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H.R.3590

Title: Patient Protection and Affordable Care Act

Sponsor: [Rep Rangel, Charles B.](#) [NY-15] (introduced 9/17/2009) [Cosponsors](#) (40)

Related Bills: [H.CON.RES.254](#), [H.RES.1203](#), [H.R.3780](#), [H.R.4872](#), [S.1728](#), [S.1790](#)

Latest Major Action: Became Public Law No: 111-148 [GPO: [Text](#), [PDF](#)]

SUMMARY AS OF:

3/23/2010--Public Law. (There are 3 [other summaries](#))

(This measure has not been amended since it was passed by the Senate on December 24, 2009. The summary of that version is repeated here.)

Patient Protection and Affordable Care Act - Title I: Quality, Affordable Health Care for All Americans - Subtitle A: Immediate Improvements in Health Care Coverage for All Americans - (Sec. 1001, as modified by Sec. 10101) Amends the Public Health Service Act to prohibit a health plan ("health plan" under this subtitle excludes any "grandfathered health plan" as defined in section 1251) from establishing lifetime limits or annual limits on the dollar value of benefits for any participant or beneficiary after January 1, 2014. Permits a restricted annual limit for plan years beginning prior to January 1, 2014. Declares that a health plan shall not be prevented from placing annual or lifetime per-beneficiary limits on covered benefits that are not essential health benefits to the extent that such limits are otherwise permitted.

Prohibits a health plan from rescinding coverage of an enrollee except in the case of fraud or intentional misrepresentation of material fact.

Requires health plans to provide coverage for, **and** to not impose any cost sharing requirements for: (1) specified preventive items or services; (2) recommended immunizations; **and** (3) recommended preventive **care and** screenings for women **and** children.

Requires a health plan that provides dependent coverage of children to make such coverage available for an unmarried, adult child until the child turns 26 years of age.

Requires the Secretary of Health **and** Human Services (HHS) to develop standards for health plans (including grandfathered health plans) to provide an accurate summary of benefits **and** coverage explanation. Directs each such health plan, prior to any enrollment restriction, to provide such a summary of benefits **and** coverage explanation to: (1) the applicant at the time of application; (2) an enrollee prior to the time of enrollment or re-enrollment; **and** (3) a policy or certificate holder at the time of issuance of the policy or delivery of the certificate.

Requires group health plans to comply with requirements relating to the prohibition against discrimination in favor of highly compensated individuals.

Requires the Secretary to develop reporting requirements for health plans on benefits or reimbursement structures that: (1) improve health outcomes; (2) prevent hospital readmissions; (3) improve **patient safety and** reduce medical errors; **and** (4) promote wellness **and** health.

Requires a health plan (including a grandfathered health plan) to: (1) submit to the Secretary a report concerning the ratio of the incurred loss (or incurred claims) plus the loss adjustment expense (or change in contract reserves) to earned premiums; **and** (2) provide an annual rebate to each enrollee if the ratio of the amount of premium revenue expended by the issuer on reimbursement for clinical services provided to enrollees **and** activities that improve health **care** quality to the total amount of premium revenue for the plan year is less than a 85% for large group markets or 80% for small group or individual markets.

Requires each U.S. hospital to establish **and** make public a list of its standard charges for items **and** services.

Requires a health plan to implement an effective process for appeals of coverage determinations **and** claims.

Sets forth requirements for health plans related to: (1) designation of a primary **care** provider; (2) coverage of emergency services; **and** (3) elimination of referral requirements for obstetrical or gynecological **care**.

(Sec. 1002) Requires the Secretary to award grants to states for offices of health insurance consumer assistance or health insurance ombudsman programs.

(Sec. 1003, as modified by Sec. 10101) Requires the Secretary to establish a process for the annual review of unreasonable increases in premiums for health insurance coverage.

(Sec. 1004) Makes this subtitle effective for plan years beginning six months after enactment of this **Act**, with certain exceptions.

Subtitle B: Immediate Actions to Preserve and Expand Coverage - (Sec. 1101) Requires the Secretary to establish a temporary high risk health insurance pool program to provide health insurance coverage to eligible individuals with a preexisting condition. Terminates such coverage on January 1, 2014, **and** provides for a transition to an American Health Benefit Exchange (Exchange).

(Sec. 1102, as modified by Sec. 10102) Requires the Secretary to establish a temporary reinsurance program to provide reimbursement to participating employment-based plans for a portion of the cost of providing health insurance coverage to early retirees before January 1, 2014.

(Sec. 1103, as modified by Sec. 10102) Requires the Secretary to establish a mechanism, including an Internet website, through which a resident of, or small business in, any state may identify **affordable** health insurance coverage options in that state.

(Sec. 1104) Sets forth provisions governing electronic health **care** transactions. Establishes penalties for health plans failing to comply with requirements.

(Sec. 1105) Makes this subtitle effective on the date of enactment of this **Act**.

Subtitle C: Quality Health Insurance Coverage for All Americans - Part I: Health Insurance Market Reforms - (Sec. 1201, as modified by Sec. 10103) Prohibits a health plan ("health plan" under this subtitle excludes any "grandfathered health plan" as defined in section 1251) from: (1) imposing any preexisting condition exclusion; or (2) discriminating on the basis of any health status-related factor. Allows premium rates to vary only by individual or family coverage, rating area, age, or tobacco use.

Requires health plans in a state to: (1) accept every employer **and** individual in the state that applies for coverage; **and** (2) renew or continue coverage at the option of the plan sponsor or the individual, as applicable.

Prohibits a health plan from establishing individual eligibility rules based on health status-related factors, including medical condition, claims experience, receipt of health **care**, medical history, genetic information, **and** evidence of insurability.

Sets forth provisions governing wellness programs under the health plan, including allowing cost variances for coverage for participation in such a program.

Prohibits a health plan from discriminating with respect to participation under the plan or coverage against any health **care** provider who is **acting** within the scope of that provider's license or certification under applicable state law.

Requires health plans that offer health insurance coverage in the individual or small group market to ensure that such coverage includes the essential health benefits package. Requires a group health plan to ensure that any annual cost-sharing imposed under the plan does not exceed specified limitations.

Prohibits a health plan from: (1) applying any waiting period for coverage that exceeds 90 days; or (2) discriminating against individual participation in clinical trials with respect to treatment of cancer or any other life-threatening disease or condition.

Part II: Other Provisions - (Sec. 1251, as modified by Sec. 10103) Provides that nothing in this **Act** shall be construed to require that an individual terminate coverage under a group health plan or health insurance coverage in which such individual was enrolled on the date of enactment of this **Act**. Allows family members of individuals currently enrolled in a plan to enroll in such plan or coverage if such enrollment was permitted under the terms of the plan. Allows new employees **and** their families to enroll in a group health plan that provides coverage on the date of enactment of this **Act**.

Defines a "grandfathered health plan" as a group health plan or health insurance coverage in which an individual was enrolled on the date of enactment of this **Act**.

States that this subtitle **and** subtitle A shall not apply to: (1) a group health plan or health insurance coverage in which an individual was enrolled on the date of enactment of this **Act**, regardless of whether the individual renews such coverage after such date of enactment; (2) an existing group health plan that enrolls new employees under this section; **and** (3) health insurance coverage maintained pursuant to one or more collective bargaining agreements between employee representatives **and** one or more employers that was ratified before the date of enactment of this **Act** until the date on which the last of the collective bargaining agreements relating to the coverage terminates.

Applies provisions related to uniform coverage documents **and** medical loss ratios to grandfathered health plans for plan years beginning after enactment of this **Act**.

(Sec. 1252) Requires uniform application of standards or requirements adopted by states to all health plans in each applicable insurance market.

(Sec. 1253, as added by Sec. 10103) Directs the Secretary of Labor to prepare an annual report on self-insured group health plans **and** self-insured employers.

(Sec. 1254, as added by Sec. 10103) Requires the HHS Secretary to conduct a study of the fully-insured **and** self-insured group health plan markets related to financial solvency **and** the effect of insurance market reforms.

(Sec. 1255, as modified by Sec. 10103) Sets forth effective dates for specified provisions of this subtitle.

Subtitle D: Available Coverage Choices for All Americans - Part I: Establishment of Qualified Health Plans - (Sec. 1301, as

modified by Sec. 10104) Defines "qualified health plan" to require that such a plan provides essential health benefits **and** offers at least one plan in the silver level at one plan in the gold level in each Exchange through which such plan is offered.

(Sec. 1302, as modified by Sec. 10104) Requires the essential health benefits package to provide essential health benefits **and** limit cost-sharing. Directs the Secretary to: (1) define essential health benefits **and** include emergency services, hospitalization, maternity **and** newborn **care**, mental health **and** substance use disorder services, prescription drugs, preventive **and** wellness services **and** chronic disease management, **and** pediatric services, including oral **and** vision **care**; (2) ensure that the scope of the essential health benefits is equal to the scope of benefits provided under a typical employer plan; **and** (3) provide notice **and** an opportunity for public comment in defining the essential health benefits. Establishes: (1) an annual limit on cost-sharing beginning in 2014; **and** (2) a limitation on the deductible under a small group market health plan.

Sets forth levels of coverage for health plans defined by a certain percentage of the costs paid by the plan. Allows health plans in the individual market to offer catastrophic coverage for individuals under age 30, with certain limitations.

(Sec. 1303, as modified by Sec. 10104) Sets forth special rules for abortion coverage, including: (1) permitting states to elect to prohibit abortion coverage in qualified health plans offered through an Exchange in the state; (2) prohibiting federal funds from being used for abortion services; **and** (3) requiring separate accounts for payments for such services. Prohibits any qualified health plan offered through an Exchange from discriminating against any individual health **care** provider or health **care** facility because of its unwillingness to provide, pay for, provide coverage of, or refer for abortions.

(Sec. 1304, as modified by Sec. 10104) Sets forth definitions for terms used in this title.

Part II: Consumer Choices and Insurance Competition Through Health Benefit Exchanges - (Sec. 1311, as modified by Sec. 10104) Requires states to establish an American Health Benefit Exchange that: (1) facilitates the purchase of qualified health plans; **and** (2) provides for the establishment of a Small Business Health Options Program (SHOP Exchange) that is designed to assist qualified small employers in facilitating the enrollment of their employees in qualified health plans offered in the small group market in the state.

Requires the Secretary to establish criteria for the certification of health plans as qualified health plans, including requirements for: (1) meeting market requirements; **and** (2) ensuring a sufficient choice of providers.

Sets forth the requirements for an Exchange, including that an Exchange: (1) must be a governmental agency or nonprofit entity that is established by a state; (2) may not make available any health plan that is not a qualified health plan; (3) must implement procedures for certification of health plans as qualified health plans; **and** (4) must require health plans seeking certification to submit a justification of any premium increase prior to implementation of such increase.

Permits states to require qualified health plans to offer additional benefits. Requires states to pay for the cost of such additional benefits.

Allows a state to establish one or more subsidiary Exchanges for geographically distinct areas of a certain size.

Applies mental health parity provisions to qualified health plans.

(Sec. 1312, as modified by Sec. 10104) Allows an employer to select a level of coverage to be made available to employees through an Exchange. Allows employees to choose to enroll in any qualified health plan that offers that level of coverage.

Restricts the health plans that the federal government may make available to Members of Congress **and** congressional staff after the effective date of this subtitle to only those health plans that are created under this **Act** or offered through an Exchange.

Permits states to allow large employers to join an Exchange after 2017.

(Sec. 1313, as modified by Sec. 10104) Requires an Exchange to keep an accurate accounting of all activities, receipts, **and** expenditures **and** to submit to the Secretary, annually, a report concerning such accountings. Requires the Secretary to take certain action to reduce fraud **and** abuse in the administration of this title. Requires the Comptroller General to conduct an ongoing study of Exchange activities **and** the enrollees in qualified health plans offered through Exchanges.

Part III: State Flexibility Relating to Exchanges - (Sec. 1321) Requires the Secretary to issue regulations setting standards related to: (1) the establishment **and** operation of Exchanges; (2) the offering of qualified health plans through Exchanges; **and** (3) the establishment of the reinsurance **and** risk adjustment programs under part V.

Requires the Secretary to: (1) establish **and** operate an Exchange within a state if the state does not have one operational by January 1, 2014; **and** (2) presume that an Exchange operating in a state before January 1, 2010, that insures a specified percentage of its population meets the standards under this section.

(Sec. 1322, as modified by Sec. 10104) Requires the Secretary to establish the Consumer Operated **and** Oriented Plan (CO-OP) program to foster the creation of qualified nonprofit health insurance issuers to offer qualified health plans in the individual **and** small group markets. Requires the Secretary to provide for loans **and** grants to persons applying to become qualified nonprofit health insurance issuers. Sets forth provisions governing the establishment **and** operation of CO-OP program plans.

(Sec. 1323, deleted by Sec. 10104)

(Sec. 1324, as modified by Sec. 10104) Declares that health insurance coverage offered by a private health insurance issuer shall not be subject to federal or state laws if a qualified health plan offered under the CO-OP program is not subject to such law.

Part IV: State Flexibility to Establish Alternative Programs - (Sec. 1331, as modified by Sec. 10104) Requires the Secretary to establish a basic health program under which a state may enter into contracts to offer one or more standard health plans providing at

least the essential health benefits to eligible individuals in lieu of offering such individuals coverage through an Exchange. Sets forth requirements for such a plan. Transfers funds that would have gone to the Exchange for such individuals to the state.

