of title III of the Public Health Service Act*  
13            *(42 U.S.C. 254b et seq.) is amended by adding at the end*  
14            *the following new subpart:*

15    **“Subpart XI—Community-Based Collaborative Care**  
16            **Network Program**

17    **“SEC. 340H. COMMUNITY-BASED COLLABORATIVE CARE**  
18            **NETWORK PROGRAM.**

19            *“(a) IN GENERAL.—The Secretary may award grants*  
20            *to eligible entities to support community-based collaborative*  
21            *care networks that meet the requirements of subsection (b).*

22            *“(b) COMMUNITY-BASED COLLABORATIVE CARE NET-*  
23            *WORKS.—*

24            *“(1) DESCRIPTION.—A community-based collabo-*  
25            *rative care network (referred to in this section as a*

1     ‘network’) shall be a consortium of health care pro-  
2     viders with a joint governance structure (including  
3     providers within a single entity) that provides com-  
4     prehensive coordinated and integrated health care  
5     services (as defined by the Secretary) for low-income  
6     populations.

7             “(2) *REQUIRED INCLUSION.*—A network shall in-  
8     clude the following providers (unless such provider  
9     does not exist within the community, declines or re-  
10    fuses to participate, or places unreasonable conditions  
11    on their participation):

12             “(A) A hospital that meets the criteria in  
13     section 1923(b)(1) of the Social Security Act;  
14     and

15             “(B) All Federally qualified health centers  
16     (as defined in section 1861(aa) of the Social Se-  
17     curity Act located in the community.

18             “(3) *PRIORITY.*—In awarding grants, the Sec-  
19    retary shall give priority to networks that include—

20             “(A) the capability to provide the broadest  
21     range of services to low-income individuals;

22             “(B) the broadest range of providers that  
23     currently serve a high volume of low-income in-  
24     dividuals; and

1           “(C) a county or municipal department of  
2           health.

3           “(c) APPLICATION.—

4           “(1) APPLICATION.—A network described in sub-  
5           section (b) shall submit an application to the Sec-  
6           retary.

7           “(2) RENEWAL.—In subsequent years, based on  
8           the performance of grantees, the Secretary may pro-  
9           vide renewal grants to prior year grant recipients.

10          “(d) USE OF FUNDS.—

11          “(1) USE BY GRANTEES.—Grant funds may be  
12          used for the following activities:

13               “(A) Assist low-income individuals to—

14                       “(i) access and appropriately use  
15                       health services;

16                       “(ii) enroll in health coverage pro-  
17                       grams; and

18                       “(iii) obtain a regular primary care  
19                       provider or a medical home.

20               “(B) Provide case management and care  
21               management.

22               “(C) Perform health outreach using neigh-  
23               borhood health workers or through other means.

24               “(D) Provide transportation.

1           “(E) *Expand capacity, including through*  
2           *telehealth, after-hours services or urgent care.*”

3           “(F) *Provide direct patient care services.*”

4           “(2) *GRANT FUNDS TO HRSA GRANTEES.—The*  
5           *Secretary may limit the percent of grant funding that*  
6           *may be spent on direct care services provided by*  
7           *grantees of programs administered by the Health Re-*  
8           *sources and Services Administration or impose other*  
9           *requirements on such grantees deemed necessary.*”

10          “(e) *AUTHORIZATION OF APPROPRIATIONS.—There are*  
11          *authorized to be appropriated to carry out this section such*  
12          *sums as may be necessary for each of fiscal years 2011*  
13          *through 2015.*”

14          **SEC. 10334. MINORITY HEALTH.**

15          (a) *OFFICE OF MINORITY HEALTH.—*

16                  (1) *IN GENERAL.—Section 1707 of the Public*  
17                  *Health Service Act (42 U.S.C. 300u–6) is amended—*

18                          (A) *in subsection (a), by striking “within*  
19                          *the Office of Public Health and Science” and all*  
20                          *that follows through the end and inserting “. The*  
21                          *Office of Minority Health as existing on the date*  
22                          *of enactment of the Patient Protection and Af-*  
23                          *fordable Care Act shall be transferred to the Of-*  
24                          *fice of the Secretary in such manner that there*  
25                          *is established in the Office of the Secretary, the*

1            *Office of Minority Health, which shall be headed*  
2            *by the Deputy Assistant Secretary for Minority*  
3            *Health who shall report directly to the Secretary,*  
4            *and shall retain and strengthen authorities (as*  
5            *in existence on such date of enactment) for the*  
6            *purpose of improving minority health and the*  
7            *quality of health care minorities receive, and*  
8            *eliminating racial and ethnic disparities. In*  
9            *carrying out this subsection, the Secretary, act-*  
10           *ing through the Deputy Assistant Secretary,*  
11           *shall award grants, contracts, enter into memo-*  
12           *randa of understanding, cooperative, inter-*  
13           *agency, intra-agency and other agreements with*  
14           *public and nonprofit private entities, agencies,*  
15           *as well as Departmental and Cabinet agencies*  
16           *and organizations, and with organizations that*  
17           *are indigenous human resource providers in*  
18           *communities of color to assure improved health*  
19           *status of racial and ethnic minorities, and shall*  
20           *develop measures to evaluate the effectiveness of*  
21           *activities aimed at reducing health disparities*  
22           *and supporting the local community. Such meas-*  
23           *ures shall evaluate community outreach activi-*  
24           *ties, language services, workforce cultural com-*

1            *petence, and other areas as determined by the*  
2            *Secretary.”; and*

3            *(B) by striking subsection (h) and inserting*  
4            *the following:*

5            *“(h) AUTHORIZATION OF APPROPRIATIONS.—For the*  
6            *purpose of carrying out this section, there are authorized*  
7            *to be appropriated such sums as may be necessary for each*  
8            *of fiscal years 2011 through 2016.”.*

9            *(2) TRANSFER OF FUNCTIONS.—There are trans-*  
10           *ferred to the Office of Minority Health in the office*  
11           *of the Secretary of Health and Human Services, all*  
12           *duties, responsibilities, authorities, accountabilities,*  
13           *functions, staff, funds, award mechanisms, and other*  
14           *entities under the authority of the Office of Minority*  
15           *Health of the Public Health Service as in effect on the*  
16           *date before the date of enactment of this Act, which*  
17           *shall continue in effect according to the terms in effect*  
18           *on the date before such date of enactment, until modi-*  
19           *fied, terminated, superseded, set aside, or revoked in*  
20           *accordance with law by the President, the Secretary,*  
21           *a court of competent jurisdiction, or by operation of*  
22           *law.*

23           *(3) REPORTS.—Not later than 1 year after the*  
24           *date of enactment of this section, and biennially*  
25           *thereafter, the Secretary of Health and Human Serv-*

1        *ices shall prepare and submit to the appropriate com-*  
2        *mittees of Congress a report describing the activities*  
3        *carried out under section 1707 of the Public Health*  
4        *Service Act (as amended by this subsection) during*  
5        *the period for which the report is being prepared. Not*  
6        *later than 1 year after the date of enactment of this*  
7        *section, and biennially thereafter, the heads of each of*  
8        *the agencies of the Department of Health and Human*  
9        *Services shall submit to the Deputy Assistant Sec-*  
10       *retary for Minority Health a report summarizing the*  
11       *minority health activities of each of the respective*  
12       *agencies.*

13       *(b) ESTABLISHMENT OF INDIVIDUAL OFFICES OF MI-*  
14       *NORITY HEALTH WITHIN THE DEPARTMENT OF HEALTH*  
15       *AND HUMAN SERVICES.—*

16                *(1) IN GENERAL.—Title XVII of the Public*  
17        *Health Service Act (42 U.S.C. 300u et seq.) is amend-*  
18        *ed by inserting after section 1707 the following sec-*  
19        *tion:*

20        **“SEC. 1707A. INDIVIDUAL OFFICES OF MINORITY HEALTH**  
21                        **WITHIN THE DEPARTMENT.**

22                *“(a) IN GENERAL.—The head of each agency specified*  
23        *in subsection (b)(1) shall establish within the agency an of-*  
24        *fice to be known as the Office of Minority Health. The head*  
25        *of each such Office shall be appointed by the head of the*