(Sec. 1332) Authorizes a state to apply to the Secretary for the waiver of specified requirements under this **Act** with respect to health insurance coverage within that state for plan years beginning on or after January 1, 2017. Directs the Secretary to provide for an alternative means by which the aggregate amounts of credits or reductions that would have been paid on behalf of participants in the Exchange will be paid to the state for purposes of implementing the state plan.

(Sec. 1333, as modified by Sec. 10104) Requires the Secretary to issue regulations for the creation of health **care** choice compacts under which two or more states may enter into an agreement that: (1) qualified health plans could be offered in the individual markets in all such states only subject to the laws **and** regulations of the state in which the plan was written or issued; **and** (2) the issuer of any qualified health plan to which the compact applies would continue to be subject to certain laws of the state in which the purchaser resides, would be required to be licensed in each state, **and** must clearly notify consumers that the policy may not be subject to all the laws **and** regulations of the state in which the purchaser resides. Sets forth provisions regarding the Secretary's approval of such compacts.

(Sec. 1334, as added by Sec. 10104) Requires the Director of the Office of Personnel Management (OPM) to: (1) enter into contracts with health insurance issuers to offer at least two multistate qualified health plans through each Exchange in each state to provide individual or group coverage; **and** (2) implement this subsection in a manner similar to the manner in which the Director implements the Federal Employees Health Benefits Program. Sets forth requirements for a multistate qualified health plan.

Part V: Reinsurance and Risk Adjustment - (Sec. 1341, as modified by Sec. 10104) Directs each state, not later than January 1, 2014, to establish one or more reinsurance entities to carry out the reinsurance program under this section. Requires the Secretary to establish standards to enable states to establish **and** maintain a reinsurance program under which: (1) health insurance issuers **and** third party administrators on behalf of group health plans are required to make payments to an applicable reinsurance entity for specified plan years; **and** (2) the applicable reinsurance entity uses amounts collected to make reinsurance payments to health insurance issuers that cover high risk individuals in the individual market. Directs the state to eliminate or modify any state high-risk pool to the extent necessary to carry out the reinsurance program established under this section.

(Sec. 1342) Requires the Secretary to establish **and** administer a program of risk corridors for calendar years 2014 through 2016 under which a qualified health plan offered in the individual or small group market shall participate in a payment adjusted system based on the ratio of the allowable costs of the plan to the plan's aggregate premiums. Directs the Secretary to make payments when a plan's allowable costs exceed the target amount by a certain percentage **and** directs a plan to make payments to the Secretary when its allowable costs are less than target amount by a certain percentage.

(Sec. 1343) Requires each state to assess a charge on health plans **and** health insurance issuers if the actuarial risk of the enrollees of such plans or coverage for a year is less than the average actuarial risk of all enrollees in all plans or coverage in the state for the year. Requires each state to provide a payment to health plans **and** health insurance issuers if the actuarial risk of the enrollees of such plan or coverage for a year is greater than the average actuarial risk of all enrollees in all plans **and** coverage in the state for the year. Excludes self-insured group health plans from this section.

Subtitle E: Affordable Coverage Choices for All Americans - Part I: Premium Tax Credits and Cost-sharing Reductions - Subpart A: Premium Tax Credits and Cost-sharing Reductions - (Sec. 1401, as modified by section 10105) Amends the Internal Revenue Code to allow individual taxpayers whose household income equals or exceeds 100%, but does not exceed 400%, of the federal poverty line (as determined in the Social Security **Act** [SSA]) a refundable tax credit for a percentage of the cost of premiums for coverage under a qualified health plan. Sets forth formulae **and** rules for the calculation of credit amounts based upon taxpayer household income as a percentage of the poverty line.

Directs the Comptroller General, not later than five years after enactment of this **Act**, to conduct a study **and** report to specified congressional committees on the **affordability** of health insurance coverage.

(Sec. 1402) Requires reductions in the maximum limits for out-of-pocket expenses for individuals enrolled in qualified health plans whose incomes are between 100% **and** 400% of the poverty line.

Subpart B: Eligibility Determinations - (Sec. 1411) - Requires the Secretary to establish a program for verifying the eligibility of applicants for participation in a qualified health plan offered through an Exchange or for a tax credit for premium assistance based upon their income or their citizenship or immigration status. Requires an Exchange to submit information received from an applicant to the Secretary for verification of applicant eligibility. Provides for confidentiality of applicant information **and** for an appeals **and** redetermination process for denials of eligibility. Imposes civil penalties on applicants for providing false or fraudulent information relating to eligibility.

Requires the Secretary to study **and** report to Congress by January 1, 2013, on procedures necessary to ensure the **protection** of privacy **and** due process rights in making eligibility **and** other determinations under this **Act**.

(Sec. 1412) Requires the Secretary to establish a program for advance payments of the tax credit for premium assistance **and** for reductions of cost-sharing. Prohibits any federal payments, tax credit, or cost-sharing reductions for individuals who are not lawfully present in the United States.

(Sec. 1413) Requires the Secretary to establish a system to enroll state residents who apply to an Exchange in state health subsidy programs, including Medicaid or the Children's Health Insurance Program (CHIP, formerly known as SCHIP), if such residents are found to be eligible for such programs after screening.

(Sec. 1414) Requires the Secretary of the Treasury to disclose to HHS personnel certain taxpayer information to determine eligibility for programs under this **Act** or certain other social security programs.

(Sec. 1415) Disregards the premium assistance tax credit **and** cost-sharing reductions in determining eligibility for federal **and**

federally-assisted programs.

(Sec. 1416, as added by section 10105) Directs the HHS Secretary to study **and** report to Congress by January 1, 2013, on the feasibility **and** implication of adjusting the application of the federal poverty level under this subtitle for different geographic areas in the United States, including its territories.

Part II: Small Business Tax Credit - (Sec. 1421, as modified by section 10105) Allows qualified small employers to elect, beginning in 2010, a tax credit for 50% of their employee health **care** coverage expenses. Defines "qualified small employer" as an employer who has no more than 25 employees with average annual compensation levels not exceeding \$50,000. Requires a phase-out of such credit based on employer size **and** employee compensation.

Subtitle F: Shared Responsibility for Health Care - Part I: Individual Responsibility - (Sec. 1501, as modified by section 10106) Requires individuals to maintain minimal essential health **care** coverage beginning in 2014. Imposes a penalty for failure to maintain such coverage beginning in 2014, except for certain low-income individuals who cannot **afford** coverage, members of Indian tribes, **and** individuals who suffer hardship. Exempts from the coverage requirement individuals who object to health **care** coverage on religious grounds, individuals not lawfully present in the United States, **and** individuals who are incarcerated.

(Sec. 1502) Requires providers of minimum essential coverage to file informational returns providing identifying information of covered individuals **and** the dates of coverage. Requires the IRS to send a notice to taxpayers who are not enrolled in minimum essential coverage about services available through the Exchange operating in their state.

Part II: Employer Responsibilities - (Sec. 1511) Amends the Fair Labor Standards **Act** of 1938 to: (1) require employers with more than 200 full-time employees to automatically enroll new employees in a health **care** plan **and** provide notice of the opportunity to opt-out of such coverage; **and** (2) provide notice to employees about an Exchange, the availability of a tax credit for premium assistance, **and** the loss of an employer's contribution to an employer-provided health benefit plan if the employee purchases a plan through an Exchange.

(Sec. 1513, as modified by section 10106) Imposes fines on large employers (employers with more than 50 full-time employees) who fail to offer their full-time employees the opportunity to enroll in minimum essential coverage or who have a waiting period for enrollment of more than 60 days.

Requires the Secretary of Labor to study **and** report to Congress on whether employees' wages are reduced due to fines imposed on employers.

(Sec. 1514, as modified by section 10106) Requires large employers to file a report with the Secretary of the Treasury on health insurance coverage provided to their full-time employees. Requires such reports to contain: (1) a certification as to whether such employers provide their full-time employees (**and** their dependents) the opportunity to enroll in minimum essential coverage under an eligible employer-sponsored plan; (2) the length of any waiting period for such coverage; (3) the months during which such coverage was available; (4) the monthly premium for the lowest cost option in each of the enrollment categories under the plan; (5) the employer's share of the total allowed costs of benefits provided under the plan; **and** (6) identifying information about the employer **and** full-time employees. Imposes a penalty on employers who fail to provide such report. Authorizes the Secretary of the Treasury to review the accuracy of information provided by large employers.

(Sec. 1515) Allows certain small employers to include as a benefit in a tax-exempt cafeteria plan a qualified health plan offered through an Exchange.

Subtitle G: Miscellaneous Provisions - (Sec. 1551) Applies the definitions under the Public Health Service **Act** related to health insurance coverage to this title.

(Sec. 1552) Requires the HHS Secretary to publish on the HHS website a list of all of the authorities provided to the Secretary under this **Act**.

(Sec. 1553) Prohibits the federal government, any state or local government or health **care** provider that receives federal financial assistance under this **Act**, or any health plan created under this **Act** from discriminating against an individual or institutional health **care** entity on the basis that such individual or entity does not provide a health **care** item or service furnished for the purpose of causing, or assisting in causing, the death of any individual, such as by assisted suicide, euthanasia, or mercy killing.

(Sec. 1554) Prohibits the Secretary from promulgating any regulation that: (1) creates an unreasonable barrier to the ability of individuals to obtain appropriate medical **care**; (2) impedes timely access to health **care** services; (3) interferes with communications regarding a full range of treatment options between the **patient and** the health **care** provider; (4) restricts the ability of health **care** providers to provide full disclosure of all relevant information to **patients** making health **care** decisions; (5) violates the principle of informed consent **and** the ethical standards of health **care** professionals; or (6) limits the availability of health **care** treatment for the full duration of a **patient's** medical needs.

(Sec. 1555) Declares that no individual, company, business, nonprofit entity, or health insurance issuer offering group or individual health insurance coverage shall be required to participate in any federal health insurance program created by or expanded under this **Act**. Prohibits any penalty from being imposed upon any such issuer for choosing not to participate in any such program.

(Sec. 1556) Amends the Black Lung Benefits **Act**, with respect to claims filed on or after the effective date of the Black Lung Benefits Amendments of 1981, to eliminate exceptions to: (1) the applicability of certain provisions regarding rebuttable presumptions; **and** (2) the prohibition against requiring eligible survivors of a miner determined to be eligible for black lung benefits to file a new claim or to refile or otherwise revalidate the miner's claim.

(Sec. 1557) Prohibits discrimination by any federal health program or activity on the grounds of race, color, national origin, sex, age, or disability.

(Sec. 1558) Amends the Fair Labor Standards **Act** of 1938 to prohibit an employer from discharging or discriminating against any employee because the employee: (1) has received a health insurance credit or subsidy; (2) provides information relating to any violation of any provision of such **Act**; or (3) objects to, or refuses to participate in, any activity, policy, practice, or assigned task that the employee reasonably believed to be in violation of such **Act**.

(Sec. 1559) Gives the HHS Inspector General oversight authority with respect to the administration **and** implementation of this title.

(Sec. 1560) Declares that nothing in this title shall be construed to modify, impair, or supersede the operation of any antitrust laws.

(Sec. 1561) Amends the Public Health Service **Act** to require the Secretary to: (1) develop interoperable **and** secure standards **and** protocols that facilitate enrollment of individuals in federal **and** state health **and** human services programs; **and** (2) award grants to develop **and** adapt technology systems to implement such standards **and** protocols.

(Sec. 1562, as added by Sec. 10107) Directs the Comptroller General to study denials by health plans of coverage for medical services **and** of applications to enroll in health insurance.

(Sec. 1563, as added by Sec. 10107) Disallows the waiver of laws or regulations establishing procurement requirements relating to small business concerns with respect to any contract awarded under any program or other authority under this **Act**.

(Sec. 1563 [*sic*], as modified by Sec. 10107) Makes technical **and** conforming amendments.

(Sec. 1563 [*sic*]) Expresses the sense of the Senate that: (1) the additional surplus in the Social Security trust fund generated by this **Act** should be reserved for Social Security; **and** (2) the net savings generated by the CLASS program (established under Title VIII of this **Act**) should be reserved for such program.

Title II: Role of Public Programs - Subtitle A: Improved Access to Medicaid - (Sec. 2001, as modified by Sec. 10201) Amends title XIX (Medicaid) of the SSA to extend Medicaid coverage, beginning in calendar 2014, to individuals under age 65 who are not entitled to or enrolled in Medicare **and** have incomes at or below 133% of the federal poverty line. Grants a state the option to expand Medicaid eligibility to such individuals as early as April 1, 2010. Provides that, for between 2014 **and** 2016, the federal government will pay 100% of the cost of covering newly-eligible individuals.

Increases the federal medical assistance percentage (FMAP): (1) with respect to newly eligible individuals; **and** (2) between January 1, 2014, **and** December 31, 2016, for states meeting certain eligibility requirements.

Requires Medicaid benchmark benefits to include coverage of prescription drugs **and** mental health services.

Grants states the option to extend Medicaid coverage to individuals who have incomes that exceed 133% of the federal poverty line beginning January 1, 2014.

(Sec. 2002) Requires a state to use an individual's or household's modified gross income to determine income eligibility for Medicaid for non-elderly individuals, without applying any income or expense disregards or assets or resources test.

Exempts from this requirement: (1) individuals eligible for Medicaid through another program; (2) the elderly or Social Security Disability Insurance (SSDI) program beneficiaries; (3) the medically needy; (4) enrollees in a Medicare Savings Program; **and** (5) the disabled.

(Sec. 2003) Revises state authority to offer a premium assistance subsidy for qualified employer-sponsored coverage to children under age 19 to extend such a subsidy to all individuals, regardless of age.