1 *agency within which the Office is established, and shall re-*  
2 *port directly to the head of the agency. The head of such*  
3 *agency shall carry out this section (as this section relates*  
4 *to the agency) acting through such Director.*

5       “(b) *SPECIFIED AGENCIES.*—*The agencies referred to*  
6 *in subsection (a) are the Centers for Disease Control and*  
7 *Prevention, the Health Resources and Services Administra-*  
8 *tion, the Substance Abuse and Mental Health Services Ad-*  
9 *ministration, the Agency for Healthcare Research and*  
10 *Quality, the Food and Drug Administration, and the Cen-*  
11 *ters for Medicare & Medicaid Services.*

12       “(c) *DIRECTOR; APPOINTMENT.*—*Each Office of Mi-*  
13 *nority Health established in an agency listed in subsection*  
14 *(a) shall be headed by a director, with documented experi-*  
15 *ence and expertise in minority health services research and*  
16 *health disparities elimination.*

17       “(d) *REFERENCES.*—*Except as otherwise specified,*  
18 *any reference in Federal law to an Office of Minority*  
19 *Health (in the Department of Health and Human Services)*  
20 *is deemed to be a reference to the Office of Minority Health*  
21 *in the Office of the Secretary.*

22       “(e) *FUNDING.*—

23               “(1) *ALLOCATIONS.*—*Of the amounts appro-*  
24 *priated for a specified agency for a fiscal year, the*  
25 *Secretary must designate an appropriate amount of*

1 *funds for the purpose of carrying out activities under*  
2 *this section through the minority health office of the*  
3 *agency. In reserving an amount under the preceding*  
4 *sentence for a minority health office for a fiscal year,*  
5 *the Secretary shall reduce, by substantially the same*  
6 *percentage, the amount that otherwise would be avail-*  
7 *able for each of the programs of the designated agency*  
8 *involved.*

9       “(2) *AVAILABILITY OF FUNDS FOR STAFFING.—*  
10 *The purposes for which amounts made available*  
11 *under paragraph may be expended by a minority*  
12 *health office include the costs of employing staff for*  
13 *such office.”.*

14       (2) *NO NEW REGULATORY AUTHORITY.—Nothing*  
15 *in this subsection and the amendments made by this*  
16 *subsection may be construed as establishing regu-*  
17 *latory authority or modifying any existing regulatory*  
18 *authority.*

19       (3) *LIMITATION ON TERMINATION.—Notwith-*  
20 *standing any other provision of law, a Federal office*  
21 *of minority health or Federal appointive position*  
22 *with primary responsibility over minority health*  
23 *issues that is in existence in an office of agency of the*  
24 *Department of Health and Human Services on the*  
25 *date of enactment of this section shall not be termi-*

1        *nated, reorganized, or have any of its power or duties*  
2        *transferred unless such termination, reorganization,*  
3        *or transfer is approved by an Act of Congress.*

4        *(c) REDESIGNATION OF NATIONAL CENTER ON MINOR-*  
5        *ITY HEALTH AND HEALTH DISPARITIES.—*

6                *(1) REDESIGNATION.—Title IV of the Public*  
7        *Health Service Act (42 U.S.C. 281 et seq.) is amend-*  
8        *ed—*

9                *(A) by redesignating subpart 6 of part E as*  
10        *subpart 20;*

11                *(B) by transferring subpart 20, as so redesi-*  
12        *gnated, to part C of such title IV;*

13                *(C) by inserting subpart 20, as so redesi-*  
14        *gnated, after subpart 19 of such part C; and*

15                *(D) in subpart 20, as so redesignated—*

16                        *(i) by redesignating sections 485E*  
17        *through 485H as sections 464z–3 through*  
18        *464z–6, respectively;*

19                        *(ii) by striking “National Center on*  
20        *Minority Health and Health Disparities”*  
21        *each place such term appears and inserting*  
22        *“National Institute on Minority Health and*  
23        *Health Disparities”; and*

1                   (iii) by striking “Center” each place  
2                   such term appears and inserting “Insti-  
3                   tute”.