Prohibits a state from requiring, as a condition of Medicaid eligibility, that an individual (or the individual's parent) apply for enrollment in qualified employer-sponsored coverage.

(Sec. 2004, as modified by Sec. 10201) Extends Medicaid coverage to former foster **care** children who are under 26 years of age.

(Sec. 2005, as modified by Sec. 10201) Revises requirements for Medicaid payments to territories, including an increase in the limits on payments for FY2011 **and** thereafter.

(Sec. 2006, as modified by Sec. 10201) Prescribes an adjustment to the FMAP determination for certain states recovering from a major disaster.

(Sec. 2007) Rescinds any unobligated amounts available to the Medicaid Improvement Fund for FY2014-FY2018.

Subtitle B: Enhanced Support for the Children's Health Insurance Program - (Sec. 2101, as modified by Sec. 10201) Amends SSA title XXI (State Children's Health Insurance Program) (CHIP, formerly known as SCHIP) to increase the FY2016-FY2019 enhanced FMAP for states, subject to a 100% cap.

Prohibits states from applying, before the end of FY2019, CHIP eligibility standards that are more restrictive than those under this **Act**.

Deems ineligible for CHIP any targeted low-income children who cannot enroll in CHIP because allotments are capped, but who are therefore eligible for tax credits in the Exchanges.

Requires the Secretary to: (1) review benefits offered for children, **and** related cost-sharing imposed, by qualified health plans offered through an Exchange; **and** (2) certify those plans whose benefits **and** cost-sharing are at least comparable to those provided under the particular state's CHIP plan.

Prohibits enrollment bonus payments for children enrolled in CHIP after FY2013.

Requires a state CHIP plan, beginning January 1, 2014, to use modified gross income **and** household income to determine CHIP eligibility.

Requires a state to treat as a targeted low-income child eligible for CHIP any child determined ineligible for Medicaid as a result of the elimination of an income disregard based on expense or type of income.

(Sec. 2102) Makes technical corrections to the Children's Health Insurance Program Reauthorization **Act** of 2009 (CHIPRA).

Subtitle C: Medicaid and CHIP Enrollment Simplification - (Sec. 2201) Amends SSA title XIX (Medicaid) to require enrollment application simplification **and** coordination with state health insurance Exchanges **and** CHIP via state-run websites.

(Sec. 2202) Permits hospitals to provide Medicaid services during a period of presumptive eligibility to members of all Medicaid eligibility categories.

Subtitle D: Improvements to Medicaid Services - (Sec. 2301) Requires Medicaid coverage of: (1) freestanding birth center services; **and** (2) concurrent **care** for children receiving hospice **care**.

(Sec. 2303) Gives states the option of extending Medicaid coverage to family planning services **and** supplies under a presumptive eligibility period for a categorically needy group of individuals.

Subtitle E: New Options for States to Provide Long-Term Services and Supports - (Sec. 2401) Authorizes states to offer home **and** community-based attendant services **and** supports to Medicaid beneficiaries with disabilities who would otherwise require **care** in a hospital, nursing facility, intermediate **care** facility for the mentally retarded, or an institution for mental diseases.

(Sec. 2402) Gives states the option of: (1) providing home **and** community-based services to individuals eligible for services under a waiver; **and** (2) offering home **and** community-based services to specific, targeted populations

Creates an optional eligibility category to provide full Medicaid benefits to individuals receiving home **and** community-based services under a state plan amendment.

(Sec. 2403) Amends the Deficit Reduction **Act** of 2005 to: (1) extend through FY2016 the Money Follows the Person Rebalancing Demonstration; **and** (2) reduce to 90 days the institutional residency period.

(Sec. 2404) Applies Medicaid eligibility criteria to recipients of home **and** community-based services, during calendar 2014 through 2019, in such a way as to **protect** against spousal impoverishment.

(Sec. 2405) Makes appropriations for FY2010-FY2014 to the Secretary, **acting** through the Assistant Secretary for Aging, to expand state aging **and** disability resource centers.

(Sec. 2406) Expresses the sense of the Senate that: (1) during the 111th session of Congress, Congress should address long-term services **and** supports in a comprehensive way that guarantees elderly **and** disabled individuals the **care** they need; **and** (2) long-term services **and** supports should be made available in the community in addition to institutions.

Subtitle F: Medicaid Prescription Drug Coverage - (Sec. 2501) Amends SSA title XIX (Medicaid) to: (1) increase the minimum rebate percentage for single source drugs **and** innovator multiple source drugs; (2) increase the rebate for other drugs; (3) require contracts with Medicaid managed **care** organizations to extend prescription drug rebates (discounts) to their enrollees; (4) provide an additional rebate for new formulations of existing drugs; **and** (5) set a maximum rebate amount.

(Sec. 2502) Eliminates the exclusion from Medicaid coverage of, thereby extending coverage to, certain drugs used to promote smoking cessation, as well as barbiturates **and** benzodiazepines.

(Sec. 2503) Revises requirements with respect to pharmacy reimbursements.

Subtitle G: Medicaid Disproportionate Share Hospital (DSH) Payments - (Sec. 2551, as modified by Sec. 10201) Reduces state disproportionate share hospital (DSH) allotments, except for Hawaii, by 50% or 35% once a state's uninsurance rate decreases by 45%, depending on whether they have spent at least or more than 99.9% of their allotments on average during FY2004-FY2008. Requires a reduction of only 25% or 17.5% for low DSH states, depending on whether they have spent at least or more than 99.9% of their allotments on average during FY2004-FY2008. Prescribes allotment reduction requirements for subsequent fiscal years.

Revises DSH allotments for Hawaii for the last three quarters of FY2012 **and** for FY2013 **and** succeeding fiscal years.

Subtitle H: Improved Coordination for Dual Eligible Beneficiaries - (Sec. 2601) Declares that any Medicaid waiver for individuals dually eligible for both Medicaid **and** Medicare may be conducted for a period of five years, with a five-year extension, upon state request, unless the Secretary determines otherwise for specified reasons.

(Sec. 2602) Directs the Secretary to establish a Federal Coordinated Health **Care** Office to bring together officers **and** employees of the Medicare **and** Medicaid programs at the Centers for Medicare **and** Medicaid Services (CMS) to: (1) integrate Medicaid **and** Medicare benefits more effectively; **and** (2) improve the coordination between the federal government **and** states for dual eligible individuals to ensure that they get full access to the items **and** services to which they are entitled.

Subtitle I: Improving the Quality of Medicaid for Patients and Providers - (Sec. 2701) Amends SSA title XI, as modified by CHIPRA, to direct the Secretary to: (1) identify **and** publish a recommended core set of adult health quality measures for Medicaid eligible adults; **and** (2) establish a Medicaid Quality Measurement Program.

(Sec. 2702) Requires the Secretary to identify current state practices that prohibit payment for health **care**-acquired conditions **and** to incorporate them, or elements of them, which are appropriate for application in regulations to the Medicaid program. Requires such

regulations to prohibit payments to states for any amounts expended for providing medical assistance for specified health **care**-acquired conditions.

(Sec. 2703) Gives states the option to provide coordinated **care** through a health home for individuals with chronic conditions. Authorizes the Secretary to award planning grants to states to develop a state plan amendment to that effect.

(Sec. 2704) Directs the Secretary to establish a demonstration project to evaluate the use of bundled payments for the provision of integrated **care** for a Medicaid beneficiary: (1) with respect to an episode of **care** that includes a hospitalization; **and** (2) for concurrent physicians services provided during a hospitalization.

(Sec. 2705) Requires the Secretary to establish a Medicaid Global Payment System Demonstration Project under which a participating state shall adjust payments made to an eligible safety net hospital or network from a fee-for-service payment structure to a global capitated payment model. Authorizes appropriations.

(Sec. 2706) Directs the Secretary to establish the Pediatric Accountable **Care** Organization Demonstration Project to authorize a participating state to allow pediatric medical providers meeting specified requirements to be recognized as an accountable **care** organization for the purpose of receiving specified incentive payments. Authorizes appropriations.

(Sec. 2707) Requires the Secretary to establish a three-year Medicaid emergency psychiatric demonstration project. Makes appropriations for FY2011.

Subtitle J: Improvements to the Medicaid and CHIP Payment and Access Commission (MACPAC) - (Sec. 2801) Revises requirements with respect to the Medicaid **and** CHIP Payment **and** Access Commission (MACPAC) **and** the Medicare Payment Advisory Commission (MEDPAC), including those for MACPAC membership, topics to be reviewed, **and** MEDPAC review of Medicaid trends in spending, utilization, **and** financial performance.

Requires MACPAC **and** MEDPAC to consult with one another on related issues.

Makes appropriations to MACPAC for FY2010.

Subtitle K: Protections for American Indians and Alaska Natives - (Sec. 2901) Sets forth special rules relating to Indians.

Declares that health programs operated by the Indian Health Service (IHS), Indian tribes, tribal organizations, **and** Urban Indian organizations shall be the payer of last resort for services they provide to eligible individuals.

Makes such organizations Express Lane agencies for determining Medicaid **and** CHIP eligibility.

(Sec. 2902) Makes permanent the requirement that the Secretary reimburse certain Indian hospitals **and** clinics for all Medicare part B services.

Subtitle L: Maternal and Child Health Services - (Sec. 2951) Amends SSA title V (Maternal **and** Child Health Services) to direct the Secretary to make grants to eligible entities for early childhood home visitation programs. Makes appropriations for FY2010-FY2014.

(Sec. 2952) Encourages the Secretary to continue activities on postpartum depression or postpartum psychosis, including research to expand the understanding of their causes **and** treatment.

Authorizes the Secretary to make grants to eligible entities for projects to establish, operate, **and** coordinate effective **and** cost-efficient systems for the delivery of essential services to individuals with or at risk for postpartum conditions **and** their families. Authorizes appropriations for FY2010-FY2012.

(Sec. 2953, as modified by Sec. 10201) Directs the Secretary to allot funds to states to award grants to local organizations **and** other specified entities to carry out personal responsibility education programs to educate adolescents on both abstinence **and** contraception for the prevention of pregnancy **and** sexually transmitted infections, as well as on certain adulthood preparation subjects. Makes appropriations for FY2010-FY2014.

(Sec. 2954) Makes appropriations for FY2010-FY2014 for abstinence education.

(Sec. 2955) Requires the case review system for children aging out of foster **care and** independent living programs to include information about the importance of having a health **care** power of attorney in transition planning.

Title III: Improving the Quality and Efficiency of Health Care - Subtitle A: Transforming the Health Care Delivery System - Part I: Linking Payment to Quality Outcomes under the Medicare Program - (Sec. 3001) Amends SSA title XVIII (Medicare) to direct the Secretary to establish a hospital value-based purchasing program under which value-based incentive payments are made in a fiscal year to hospitals that meet specified performance standards for a certain performance period.

Directs the Secretary to establish value-based purchasing demonstration programs for: (1) inpatient critical access hospital services; **and** (2) hospitals excluded from the program because of insufficient numbers of measures **and** cases.

(Sec. 3002) Extends through 2013 the authority for incentive payments under the physician quality reporting system. Prescribes an incentive (penalty) for providers who do not report quality measures satisfactorily, beginning in 2015.

Requires the Secretary to integrate reporting on quality measures with reporting requirements for the meaningful use of electronic health records.

(Sec. 3003) Requires specified new types of reports **and** data analysis under the physician feedback program.

(Sec. 3004) Requires long-term **care** hospitals, inpatient rehabilitation hospitals, **and** hospices, starting in rate year 2014, to submit data on specified quality measures. Requires reduction of the annual update of entities which do not comply.

(Sec. 3005) Directs the Secretary, starting FY2014, to establish quality reporting programs for inpatient cancer hospitals exempt from the prospective payment system.

(Sec. 3006, as modified by Sec. 10301) Directs the Secretary to develop a plan to implement value-based purchasing programs for Medicare payments for skilled nursing facilities (SNFs), home health agencies, **and** ambulatory surgical centers.

(Sec. 3007) Directs the Secretary to establish a value-based payment modifier, under the physician fee schedule, based upon the quality of **care** furnished compared to cost.

(Sec. 3008) Subjects hospitals to a penalty adjustment to hospital payments for high rates of hospital acquired conditions.

Part II: National Strategy to Improve Health Care Quality - (Sec. 3011, as modified by Sec. 10302) Amends the Public Health Service **Act** to direct the Secretary, through a transparent collaborative process, to establish a National Strategy for Quality Improvement in health **care** services, **patient** health outcomes, **and** population health, taking into consideration certain limitations on the use of comparative effectiveness data.

(Sec. 3012) Directs the President to convene an Interagency Working Group on Health **Care** Quality.

(Sec. 3013, as modified by Sec. 10303) Directs the Secretary, at least triennially, to identify gaps where no quality measures exist as well as existing quality measures that need improvement, updating, or expansion, consistent with the national strategy for use in federal health programs.

Directs the Secretary to award grants, contracts, or intergovernmental agreements to eligible entities for purposes of developing, improving, updating, or expanding such quality measures.

Requires the Secretary to develop **and** update periodically provider-level outcome measures for hospitals **and** physicians, as well as other appropriate providers.

(Sec. 3014, as modified by Sec. 10304) Requires the convening of multi-stakeholder groups to provide input into the selection of quality **and** efficiency measures.

(Sec. 3015, as modified by Sec. 10305) Directs the Secretary to: (1) establish an overall strategic framework to carry out the public reporting of performance information; **and** (2) collect **and** aggregate consistent data on quality **and** resource use measures from information systems used to support health **care** delivery. Authorizes the Secretary to award grants for such purpose.

Directs the Secretary to make available to the public, through standardized Internet websites, performance information summarizing data on quality measures.

Part III: Encouraging Development of New Patient Care Models - (Sec. 3021, as modified by Sec. 10306) Creates within CMS a Center for Medicare **and** Medicaid Innovation to test innovative payment **and** service delivery models to reduce program expenditures while preserving or enhancing the quality of **care** furnished to individuals. Makes appropriations for FY2010-FY2019.

(Sec. 3022, as modified by Sec. 10307) Directs the Secretary to establish a shared savings program that: (1) promotes accountability for a **patient** population; (2) coordinates items **and** services under Medicare parts A **and** B; **and** (3) encourages investment in infrastructure **and** redesigned **care** processes for high quality **and** efficient service delivery.

(Sec. 3023, as modified by Sec. 10308) Directs the Secretary to establish a pilot program for integrated **care** (involving payment bundling) during an episode of **care** provided to an applicable beneficiary around a hospitalization in order to improve the coordination, quality, **and** efficiency of health **care** services.

(Sec. 3024) Directs the Secretary to conduct a demonstration program to test a payment incentive **and** service delivery model that utilizes physician **and** nurse practitioner directed home-based primary **care** teams designed to reduce expenditures **and** improve health outcomes in the provision of items **and** services to applicable beneficiaries.

(Sec. 3025, as modified by Sec. 10309) Requires the Secretary to establish a hospital readmissions reduction program involving certain payment adjustments, effective for discharges on or after October 1, 2012, for certain potentially preventable Medicare inpatient hospital readmissions.

Directs the Secretary to make available a program for hospitals with a high severity adjusted readmission rate to improve their readmission rates through the use of **patient** safety organizations.

(Sec. 3026) Directs the Secretary to establish a Community-Based **Care** Transitions Program which provides funding to eligible entities that furnish improved **care** transitions services to high-risk Medicare beneficiaries.

(Sec. 3027) Amends the Deficit Reduction **Act** of 2005 to extend certain Gainsharing Demonstration Projects through FY2011.

Subtitle B: Improving Medicare for Patients and Providers - Part 1: Ensuring Beneficiary Access to Physician Care and Other Services - (Sec. 3101, deleted by section 10310) (Sec. 3102) Extends through calendar 2010 the floor on geographic indexing adjustments to the work portion of the physician fee schedule. Revises requirements for calculation of the practice expense portion of the geographic adjustment factor applied in a fee schedule area for services furnished in 2010 or 2011. Directs the Secretary to analyze current methods of establishing practice expense geographic adjustments **and** make appropriate further adjustments (a new methodology) to such adjustments for 2010 **and** subsequent years.

(Sec. 3103) Extends the process allowing exceptions to limitations on medically necessary therapy caps through December 31, 2010.

(Sec. 3104) Amends the Medicare, Medicaid, **and** SCHIP Benefits Improvement **and** Protection Act of 2000 to extend until January 1, 2010, an exception to a payment rule that permits laboratories to receive direct Medicare reimbursement when providing the technical component of certain physician pathology services that had been outsourced by certain (rural) hospitals.

(Sec. 3105, as modified by Sec. 10311) Amends SSA title XVIII (Medicare) to extend the bonus **and** increased payments for ground ambulance services until January 1, 2011.

Amends the Medicare Improvements for **Patients and Providers Act** of 2008 (MIPPA) to extend the payment of certain urban air ambulance services until January 1, 2011.

(Sec. 3106, as modified by Sec. 10312) Amends the Medicare, Medicaid, **and** SCHIP Extension Act of 2007, as modified by the American Recovery **and** Reinvestment Act, to extend for two years: (1) certain payment rules for long-term **care** hospital services; **and** (2) a certain moratorium on the establishment of certain hospitals **and** facilities.

(Sec. 3107) Amends MIPPA to extend the physician fee schedule mental health add-on payment provision through December 31, 2010.

(Sec. 3108) Allows a physician assistant who does not have an employment relationship with a SNF, but who is working in collaboration with a physician, to certify the need for post-hospital extended **care** services for Medicare payment purposes.

(Sec. 3109) Amends title XVIII, as modified by MIPPA, to exempt certain pharmacies from accreditation requirements until the Secretary develops pharmacy-specific standards.

(Sec. 3110) Creates a special part B enrollment period for military retirees, their spouses (including widows/ widowers), **and** dependent children, who are otherwise eligible for TRICARE (the health **care** plan under the Department of Defense [DOD]) **and** entitled to Medicare part A (Hospital Insurance) based on disability or end stage renal disease, but who have declined Medicare part B (Supplementary Medical Insurance).

(Sec. 3111) Sets payments for dual-energy x-ray absorptiometry services in 2010 **and** 2011 at 70% of the 2006 reimbursement rates. Directs the Secretary to arrange with the Institute of Medicine of the National Academies to study **and** report to the Secretary **and** Congress on the ramifications of Medicare reimbursement reductions for such services on beneficiary access to bone mass measurement benefits.

(Sec. 3112) Eliminates funding in the Medicare Improvement Fund FY2014.

(Sec. 3113) Directs the Secretary to conduct a demonstration project under Medicare part B of separate payments for complex diagnostic laboratory tests provided to individuals.

(Sec. 3114) Increases from 65% to 100% of the fee schedule amount provided for the same service performed by a physician the fee schedule for certified-midwife services provided on or after January 1, 2011.

Part II: Rural Protections - (Sec. 3121) Extends through 2010 hold harmless provisions under the prospective payment system for hospital outpatient department services.

Removes the 100-bed limitation for sole community hospitals so all such hospitals receive an 85% increase in the payment difference in 2010.

(Sec. 3122) Amends the Medicare Prescription Drug, Improvement, **and** Modernization Act of 2003, as modified by other federal law, to extend from July 1, 2010, until July 1, 2011, the reasonable cost reimbursement for clinical diagnostic laboratory service for qualifying rural hospitals with under 50 beds.

(Sec. 3123, as modified by Sec. 10313) Extends the Rural Community Hospital Demonstration Program for five additional years. Expands the maximum number of participating hospitals to 30, **and** to 20 the number of demonstration states with low population densities.

(Sec. 3124) Extends the Medicare-dependent Hospital Program through FY2012.

(Sec. 3125, as modified by Sec. 10314) Modifies the Medicare inpatient hospital payment adjustment for low-volume hospitals for FY2011-FY2012.

(Sec. 3126) Revises requirements for the Demonstration Project on Community Health Integration Models in Certain Rural Counties to allow additional counties as well as physicians to participate.

(Sec. 3127) Directs MEDPAC to study **and** report to Congress on the adequacy of payments for items **and** services furnished by service providers **and** suppliers in rural areas under the Medicare program.

(Sec. 3128) Allows a critical access hospital to continue to be eligible to receive 101% of reasonable costs for providing: (1) outpatient **care** regardless of the eligible billing method such hospital uses; **and** (2) qualifying ambulance services.

(Sec. 3129) Extends through FY2012 FLEX grants under the Medicare Rural Hospital Flexibility Program. Allows the use of grant funding to assist small rural hospitals to participate in delivery system reforms.

Part III: Improving Payment Accuracy - (Sec. 3131, as modified by Sec. 10315) Requires the Secretary, starting in 2014, to rebase home health payments by an appropriate percentage, among other things, to reflect the number, mix, **and** level of intensity of

home health services in an episode, **and** the average cost of providing **care**.

Directs the Secretary to study **and** report to Congress on home health agency costs involved with providing ongoing access to **care** to low-income Medicare beneficiaries or beneficiaries in medically underserved areas, **and** in treating beneficiaries with varying levels of severity of illness. Authorizes a Medicare demonstration project based on the study results.

(Sec. 3132) Requires the Secretary, by January 1, 2011, to begin collecting additional data **and** information needed to revise payments for hospice **care**.

Directs the Secretary, not earlier than October 1, 2013, to implement, by regulation, budget neutral revisions to the methodology for determining hospice payments for routine home **care and** other services, which may include per diem payments reflecting changes in resource intensity in providing such **care and** services during the course of an entire episode of hospice **care**.

Requires the Secretary to impose new requirements on hospice providers participating in Medicare, including requirements for: (1) a hospice physician or nurse practitioner to have a face-to-face encounter with the individual regarding eligibility **and** recertification; **and** (2) a medical review of any stays exceeding 180 days, where the number of such cases exceeds a specified percentage of them for all hospice programs.

(Sec. 3133, as modified by Sec. 10316) Specifies reductions to Medicare DSH payments for FY2015 **and** ensuing fiscal years, especially to subsection (d) hospitals, to reflect lower uncompensated **care** costs relative to increases in the number of insured. (Generally, a subsection [d] hospital is an acute **care** hospital, particularly one that receives payments under Medicare's inpatient prospective payment system when providing covered inpatient services to eligible beneficiaries.)

(Sec. 3134) Directs the Secretary periodically to identify physician services as being potentially misvalued **and** make appropriate adjustments to the relative values of such services under the Medicare physician fee schedule.

(Sec. 3135) Increases the presumed utilization rate for calculating the payment for advanced imaging equipment other than low-tech imaging such as ultrasound, x-rays **and** EKGs.

Increases the technical component payment "discount" for sequential imaging services on contiguous body parts during the same visit.

(Sec. 3136) Restricts the lump-sum payment option for new or replacement chairs to the complex, rehabilitative power-driven wheelchairs only. Eliminates the lump-sum payment option for all other power-driven wheelchairs. Makes the rental payment for power-driven wheelchairs 15% of the purchase price for each of the first three months (instead of 10%), **and** 6% of the purchase price for each of the remaining 10 months of the rental period (instead of 7.5%).

(Sec. 3137, as modified by Sec. 10317) Amends the Tax Relief **and** Health **Care Act** of 2006, as modified by other federal law, to extend "Section 508" hospital reclassifications until September 30, 2010, with a special rule for FY2010. ("Section 508" refers to Section 508 of the Medicare Modernization **Act** of 2003, which allows the temporary reclassification of a hospital with a low Medicare area wage index, for reimbursement purposes, to a nearby location with a higher Medicare area wage index, so that the "Section 508 hospital" will receive the higher Medicare reimbursement rate.)

Directs the Secretary to report to Congress a plan to reform the hospital wage index system.

(Sec. 3138) Requires the Secretary to determine if the outpatient costs incurred by inpatient prospective payment system-exempt cancer hospitals, including those for drugs **and** biologicals, with respect to Medicare ambulatory payment classification groups, exceed those costs incurred by other hospitals reimbursed under the outpatient prospective payment system (OPPS). Requires the Secretary, if this is so, to provide for an appropriate OPPS adjustment to reflect such higher costs for services furnished on or after January 1, 2011.

(Sec. 3139) Allows a biosimilar biological product to be reimbursed at 6% of the average sales price of the brand biological product.

(Sec. 3140) Directs the Secretary to establish a Medicare Hospice Concurrent **Care** demonstration program under which Medicare beneficiaries are furnished, during the same period, hospice **care and** any other Medicare items or services from Medicare funds otherwise paid to such hospice programs.

(Sec. 3141) Requires application of the budget neutrality requirement associated with the effect of the imputed rural floor on the area wage index under the Balanced Budget **Act** of 1997 through a uniform national, instead of state-by-state, adjustment to the area hospital wage index floor.

(Sec. 3142) Directs the Secretary to study **and** report to Congress on the need for an additional payment for urban Medicare-dependent hospitals for inpatient hospital services under Medicare.

(Sec. 3143) Declares that nothing in this **Act** shall result in the reduction of guaranteed home health benefits under the Medicare program.

Subtitle C: Provisions Relating to Part C - (Sec. 3201, as modified by Sec. 10318) Bases the MedicareAdvantage (MA) benchmark on the average of the bids from MA plans in each market.

Revises the formula for calculating the annual Medicare+Choice capitation rate to reduce the national MA per capita Medicare+Choice growth percentage used to increase benchmarks in 2011.

Increases the monthly MA plan rebates from 75% to 100% of the average per capita savings.

Requires that bid information which MA plans are required to submit to the Secretary be certified by a member of the American Academy of Actuaries **and** meet actuarial guidelines **and** rules established by the Secretary.

Directs the Secretary, **acting** through the CMS Chief Actuary, to establish actuarial guidelines for the submission of bid information **and** bidding rules that are appropriate to ensure accurate bids **and** fair competition among MA plans.

Directs the Secretary to: (1) establish new MA payment areas for urban areas based on the Core Based Statistical Area; **and** (2) make monthly **care** coordination **and** management performance bonus payments, quality performance bonus payments, **and** quality bonuses for new **and** low enrollment MA plans, to MA plans that meet certain criteria.

Directs the Secretary to provide transitional rebates for the provision of extra benefits to enrollees.

(Sec. 3202) Prohibits MA plans from charging beneficiaries cost sharing for chemotherapy administration services, renal dialysis services, or skilled nursing **care** that is greater than what is charged under the traditional fee-for-service program.

Requires MA plans to apply the full amount of rebates, bonuses, **and** supplemental premiums according to the following order: (1) reduction of cost sharing, (2) coverage of preventive **care and** wellness benefits, **and** (3) other benefits not covered under the original Medicare fee-for-service program.

(Sec. 3203) Requires the Secretary to analyze the differences in coding patterns between MA **and** the original Medicare fee-for-service programs. Authorizes the Secretary to incorporate the results of the analysis into risk scores for 2014 **and** subsequent years.