4                   (2) *PURPOSE OF INSTITUTE; DUTIES.*—Section  
5                   464z–3 of the Public Health Service Act, as so reded-  
6                   ignated, is amended—

7                   (A) in subsection (h)(1), by striking “re-  
8                   search endowments at centers of excellence under  
9                   section 736.” and inserting the following: “re-  
10                  search endowments—

11                  “(1) at centers of excellence under section 736;  
12                  and

13                  “(2) at centers of excellence under section 464z–  
14                  4.”;

15                  (B) in subsection (h)(2)(A), by striking “av-  
16                  erage” and inserting “median”; and

17                  (C) by adding at the end the following:

18                  “(h) *INTERAGENCY COORDINATION.*—The Director of  
19                  the Institute, as the primary Federal officials with responsi-  
20                  bility for coordinating all research and activities conducted  
21                  or supported by the National Institutes of Health on minor-  
22                  ity health and health disparities, shall plan, coordinate, re-  
23                  view and evaluate research and other activities conducted  
24                  or supported by the Institutes and Centers of the National  
25                  Institutes of Health.”.

1           (3) *TECHNICAL AND CONFORMING AMEND-*  
2 *MENTS.—*

3           (A) *Section 401(b)(24) of the Public Health*  
4 *Service Act (42 U.S.C. 281(b)(24)) is amended*  
5 *by striking “Center” and inserting “Institute”.*

6           (B) *Subsection (d)(1) of section 903 of the*  
7 *Public Health Service Act (42 U.S.C. 299a-*  
8 *1(d)(1)) is amended by striking “section 485E”*  
9 *and inserting “section 464z-3”.*

10 **SEC. 10335. TECHNICAL CORRECTION TO THE HOSPITAL**  
11 **VALUE-BASED PURCHASING PROGRAM.**

12       *Section 1886(o)(2)A) of the Social Security Act, as*  
13 *added by section 3001, is amended, in the first sentence,*  
14 *by inserting “, other than measures of readmissions,” after*  
15 *“shall select measures”.*

16 **SEC. 10336. GAO STUDY AND REPORT ON MEDICARE BENE-**  
17 **FICIARY ACCESS TO HIGH-QUALITY DIALYSIS**  
18 **SERVICES.**

19       (a) *STUDY.—*

20           (1) *IN GENERAL.—The Comptroller General of*  
21 *the United States shall conduct a study on the impact*  
22 *on Medicare beneficiary access to high-quality dialy-*  
23 *sis services of including specified oral drugs that are*  
24 *furnished to such beneficiaries for the treatment of*  
25 *end stage renal disease in the bundled prospective*

1 *payment system under section 1881(b)(14) of the So-*  
2 *cial Security Act (42 U.S.C. 1395rr(b)(14)) (pursu-*  
3 *ant to the proposed rule published by the Secretary of*  
4 *Health and Human Services in the Federal Register*  
5 *on September 29, 2009 (74 Fed. Reg. 49922 et seq.)).*  
6 *Such study shall include an analysis of—*

7 *(A) the ability of providers of services and*  
8 *renal dialysis facilities to furnish specified oral*  
9 *drugs or arrange for the provision of such drugs;*

10 *(B) the ability of providers of services and*  
11 *renal dialysis facilities to comply, if necessary,*  
12 *with applicable State laws (such as State phar-*  
13 *macy licensure requirements) in order to furnish*  
14 *specified oral drugs;*

15 *(C) whether appropriate quality measures*  
16 *exist to safeguard care for Medicare beneficiaries*  
17 *being furnished specified oral drugs by providers*  
18 *of services and renal dialysis facilities; and*

19 *(D) other areas determined appropriate by*  
20 *the Comptroller General.*

21 *(2) SPECIFIED ORAL DRUG DEFINED.—For pur-*  
22 *poses of paragraph (1), the term “specified oral drug”*  
23 *means a drug or biological for which there is no*  
24 *injectable equivalent (or other non-oral form of ad-*  
25 *ministration).*