(Sec. 3204) Allows beneficiaries to disenroll from an MA plan **and** return to the traditional Medicare fee-for-service program from January 1 to March 15 of each year.

Revises requirements for annual beneficiary election periods.

(Sec. 3205) Amends SSA title XVIII (Medicare), as modified by MIPPA, to extend special needs plan (SNP) authority through December 31, 2013.

Authorizes the Secretary to establish a frailty payment adjustment under PACE payment rules for fully-integrated, dual-eligible SNPs.

Extends authority through calendar 2012 for SNPs that do not have contracts with state Medicaid programs to continue to operate, but not to expand their service areas.

Directs the Secretary to require an MA organization offering a specialized MA plan for special needs individuals to be approved by the National Committee for Quality Assurance.

Requires the Secretary to use a risk score reflecting the known underlying risk profile **and** chronic health status of similar individuals, instead of the default risk score, for new enrollees in MA plans that are not specialized MA SNPs.

(Sec. 3206) Extends through calendar 2012 the length of time reasonable cost plans may continue operating regardless of any other MA plans serving the area.

(Sec. 3208) Creates a new type of MA plan called an MA Senior Housing Facility Plan, which would be allowed to limit its service area to a senior housing facility (continuing **care** retirement community) within a geographic area.

(Sec. 3209) Declares that the Secretary is not required to accept any or every bid submitted by an MA plan or Medicare part D prescription drug plan that proposes to increase significantly any beneficiary cost sharing or decrease benefits offered.

(Sec. 3210) Directs the Secretary to request the National Association of Insurance Commissioners (NAIC) to develop new standards for certain Medigap plans.

Subtitle D: Medicare Part D Improvements for Prescription Drug Plans and MA-PD Plans - (Sec. 3301) Amends Medicare part D (Voluntary Prescription Drug Benefit Program) to establish conditions for the availability of coverage for part D drugs. Requires the manufacturer to participate in the Medicare coverage gap discount program.

Directs the Secretary to establish such a program.

(Sec. 3302) Excludes the MA rebate amounts **and** quality bonus payments from calculation of the regional low-income subsidy benchmark premium for MA monthly prescription drug beneficiaries.

(Sec. 3303) Directs the Secretary to permit a prescription drug plan or an MA-PD plan to waive the monthly beneficiary premium for a subsidy eligible individual if the amount of such premium is *de minimis*. Provides that, if such premium is waived, the Secretary shall not reassign subsidy eligible individuals enrolled in the plan to other plans based on the fact that the monthly beneficiary premium under the plan was greater than the low-income benchmark premium amount.

Authorizes the Secretary to auto-enroll subsidy eligible individuals in plans that waive *de minimis* premiums.

(Sec. 3304) Sets forth a special rule for widows **and** widowers regarding eligibility for low-income assistance. Allows the surviving spouse of an eligible couple to delay redetermination of eligibility for one year after the death of a spouse.

(Sec. 3305) Directs the Secretary, in the case of a subsidy eligible individual enrolled in one prescription drug plan but subsequently reassigned by the Secretary to a new prescription drug plan, to provide the individual with: (1) information on formulary differences between the individual's former plan **and** the new plan with respect to the individual's drug regimens; **and** (2) a description of the individual's right to request a coverage determination, exception, or reconsideration, bring an appeal, or resolve a grievance.

(Sec. 3306) Amends MIPPA to provide additional funding for FY2010-FY2012 for outreach **and** education activities related to specified Medicare low-income assistance programs.

(Sec. 3307) Authorizes the Secretary to identify classes of clinical concern through rulemaking, including anticonvulsants, antidepressants, antineoplastics, antipsychotics, antiretrovirals, **and** immunosuppressants for the treatment of transplant rejection. Requires prescription drug plan sponsors to include all drugs in these classes in their formularies.

(Sec. 3308) Requires part D enrollees who exceed certain income thresholds to pay higher premiums. Revises the current authority of the IRS to disclose income information to the Social Security Administration for purposes of adjusting the part B subsidy.

(Sec. 3309) Eliminates cost sharing for certain dual eligible individuals receiving **care** under a home **and** community-based waiver program who would otherwise require institutional **care**.

(Sec. 3310) Directs the Secretary to require sponsors of prescription drug plans to utilize specific, uniform techniques for dispensing covered part D drugs to enrollees who reside in a long-term **care** facility in order to reduce waste associated with 30-day refills.

(Sec. 3311) Directs the Secretary to develop **and** maintain an easy to use complaint system to collect **and** maintain information on MA-PD plan **and** prescription drug complaints received by the Secretary until the complaint is resolved.

(Sec. 3312) Requires a prescription drug plan sponsor to: (1) use a single, uniform exceptions **and** appeals process for determination of a plan enrollee's prescription drug coverage; **and** (2) provide instant access to this process through a toll-free telephone number **and** an Internet website.

(Sec. 3313) Requires the HHS Inspector General to study **and** report to Congress on the inclusion in formularies of: (1) drugs commonly used by dual eligibles; **and** (2) prescription drug prices under Medicare part D **and** Medicaid.

(Sec. 3314) Allows the costs incurred by AIDS drug assistance programs **and** by IHS in providing prescription drugs to count toward the annual out-of-pocket threshold.

(Sec. 3315) Increases by \$500 the 2010 standard initial coverage limit (thus decreasing the time that a part D enrollee would be in the coverage gap).

Subtitle E: Ensuring Medicare Sustainability - (Sec. 3401, as modified by Sec. 10319 **and** Sec. 10322) Revises certain market basket updates **and** incorporates a full productivity adjustment into any updates that do not already incorporate such adjustments, including inpatient hospitals, home health providers, nursing homes, hospice providers, inpatient psychiatric facilities, long-term **care** hospitals, inpatient rehabilitation facilities, **and** Part B providers.

Establishes a quality measure reporting program for psychiatric hospitals beginning in FY2014.

(Sec. 3402) Revises requirements for reduction of the Medicare part B premium subsidy based on income. Maintains the current 2010 income thresholds for the period of 2011 through 2019.

(Sec. 3403, as modified by Sec. 10320) Establishes an Independent Payment Advisory Board to develop **and** submit detailed proposals to reduce the per capita rate of growth in Medicare spending to the President for Congress to consider. Establishes a consumer advisory council to advise the Board on the impact of payment policies under this title on consumers.

Subtitle F: Health Care Quality Improvements - (Sec. 3501) Amends the Public Health Service **Act** to direct the Center for Quality Improvement **and** Patient Safety of the Agency for Healthcare Research **and** Quality (AHRQ) to conduct or support activities for best practices in the delivery of health **care** services **and** support research on the development of tools to facilitate adoption of best practices that improve the quality, safety, **and** efficiency of health **care** delivery services. Authorizes appropriations for FY2010-FY2014.

Requires the AHRQ Director, through the AHRQ Center for Quality Improvement **and** Patient Safety, to award grants or contracts to eligible entities to provide technical support or to implement models **and** practices identified in the research conducted by the Center.

(Sec. 3502, as modified by Sec. 10321) Directs the Secretary to establish a program to provide grants to or enter into contracts with eligible entities to establish community-based interdisciplinary, interprofessional teams to support primary **care** practices, including obstetrics **and** gynecology practices, within the hospital service areas served by the eligible entities.

(Sec. 3503) Directs the Secretary, **acting** through the **Patient** Safety Research Center, to establish a program to provide grants or contracts to eligible entities to implement medication management services provided by licensed pharmacists, as a collaborative multidisciplinary, inter-professional approach to the treatment of chronic diseases for targeted individuals, to improve the quality of **care** **and** reduce overall cost in the treatment of such disease.

(Sec. 3504) Directs the Secretary, **acting** through the Assistant Secretary for Preparedness **and** Response, to award at least four multiyear contracts or competitive grants to eligible entities to support pilot projects that design, implement, **and** evaluate innovative models of regionalized, comprehensive, **and** accountable emergency **care** **and** trauma systems.

Requires the Secretary to support federal programs administered by the National Institutes of Health (NIH), the AHRQ, the Health Resources **and** Services Administration (HRSA), the CMS, **and** other agencies involved in improving the emergency **care** system to expand **and** accelerate research in emergency medical **care** systems **and** emergency medicine.

Directs the Secretary to support federal programs administered by the such agencies to coordinate **and** expand research in pediatric emergency medical **care** systems **and** pediatric emergency medicine.

Authorizes appropriations for FY2010-FY2014.

(Sec. 3505) Requires the Secretary to establish three programs to award grants to qualified public, nonprofit IHS, Indian tribal, **and** urban Indian trauma centers to: (1) assist in defraying substantial uncompensated **care** costs; (2) further the core missions of such

trauma centers, including by addressing costs associated with **patient** stabilization **and** transfer; **and** (3) provide emergency relief to ensure the continued **and** future availability of trauma services. Authorizes appropriations for FY2010-FY2015.

Directs the Secretary to provide funding to states to enable them to award grants to eligible entities for trauma services. Authorizes appropriations for FY2010-FY2015.

(Sec. 3506) Directs the Secretary to: (1) establish a program to award grants or contracts to develop, update, **and** produce **patient** decision aids to assist health **care** providers **and** **patients**; (2) establish a program to provide for the phased-in development, implementation, **and** evaluation of shared decision making using **patient** decision aids to meet the objective of improving the understanding of **patients** of their medical treatment options; **and** (3) award grants for establishment **and** support of Shared Decisionmaking Resource Centers. Authorizes appropriations for FY2010 **and** subsequent fiscal years.

(Sec. 3507) Requires the Secretary, **acting** through the Commissioner of Food **and** Drugs, to determine whether the addition of quantitative summaries of the benefits **and** risks of prescription drugs in a standardized format to the promotional labeling or print advertising of such drugs would improve health **care** decisionmaking by clinicians **and** **patients** **and** consumers.

(Sec. 3508) Authorizes the Secretary to award grants to eligible entities or consortia to carry out demonstration projects to develop **and** implement academic curricula that integrate quality improvement **and** **patient** safety in the clinical education of health professionals.

(Sec. 3509) Establishes an Office on Women's Health within the Office of the Secretary, the Office of the Director of the Centers for Disease Control **and** Prevention (CDC), the Office of the AHRQ Director, the Office of the Administrator of HRSA, **and** the Office of the Commissioner of Food **and** Drugs.

Authorizes appropriations for FY2010-FY2014 for all such Offices on Women's Health.

(Sec. 3510) Extends from three years to four years the duration of a **patient** navigator grant.

Prohibits the Secretary from awarding such a grant unless the recipient entity provides assurances that **patient** navigators recruited, assigned, trained, or employed using grant funds meet minimum core proficiencies tailored for the main focus or intervention of the navigator involved.

Authorizes appropriations for FY2010-FY2015.

(Sec. 3511) Authorizes appropriations to carry out this title, except where otherwise provided in the title.

(Sec. 3512, as added by Sec. 10201) Directs the Comptroller General to study **and** report to Congress on whether the development, recognition, or implementation of any guideline or other standards under specified provisions of this **Act** would result in the establishment of a new cause of action or claim.

Subtitle G: Protecting and Improving Guaranteed Medicare Benefits - (Sec. 3601) Provides that nothing in this **Act** shall result in a reduction of guaranteed benefits under the Medicare program.

States that savings generated for the Medicare program under this **Act** shall extend the solvency of the Medicare trust funds, reduce Medicare premiums **and** other cost-sharing for beneficiaries, **and** improve or expand guaranteed Medicare benefits **and** **protect** access to Medicare providers.

(Sec. 3602) Declares that nothing in this **Act** shall result in the reduction or elimination of any benefits guaranteed by law to participants in MA plans.

Title IV: Prevention of Chronic Disease and Improving Public Health - Subtitle A: Modernizing Disease Prevention and Public Health Systems - (Sec. 4001, as modified by Sec. 10401) Requires the President to: (1) establish the National Prevention, Health Promotion **and** Public Health Council; (2) establish the Advisory Group on Prevention, Health Promotion, **and** Integrative **and** Public Health; **and** (3) appoint the Surgeon General as Chairperson of the Council in order to develop a national prevention, health promotion, **and** public health strategy.

Requires the Secretary **and** the Comptroller General to conduct periodic reviews **and** evaluations of every federal disease prevention **and** health promotion initiative, program, **and** agency.

(Sec. 4002, as modified by Sec. 10401) Establishes a Prevention **and** Public Health Fund to provide for expanded **and** sustained national investment in prevention **and** public health programs to improve health **and** help restrain the rate of growth in private **and** public sector health **care** costs. Authorizes appropriations **and** appropriates money to such Fund.

(Sec 4003) Requires (currently, allows) the Director of AHRQ to convene the Preventive Services Task Force to review scientific evidence related to the effectiveness, appropriateness, **and** cost-effectiveness of clinical preventive services for the purpose of developing recommendations for the health **care** community.

Requires the Director of CDC to convene an independent Community Preventive Services Task Force to review scientific evidence related to the effectiveness, appropriateness, **and** cost-effectiveness of community preventive interventions for the purpose of developing recommendations for individuals **and** organizations delivering populations-based services **and** other policy makers

(Sec. 4004, as modified by Sec. 10401) Requires the Secretary to provide for the planning **and** implementation of a national public-private partnership for a prevention **and** health promotion outreach **and** education campaign to raise public awareness of health improvement across the life span.

Requires the Secretary, **acting** through the Director of CDC, to: (1) establish **and** implement a national science-based media

campaign on health promotion **and** disease prevention; **and** (2) enter into a contract for the development **and** operation of a federal website personalized prevention plan tool.

Subtitle B: Increasing Access to Clinical Preventive Services - (Sec. 4101, as modified by Sec. 10402) Requires the Secretary to establish a program to award grants to eligible entities to support the operation of school-based health centers.

(Sec. 4102) Requires the Secretary, **acting** through the Director of CDC, to carry out oral health activities, including: (1) establishing a national public education campaign that is focused on oral health **care** prevention **and** education; (2) awarding demonstration grants for research-based dental caries disease management activities; (3) awarding grants for the development of school-based dental sealant programs; **and** (4) entering into cooperative agreements with state, territorial, **and** Indian tribes or tribal organizations for oral health data collection **and** interpretation, a delivery system for oral health, **and** science-based programs to improve oral health.

Requires the Secretary to: (1) update **and** improve the Pregnancy Risk Assessment Monitoring System as it relates to oral health **care**; (2) develop oral health **care** components for inclusion in the National Health **and** Nutrition Examination Survey; **and** (3) ensure that the Medical Expenditures Panel Survey by AHRQ includes the verification of dental utilization, expenditure, **and** coverage findings through conduct of a look-back analysis.

(Sec. 4103, as modified by Sec. 10402) Amends SSA title XVIII (Medicare) to provide coverage of personalized prevention plan services, including a health risk assessment, for individuals. Prohibits cost-sharing for such services.

(Sec. 4104, as modified by Sec. 10406) Eliminates cost-sharing for certain preventive services recommended by the United States Preventive Services Task Force.

(Sec. 4105) Authorizes the Secretary to modify Medicare coverage of any preventive service consistent with the recommendations of such Task Force.

(Sec. 4106) Amends SSA title XIX (Medicaid) to provide Medicaid coverage of preventive services **and** approved vaccines. Increases the FMAP for such services **and** vaccines.

(Sec. 4107) Provides for Medicaid coverage of counseling **and** pharmacotherapy for cessation of tobacco use by pregnant women.

(Sec. 4108) Requires the Secretary to award grants to states to carry out initiatives to provide incentives to Medicaid beneficiaries who participate in programs to lower health risk **and** demonstrate changes in health risk **and** outcomes.

Subtitle C: Creating Healthier Communities - (Sec. 4201, as modified by Sec. 10403) Requires the Secretary, **acting** through the Director of CDC, to award grants to state **and** local governmental agencies **and** community-based organizations for the implementation, evaluation, **and** dissemination of evidence-based community preventive health activities in order to reduce chronic disease rates, prevent the development of secondary conditions, address health disparities, **and** develop a stronger evidence base of effective prevention programming.

(Sec. 4202) Requires the Secretary, **acting** through the Director of CDC, to award grants to state or local health departments **and** Indian tribes to carry out pilot programs to provide public health community interventions, screenings, **and** clinical referrals for individuals who are between 55 **and** 64 years of age.

Requires the Secretary to: (1) conduct an evaluation of community-based prevention **and** wellness programs **and** develop a plan for promoting healthy lifestyles **and** chronic disease self-management for Medicare beneficiaries; **and** (2) evaluate community prevention **and** wellness programs that have demonstrated potential to help Medicare beneficiaries reduce their risk of disease, disability, **and** injury by making healthy lifestyle choices.

(Sec. 4203) Amends the Rehabilitation **Act** of 1973 to require the Architectural **and** Transportation Barriers Compliance Board to promulgate standards setting forth the minimum technical criteria for medical diagnostic equipment used in medical settings to ensure that such equipment is accessible to, **and** usable by, individuals with accessibility needs.

(Sec. 4204) Authorizes the Secretary to negotiate **and** enter into contracts with vaccine manufacturers for the purchase **and** delivery of vaccines for adults. Allows a state to purchase additional quantities of adult vaccines from manufacturers at the applicable price negotiated by the Secretary. Requires the Secretary, **acting** through the Director of CDC, to establish a demonstration program to award grants to states to improve the provision of recommended immunizations for children **and** adults through the use of evidence-based, population-based interventions for high-risk populations.

Reauthorizes appropriations for preventive health service programs to immunize children **and** adults against vaccine-preventable diseases without charge.

Requires the Comptroller General to study the ability of Medicare beneficiaries who are 65 years or older to access routinely recommended vaccines covered under the prescription drug program since its establishment.

(Sec. 4205) Amends the Federal Food, Drug, **and** Cosmetic **Act** to require the labeling of a food item offered for sale in a retail food establishment that is part of a chain with 20 or more locations under the same name to disclose on the menu **and** menu board: (1) the number of calories contained in the standard menu item; (2) the suggested daily caloric intake; **and** (3) the availability on the premises **and** upon request of specified additional nutrient information. Requires self-service facilities to place adjacent to each food offered a sign that lists calories per displayed food item or per serving. Requires vending machine operators who operate 20 or more vending machines to provide a sign disclosing the number of calories contained in each article of food.

(Sec. 4206) Requires the Secretary to establish a pilot program to test the impact of providing at-risk populations who utilize community health centers an individualized wellness plan designed to reduce risk factors for preventable conditions as identified by a comprehensive risk-factor assessment.

(Sec. 4207) Amends the Fair Labor Standards **Act** of 1938 to require employers to provide a reasonable break time **and** a suitable place, other than a bathroom, for an employee to express breast milk for her nursing child. Excludes an employer with fewer than 50 employees if such requirements would impose an undue hardship.

Subtitle D: Support for Prevention and Public Health Innovation - (Sec. 4301) Requires the Secretary, **acting** through the Director of CDC, to provide funding for research in the area of public health services **and** systems.

(Sec. 4302) Requires the Secretary to ensure that any federally conducted or supported health **care** or public health program, activity, or survey collects **and** reports specified demographic data regarding health disparities.

Requires the Secretary, **acting** through the National Coordinator for Health Information Technology, to develop: (1) national standards for the management of data collected; **and** (2) interoperability **and** security systems for data management.

(Sec. 4303, as modified by Sec. 10404) Requires the Director of CDC to: (1) provide employers with technical assistance, consultation, tools, **and** other resources in evaluating employer-based wellness programs; **and** (2) build evaluation capacity among workplace staff by training employers on how to evaluate such wellness programs **and** ensuring that evaluation - resources, technical assistance, **and** consultation are available.

Requires the Director of CDC to conduct a national worksite health policies **and** programs survey to assess employer-based health policies **and** programs.

(Sec. 4304) Requires the Secretary, **acting** through the Director of CDC, to establish an Epidemiology **and** Laboratory Capacity Grant Program to award grants to assist public health agencies in improving surveillance for, **and** response to, infectious diseases **and** other conditions of public health importance.

(Sec. 4305) Requires the Secretary to: (1) enter into an agreement with the Institute of Medicine to convene a Conference on Pain, the purposes of which shall include to increase the recognition of pain as a significant public health problem in the United States; **and** (2) establish the Interagency Pain Research Coordinating Committee.

(Sec. 4306) Appropriates funds to carry out childhood obesity demonstration projects.

Subtitle E: Miscellaneous Provisions - (Sec. 4402) Requires the Secretary to evaluate programs to determine whether existing federal health **and** wellness initiatives are effective in achieving their stated goals.

Title V: Health Care Workforce - Subtitle A: Purpose and Definitions - (Sec. 5001) Declares that the purpose of this title is to improve access to **and** the delivery of health **care** services for all individuals, particularly low-income, underserved, uninsured, minority, health disparity, **and** rural populations.

Subtitle B: Innovations in the Health Care Workforce - (Sec. 5101, as modified by Sec. 10501) Establishes a National Health **Care** Workforce Commission to: (1) review current **and** projected health **care** workforce supply **and** demand; **and** (2) make recommendations to Congress **and** the Administration concerning national health **care** workforce priorities, goals, **and** policies.

(Sec. 5102) Establishes a health **care** workforce development grant program.

(Sec. 5103) Requires the Secretary to establish the National Center for Health **Care** Workforce Analysis to provide for the development of information describing **and** analyzing the health **care** workforce **and** workforce related issues. Transfers the responsibilities **and** resources of the National Center for Health Workforce Analysis to the Center created under this section.

(Sec. 5104, as added by Sec. 10501) Establishes the Interagency Access to Health **Care** in Alaska Task Force to: (1) assess access to health **care** for beneficiaries of federal health **care** systems in Alaska; **and** (2) develop a strategy to improve delivery to such beneficiaries.

Subtitle C: Increasing the Supply of the Health Care Workforce - (Sec. 5201) Revises student loan repayment provisions related to the length of service requirement for the primary health **care** loan repayment program.

(Sec. 5202) Increases maximum amount of loans made by schools of nursing to students.

(Sec. 5203) Directs the Secretary to establish **and** carry out a pediatric specialty loan repayment program.

(Sec. 5204) Requires the Secretary to establish the Public Health Workforce Loan Repayment Program to assure an adequate supply of public health professionals to eliminate critical public health workforce shortages in federal, state, local, **and** tribal public health agencies.

(Sec. 5205) Amends the Higher Education **Act** of 1965 to expand student loan forgiveness to include allied health professionals employed in public health agencies.

(Sec. 5206) Includes public health workforce loan repayment programs as permitted activities under a grant program to increase the number of individuals in the public health workforce.

Authorizes the Secretary to provide for scholarships for mid-career professionals in the public health **and** allied health workforce to receive additional training in the field of public health **and** allied health.

(Sec. 5207) Authorizes appropriations for the National Health Service Corps Scholarship Program **and** the National Health Service Corps Loan Repayment Program.

(Sec. 5208) Requires the Secretary to award grants for the cost of the operation of nurse-managed health clinics.

(Sec. 5209) Eliminates the cap on the number of commissioned officers in the Public Health Service Regular Corps.

(Sec. 5210) Revises the Regular Corps **and** the Reserve Corps (renamed the Ready Reserve Corps) in the Public Health Service. Sets forth the uses of the Ready Reserve Corps.

Subtitle D: Enhancing Health Care Workforce Education and Training - (Sec. 5301) Sets forth provisions providing for health **care** professional training programs.

(Sec. 5302) Requires the Secretary to award grants for new training opportunities for direct **care** workers who are employed in long-term **care** settings.

(Sec. 5303) Sets forth provisions providing for dentistry professional training programs.

(Sec. 5304) Authorizes the Secretary to award grants for demonstration programs to establish training programs for alternative dental health **care** providers in order to increase access to dental health services in rural **and** other underserved communities.

(Sec. 5305) Requires the Secretary to award grants or contracts to entities that operate a geriatric education center to offer short-term, intensive courses that focus on geriatrics, chronic **care** management, **and** long-term **care**.

Expands geriatric faculty fellowship programs to make dentists eligible.

Reauthorizes **and** revises the geriatric education programs to allow grant funds to be used for the establishment of traineeships for individuals who are preparing for advanced education nursing degrees in areas that specialize in the **care** of elderly populations.

(Sec. 5306) Authorizes the Secretary to award grants to institutions of higher education to support the recruitment of students for, **and** education **and** clinical experience of the students in, social work programs, psychology programs, child **and** adolescent mental health, **and** training of paraprofessional child **and** adolescent mental health workers.

(Sec. 5307) Authorizes the Secretary, **acting** through the Administrator of HRSA, to award grants, contracts, or cooperative agreements for the development, evaluation, **and** dissemination of research, demonstration projects, **and** model curricula for health professions training in cultural competency, prevention, public health proficiency, reducing health disparities, **and** working with individuals with disabilities.

(Sec. 5308) Requires nurse-midwifery programs, in order to be eligible for advanced education nursing grants, to have as their objective the education of midwives **and** to be accredited by the American College of Nurse-Midwives Accreditation Commission for Midwifery Education.

(Sec. 5309) Authorizes the Secretary to award grants or enter into contracts to enhance the nursing workforce by initiating **and** maintaining nurse retention programs.

(Sec. 5310) Makes nurse faculty at an accredited school of nursing eligible for the nursing education loan repayment program.

(Sec. 5311) Revises the nurse faculty loan repayment program, including to increase the amount of such loans.

Authorizes the Secretary, **acting** through the Administrator of HRSA, to enter into an agreement for the repayment of education loans in exchange for service as a member of a faculty at an accredited school of nursing.

(Sec. 5312) Authorizes appropriations for carrying out nursing workforce programs.

(Sec. 5313, as modified by Sec. 10501) Requires the Director of CDC to award grants to eligible entities to promote positive health behaviors **and** outcomes for populations in medically underserved communities through the use of community health workers.

(Sec. 5314) Authorizes the Secretary to carry out activities to address documented workforce shortages in state **and** local health departments in the critical areas of applied public health epidemiology **and** public health laboratory science **and** informatics.

(Sec. 5315) Authorizes the establishment of the United States Public Health Sciences Track, which is authorized to award advanced degrees in public health, epidemiology, **and** emergency preparedness **and** response.

Directs the Surgeon General to develop: (1) an integrated longitudinal plan for health professions continuing education; **and** (2) faculty development programs **and** curricula in decentralized venues of health **care** to balance urban, tertiary, **and** inpatient venues.

(Sec. 5316, as added by Sec. 10501) Requires the Secretary to establish a training demonstration program for family nurse practitioners to employ **and** provide one-year training for nurse practitioners serving as primary **care** providers in federally qualified health centers or nurse-managed health centers.

Subtitle E: Supporting the Existing Health Care Workforce - (Sec. 5401) Revises the allocation of funds to assist schools in supporting programs of excellence in health professions education for underrepresented minority individuals **and** schools designated as centers of excellence.

(Sec. 5402, as modified by Sec. 10501) Makes schools offering physician assistant education programs eligible for loan repayment for health profession faculty. Increases the amount of loan repayment for such program.

Authorizes appropriations for: (1) scholarships for disadvantaged students attending health professions or nursing schools; (2) loan repayment for health professions faculty; **and** (3) grants to health professions school to assist individuals from disadvantaged backgrounds.

(Sec. 5403) Requires the Secretary to: (1) make awards for area health education center programs; **and** (2) provide for timely dissemination of research findings using relevant resources.

(Sec. 5404) Makes revisions to the grant program to increase nursing education opportunities for individuals from disadvantaged backgrounds to include providing: (1) stipends for diploma or associate degree nurses to enter a bridge or degree completion program; (2) student scholarships or stipends for accelerated nursing degree programs; **and** (3) advanced education preparation.

(Sec. 5405, as modified by Sec. 10501) Requires the Secretary, **acting** through the Director of AHRQ, to establish a Primary **Care** Extension Program to provide support **and** assistance to educate primary **care** providers about preventive medicine, health promotion, chronic disease management, mental **and** behavioral health services, **and** evidence-based **and** evidence-informed therapies **and** techniques.

Requires the Secretary to award grants to states for the establishment of Primary **Care** Extension Program State Hubs to coordinate state health **care** functions with quality improvement organizations **and** area health education centers.

Subtitle F: Strengthening Primary Care and Other Workforce Improvements - (Sec. 5501, as modified by Sec. 10501)

Requires Medicare incentive payments to: (1) primary **care** practitioners providing primary **care** services on or after January 1, 2011, **and** before January 1, 2016; **and** (2) general surgeons performing major surgical procedures on or after January 1, 2011, **and** before January 1, 2016, in a health professional shortage area.

(Sec. 5502, deleted by Sec. 10501)

(Sec. 5503) Reallocates unused residency positions to qualifying hospitals for primary **care** residents for purposes of payments to hospitals for graduate medical education costs.

(Sec. 5504) Revises provisions related to graduate medical education costs to count the time residents spend in nonprovider settings toward the full-time equivalency if the hospital incurs the costs of the stipends **and** fringe benefits of such residents during such time.

(Sec. 5505, as modified by Sec. 10501) Includes toward the determination of full-time equivalency for graduate medical education costs time spent by an intern or resident in an approved medical residency training program in a nonprovider setting that is primarily engaged in furnishing **patient care** in nonpatient **care** activities.

(Sec. 5506) Directs the Secretary, when a hospital with an approved medical residency program closes, to increase the resident limit for other hospitals based on proximity criteria.

(Sec. 5507) Requires the Secretary to: (1) award grants for demonstration projects that are designed to provide certain low-income individuals with the opportunity to obtain education **and** training for health **care** occupations that pay well **and** that are expected to experience labor shortages or be in high demand; **and** (2) award grants to states to conduct demonstration projects for purposes of developing core training competencies **and** certification programs for personal or home **care** aides.

Authorizes appropriations for FY2009-FY2012 for family-to-family health information centers.

(Sec. 5508) Authorizes the Secretary to award grants to teaching health centers for the purpose of establishing new accredited or expanded primary **care** residency programs.

Allows up to 50% of time spent teaching by a member of the National Health Service Corps to be considered clinical practice for purposes of fulfilling the service obligation.

Requires the Secretary to make payments for direct **and** indirect expenses to qualified teaching health centers for expansion or establishment of approved graduate medical residency training programs.

(Sec. 5509) Requires the Secretary to establish a graduate nurse education demonstration under which a hospital may receive payment for the hospital's reasonable costs for the provision of qualified clinical training to advance practice nurses.

Subtitle G: Improving Access to Health Care Services - (Sec. 5601) Reauthorizes appropriations for health centers to serve medically underserved populations.

(Sec. 5602) Requires the Secretary to establish through the negotiated rulemaking process a comprehensive methodology **and** criteria for designation of medically underserved populations **and** health professions shortage areas.

(Sec. 5603) Reauthorizes appropriations for FY2010-FY2014 for the expansion **and** improvement of emergency medical services for children who need treatment for trauma or critical **care**.

(Sec. 5604) Authorizes the Secretary, **acting** through the Administrator of the Substance Abuse **and** Mental Health Services Administration, to award grants **and** cooperative agreements for demonstration projects for the provision of coordinated **and** integrated services to special populations through the co-location of primary **and** specialty **care** services in community-based mental **and** behavioral health settings.

(Sec. 5605) Establishes a Commission on Key National Indicators to: (1) conduct comprehensive oversight of a newly established key national indicators system; **and** (2) make recommendations on how to improve such system. Directs the National Academy of Sciences to enable the establishment of such system by creating its own institutional capability or by partnering with an independent private nonprofit organization to implement such system. Directs the Comptroller General to study previous work conducted by all public agencies, private organizations, or foreign countries with respect to best practices for such systems.

(Sec. 5606, as added by Sec. 10501) Authorizes a state to award grants to health **care** providers who treat a high percentage of medically underserved populations or other special populations in the state.

Subtitle H: General Provisions - (Sec. 5701) Requires the Secretary to submit to the appropriate congressional committees a report on activities carried out under this title **and** the effectiveness of such activities.

Title VI: Transparency and Program Integrity - Subtitle A: Physician Ownership and Other Transparency - (Sec. 6001, as modified by Sec. 10601) Amends SSA title XVIII (Medicare) to prohibit physician-owned hospitals that do not have a provider agreement by August 1, 2010, to participate in Medicare. Allows their participation in Medicare under a rural provider **and** hospital exception to the ownership or investment prohibition if they meet certain requirements addressing conflict of interest, bona fide investments, **patient** safety issues, **and** expansion limitations.

(Sec. 6002) Amends SSA title XI to require drug, device, biological **and** medical supply manufacturers to report to the Secretary transfers of value made to a physician, physician medical practice, a physician group practice, **and/or** teaching hospital, as well as information on any physician ownership or investment interest in the manufacturer. Provides penalties for noncompliance. Preempts duplicative state or local laws.

(Sec. 6003) Amends SSA title XVIII (Medicare), with respect to the Medicare in-office ancillary exception to the prohibition against physician self-referrals, to require a referring physician to inform the **patient** in writing that the **patient** may obtain a specified imaging service from a person other than the referring physician, a physician who is a member of the same group practice as the referring physician, or an individual directly supervised by the physician or by another physician in the group practice. Requires the referring physician also to provide the **patient** with a written list of suppliers who furnish such services in the area in which the **patient** resides.

(Sec. 6004) Amends SSA title XI to require prescription drug manufacturers **and** authorized distributors of record to report to the Secretary specified information pertaining to drug samples.

(Sec. 6005) Amends SSA title XI to require a pharmacy benefit manager (PBM) or a health benefits plan that manages prescription drug coverage under a contract with a Medicare or Exchange health plan to report to the Secretary information regarding the generic dispensing rate, the rebates, discounts, or price concessions negotiated by the PBM, **and** the payment difference between health plans **and** PBMs **and** the PBMs **and** pharmacies.

Subtitle B: Nursing Home Transparency and Improvement - Part I: Improving Transparency of Information - (Sec. 6101) Amends SSA title XI to require SNFs under Medicare **and** nursing facilities (NFs) under Medicaid to make available, upon request by the Secretary, the HHS Inspector General, the states, or a state long-term **care** ombudsman, information on ownership of the SNF or NF, including a description of the facility's governing body **and** organizational structure, as well as information regarding additional disclosable parties.

(Sec. 6102) Requires SNFs **and** NFs to operate a compliance **and** ethics program effective in preventing **and** detecting criminal, civil, **and** administrative violations.

Directs the Secretary to establish **and** implement a quality assurance **and** performance improvement program for SNFs **and** NFs, including multi-unit chains of facilities.

(Sec. 6103) Amends SSA title XVIII (Medicare) to require the Secretary to publish on the Nursing Home Compare Medicare website: (1) standardized staffing data; (2) links to state websites regarding state survey **and** certification programs; (3) the model standardized complaint form; (4) a summary of substantiated complaints; **and** (5) the number of adjudicated instances of criminal violations by a facility or its employees.

(Sec. 6104) Requires SNFs to report separately expenditures on wages **and** benefits for direct **care** staff, breaking out registered nurses, licensed professional nurses, certified nurse assistants, **and** other medical **and** therapy staff.

(Sec. 6105) Requires the Secretary to develop a standardized complaint form for use by residents (or a person **acting** on a resident's behalf) in filing complaints with a state survey **and** certification agency **and** a state long-term **care** ombudsman program. Requires states to establish complaint resolution processes.

(Sec. 6106) Amends SSA title XI to require the Secretary to develop a program for facilities to report direct **care** staffing information on payroll **and** other verifiable **and** auditable data in a uniform format based.

(Sec. 6107) Requires the Comptroller General to study **and** report to Congress on the Five-Star Quality Rating System for nursing homes of CMS.

Part II: Targeting Enforcement - (Sec. 6111) Amends SSA title XVIII (Medicare) to authorize the Secretary to reduce civil monetary penalties by 50% for certain SNFs **and** NFs that self-report **and** promptly correct deficiencies within 10 calendar days of imposition of the penalty. Directs the Secretary to issue regulations providing for an informal dispute resolution process after imposition of a penalty, as well as an escrow account for money penalties pending resolution of any appeals.

(Sec. 6112) Directs the Secretary to establish a demonstration project for developing, testing, **and** implementing a national independent monitor program to oversee interstate **and** large intrastate chains of SNFs **and** NFs.

(Sec. 6113) Requires the administrator of a SNF or a NF that is preparing to close to notify in writing residents, legal representatives of residents or other responsible parties, the Secretary, **and** the state long-term **care** ombudsman program in advance of the closure by at least 60 days. Requires the notice to include a plan for the transfer **and** adequate relocation of residents to another facility or alternative setting. Requires the state to ensure a successful relocation of residents.

(Sec. 6114) Requires the Secretary to conduct two SNF- **and** NF-based demonstration projects to develop best practice models in two areas: (1) one for facilities involved in the "culture change" movement; **and** (2) one for the use of information technology to improve resident **care**.

Part III: Improving Staff Training - (Sec. 6121) Requires SNFs **and** NFs to include dementia management **and** abuse prevention training as part of pre-employment initial training **and**, if appropriate, as part of ongoing in-service training for permanent **and** contract or agency staff.

Subtitle C: Nationwide Program for National and State Background Checks on Direct Patient Access Employees of Long Term Care Facilities and Providers - (Sec. 6201) Requires the Secretary to establish a nationwide program for national **and** state background checks on prospective direct **patient** access employees of long-term **care** facilities **and** providers.

Subtitle D: Patient-Centered Outcomes Research - (Sec. 6301, as modified by Sec. 10602) Amends SSA title XI to establish the **Patient**-Centered Outcomes Research Institute to identify priorities for, **and** establish, update, **and** carry out, a national comparative outcomes research project agenda. Provides for a peer review process for primary research.

Prohibits the Institute from allowing the subsequent use of data from original research in work-for-hire contracts with individuals, entities, or instrumentalities that have a financial interest in the results, unless approved by the Institute under a data use agreement.

Amends the Public Health Service **Act** to direct the Office of Communication **and** Knowledge Transfer at AHRQ to disseminate broadly the research findings published by the Institute **and** other government-funded research relevant to comparative clinical effective research.

Prohibits the Secretary from using evidence **and** findings from Institute research to make a determination regarding Medicare coverage unless such use is through an iterative **and** transparent process which includes public comment **and** considers the effect on subpopulations.

Amends the Internal Revenue Code to establish in the Treasury the **Patient**-Centered Outcomes Research Trust Fund. Directs the Secretary to make transfers to that Trust Fund from the Medicare Trust Funds.

Imposes annual fees of \$2 times the number of insured lives on each specified health insurance policy **and** on self-insured health plans.

(Sec. 6302) Terminates the Federal Coordinating Council for Comparative Effectiveness Research upon enactment of this **Act**.

Subtitle E: Medicare, Medicaid, and CHIP Program Integrity Provisions - (Sec. 6401, as modified by Sec. 10603) Amends SSA title XVIII (Medicare) to require the Secretary to: (1) establish procedures for screening providers **and** suppliers participating in Medicare, Medicaid, **and** CHIP; **and** (2) determine the level of screening according to the risk of fraud, waste, **and** abuse with respect to each category of provider or supplier.

Requires providers **and** suppliers applying for enrollment or revalidation of enrollment in Medicare, Medicaid, or CHIP to disclose current or previous affiliations with any provider or supplier that: (1) has uncollected debt; (2) has had its payments suspended; (3) has been excluded from participating in a federal health **care** program; or (4) has had billing privileges revoked. Authorizes the Secretary to deny enrollment in a program if these affiliations pose an undue risk to it.

Requires providers **and** suppliers to establish a compliance program containing specified core elements.

Directs the CMS Administrator to establish a process for making available to each state agency with responsibility for administering a state Medicaid plan or a child health plan under SSA title XXI the identity of any provider or supplier under Medicare or CHIP who is terminated.

(Sec. 6402) Requires CMS to include in the integrated data repository claims **and** payment data from Medicare, Medicaid, CHIP, **and** health-related programs administered by the Departments of Veterans Affairs (VA) **and** DOD, the Social Security Administration, **and** IHS.

Directs the Secretary to enter into data-sharing agreements with the Commissioner of Social Security, the VA **and** DOD Secretaries, **and** the IHS Director to help identify fraud, waste, **and** abuse.

Requires that overpayments be reported **and** returned within 60 days from the date the overpayment was identified or by the date a corresponding cost report was due, whichever is later.

Directs the Secretary to issue a regulation requiring all Medicare, Medicaid, **and** CHIP providers to include their National Provider Identifier on enrollment applications.

Authorizes the Secretary to withhold the federal matching payment to states for medical assistance expenditures whenever a state does not report enrollee encounter data in a timely manner to the state's Medicaid Management Information System.

Authorizes the Secretary to exclude providers **and** suppliers participation in any federal health **care** program for providing false information on any application to enroll or participate.

Subjects to civil monetary penalties excluded individuals who: (1) order or prescribe an item or service; (2) make false statements on applications or contracts to participate in a federal health **care** program; or (3) know of an overpayment **and** do not return it. Subjects the latter offense to civil monetary penalties of up to \$50,000 or triple the total amount of the claim involved.

Authorizes the Secretary to issue subpoenas **and** require the attendance **and** testimony of witnesses **and** the production of any other evidence that relates to matters under investigation or in question.

Requires the Secretary take into account the volume of billing for a durable medical equipment (DME) supplier or home health agency when determining the size of the supplier's **and** agency's surety bond. Authorizes the Secretary to require other providers **and** suppliers to post a surety bond if the Secretary considers them to be at risk.

Authorizes the Secretary to suspend payments to a provider or supplier pending a fraud investigation.

Appropriates an additional \$10 million, adjusted for inflation, to the Health **Care** Fraud **and** Abuse Control each of FY2011-FY2020. Applies inflation adjustments as well to Medicare Integrity Program funding.

Requires the Medicaid Integrity Program **and** Program contractors to provide the Secretary **and** the HHS Office of Inspector General with performance statistics, including the number **and** amount of overpayments recovered, the number of fraud referrals, **and** the return on investment for such activities.

(Sec. 6403) Requires the Secretary to furnish the National Practitioner Data Bank (NPDB) with all information reported to the national health **care** fraud **and** abuse data collection program on certain final adverse actions taken against health **care** providers, suppliers, **and** practitioners.

Requires the Secretary to establish a process to terminate the Healthcare Integrity **and** Protection Databank (HIPDB) **and** ensure that the information formerly collected in it is transferred to the NPDB.

(Sec. 6404) Reduces from three years to one year after the date of service the maximum period for submission of Medicare claims.

(Sec. 6405, as modified by Sec. 10604) Requires DME or home health services to be ordered by an enrolled Medicare eligible professional or physician. Authorizes the Secretary to extend these requirements to other Medicare items **and** services to reduce fraud, waste, **and** abuse.

(Sec. 6406) Authorizes the Secretary to disenroll, for up to one year, a Medicare enrolled physician or supplier that fails to maintain **and** provide access to written orders or requests for payment for DME, certification for home health services, or referrals for other items **and** services.

Authorizes the Secretary to exclude from participation in any federal health **care** program any individual or entity ordering, referring for furnishing, or certifying the need for an item or service that fails to provide adequate documentation to verify payment.

(Sec. 6407, as modified by Sec. 10605) Requires a physician, nurse practitioner, clinical nurse specialist, certified nurse-midwife, or physician assistant to have a face-to-face encounter with an individual before issuing a certification for home health services or DME.

Authorizes the Secretary to apply the same face-to-face encounter requirement to other items **and** services based upon a finding that doing so would reduce the risk of fraud, waste, **and** abuse. Applies the same requirement, as well, to physicians making certifications for home health services under Medicaid.

(Sec. 6408) Revises civil monetary penalties for making false statements or delaying inspections.

Applies specified enhanced sanctions **and** civil monetary penalties to MA or Part D plans that: (1) enroll individuals in an MA or Part D plan without their consent; (2) transfer an individual from one plan to another for the purpose of earning a commission; (3) fail to comply with marketing requirements **and** CMS guidance; or (4) employ or contract with an individual or entity that commits a violation.

(Sec. 6409) Requires the Secretary to establish a self-referral disclosure protocol to enable health **care** providers **and** suppliers to disclose actual or potential violations of the physician self-referral law.

Authorizes the Secretary to reduce the amount due **and** owing for all violations of such law.

(Sec. 6410) Requires the Secretary to: (1) expand the number of areas to be included in round two of the competitive bidding program from 79 to 100 of the largest metropolitan statistical areas; **and** (2) use competitively bid prices in all areas by 2016.

(Sec. 6411) Requires states to establish contracts with one or more Recovery Audit Contractors (RACs), which shall identify underpayments **and** overpayments **and** recoup overpayments made for services provided under state Medicaid plans as well as state plan waivers.

Requires the Secretary to expand the RAC program to Medicare parts C (Medicare+Choice) **and** D (Prescription Drug Program).

Subtitle F: Additional Medicaid Program Integrity Provisions - (Sec. 6501) Amends SSA title XIX (Medicaid) to require states to terminate individuals or entities (providers) from their Medicaid programs if they were terminated from Medicare or another state's Medicaid program.

(Sec. 6502) Requires Medicaid agencies to exclude individuals or entities from participating in Medicaid for a specified period of time if the entity or individual owns, controls, or manages an entity that: (1) has failed to repay overpayments during a specified period; (2) is suspended, excluded, or terminated from participation in any Medicaid program; or (3) is affiliated with an individual or entity that has been suspended, excluded, or terminated from Medicaid participation.

(Sec. 6503) Requires state Medicaid plans to require any billing agents, clearinghouses, or other alternate payees that submit claims on behalf of health **care** providers to register with the state **and** the Secretary.

(Sec. 6504) Requires states to submit data elements from the state mechanized claims processing **and** information retrieval system (under the Medicaid Statistical Information System) that the Secretary determines necessary for program integrity, program oversight, **and** administration.

Requires a Medicaid managed **care** entity contract to provide for maintenance of sufficient **patient** encounter data to identify the physician who delivers services to **patients** (as under current law) at a frequency **and** level of detail to be specified by the Secretary.

(Sec. 6505) Requires a state Medicaid plan to prohibit the state from making any payments for items or services under a Medicaid state plan or a waiver to any financial institution or entity located outside of the United States.

(Sec. 6506) Extends the period for states to recover overpayments from 60 days to one year after discovery of the overpayment. Declares that, when overpayments due to fraud are pending, state repayments of the federal portion of such overpayments shall not be due until 30 days after the date of the final administrative or judicial judgment on the matter.

(Sec. 6507) Requires state mechanized Medicaid claims processing **and** information retrieval systems to incorporate methodologies compatible with Medicare's National Correct Coding Initiative .

Subtitle G: Additional Program Integrity Provisions - (Sec. 6601) Amends the Employee Retirement Income Security **Act** of 1974 (ERISA) to prohibit employees **and** agents of multiple employer welfare arrangements (MEWAs), subject to criminal penalties, from making false statements in marketing materials regarding an employee welfare benefit plan's financial solvency, benefits, or regulatory status.

(Sec. 6603) Amends the Public Health Service **Act** to direct the Secretary to request NAIC to develop a model uniform report form for a private health insurance issuer seeking to refer suspected fraud **and** abuse to state insurance departments or other responsible state agencies for investigation.

(Sec. 6604) Amends ERISA to direct the Secretary of Labor to adopt regulatory standards **and/or** issue orders to subject MEWAs to state law relating to fraud **and** abuse.

(Sec. 6605) Authorizes the Secretary of Labor to: (1) issue cease-**and**-desist orders to shut down temporarily the operations of MEWAs conducting fraudulent activities or posing a serious threat to the public, until hearings can be completed; **and** (2) seize a plan's assets if it appears that the plan is in a financially hazardous condition.

(Sec. 6606) Directs the Secretary of Labor to require MEWAs which are not group health plans to register with the Department of Labor before operating in a state.

(Sec. 6607) Authorizes the Secretary of Labor to promulgate a regulation providing an evidentiary privilege that allows confidential communication among specified federal **and** state officials relating to investigation of fraud **and** abuse.

Subtitle H: Elder Justice Act - Elder Justice **Act** of 2009 - (Sec. 6702) Amends SSA title XX (Block Grants to States for Social Services) with respect to elder abuse, neglect, **and** exploitation **and** their prevention. Requires the HHS Secretary to award grants **and** carry out activities that provide: (1) greater **protection** to those individuals seeking **care** in facilities that provide long-term **care** services **and** supports; **and** (2) greater incentives for individuals to train **and** seek employment at such facilities.

Requires facility owners, operators, **and** certain employees to report suspected crimes committed at a facility.

Requires facility owners or operators also to: (1) submit to the Secretary **and** to the state written notification of an impending closure of a facility within 60 days before the closure; **and** (2) include a plan for transfer **and** adequate relocation of all residents.

Establishes an Elder Justice Coordinating Council.

Subtitle I: Sense of the Senate Regarding Medical Malpractice - (Sec. 6801) Expresses the sense of the Senate that: (1) health reform presents an opportunity to address issues related to medical malpractice **and** medical liability insurance; (2) states should be encouraged to develop **and** test alternative models to the existing civil litigation system; **and** (3) Congress should consider state demonstration projects to evaluate such alternatives.

Title VII: Improving Access to Innovative Medical Therapies - Subtitle A: Biologics Price Competition and Innovation - Biologics Price Competition and Innovation Act of 2009 - (Sec. 7002) Amends the Public Health Service **Act** to allow a person to submit an application for licensure of a biological product based on its similarity to a licensed biological product (the reference product). Requires the Secretary to license the biological product if it is biosimilar to or interchangeable with the reference product.

Prohibits the Secretary from determining that a second or subsequent biological product is interchangeable with a reference product for any condition of use for specified periods based on the marketing of, **and** the presence or status of litigation involving, the first biosimilar biological product deemed interchangeable with the same reference product.

Prohibits the Secretary from making approval of an application under this **Act** effective until 12 years after the date on which the reference product was first licensed.

Subtitle B: More Affordable Medicine for Children and Underserved Communities - (Sec. 7101) Expands the 340B drug discount program (a program limiting the cost of covered outpatient drugs to certain federal grantees) to allow participation as a covered entity by certain: (1) children's hospitals; (2) freestanding cancer hospitals; (3) critical access hospitals; (4) rural referral centers; **and** (5) sole community hospitals. Expands the program to include drugs used in connection with an inpatient or outpatient service by enrolled hospitals (currently, only outpatient drugs are covered under the program).

Requires the Secretary to establish reasonable exceptions to the prohibition on enrolled hospitals obtaining covered outpatient drugs through a group purchasing organization or other group purchasing arrangement, including for drugs unavailable through the program **and** to facilitate generic substitution when a generic covered drug is available at a lower price. Allows such hospitals to purchase covered drugs for inpatients through any such arrangement.

Requires a hospital enrolled in the 340B drug discount program to issue a credit to a state Medicaid program for inpatient covered drugs provided to Medicaid recipients.

(Sec. 7102) Requires the Secretary to: (1) provide for improvements in compliance by manufacturers **and** covered entities with the

requirements of the 340B drug discount program; **and** (2) establish **and** implement an administrative process for resolving claims by covered entities **and** manufacturers of violations of such requirements.

Requires manufacturers to offer each covered entity covered drugs for purchase at or below the applicable ceiling price if such a drug is made available to any other purchaser at any price.

(Sec. 7103) Requires the Comptroller General to report to Congress on whether those individuals served by the covered entities under the 340B drug discount program are receiving optimal health **care** services.

Title VIII : Class Act - Community Living Assistance Services and Supports Act or the **CLASS Act** - (Sec. 8002, as modified by Sec. 10801) Establishes a national, voluntary insurance program for purchasing community living assistance services **and** supports (CLASS program) under which: (1) all employees are automatically enrolled, but are allowed to waive enrollment; (2) payroll deductions pay monthly premiums; **and** (3) benefits under a CLASS Independence Benefit Plan provide individuals with functional limitations with tools that will allow them to maintain their personal **and** financial independence **and** live in the community.

Title IX: Revenue Provisions - Subtitle A: Revenue Offset Provisions - (Sec. 9001, as modified by section 10901) Amends the Internal Revenue Code to impose an excise tax of 40% of the excess benefit from certain high cost employer-sponsored health coverage. Deems any amount which exceeds payment of \$8,500 for an employee self-only coverage plan **and** \$23,000 for employees with other than self-only coverage (family plans) as an excess benefit. Increases such amounts for certain retirees **and** employees who are engaged in high-risk professions (e.g., law enforcement officers, emergency medical first responders, or longshore workers). Imposes a penalty on employers **and** coverage providers for failure to calculate the proper amount of an excess benefit.

(Sec. 9002) Requires employers to include in the W-2 form of each employee the aggregate cost of applicable employer-sponsored group health coverage that is excludable from the employee's gross income (excluding the value of contributions to flexible spending arrangements).

(Sec. 9003) Restricts payments from health savings accounts, medical savings accounts, **and** health flexible spending arrangements for medications to prescription drugs or insulin.

(Sec. 9004) Increases to 20% the penalty for distributions from a health savings account or Archer medical savings account not used for qualified medical expenses.

(Sec. 9005, as modified by section 10902) Limits annual salary reduction contributions by an employee to a health flexible spending arrangement under a cafeteria plan to \$2,500. Allows an annual inflation adjustment to such amount after 2011.

(Sec. 9006) Expands reporting requirements for payments of \$600 or more to corporations (other than tax-exempt corporations).

(Sec. 9007, as modified by section 10903) Requires tax-exempt charitable hospitals to: (1) conduct a community health needs assessment every two years; (2) adopt a written financial assistance policy for **patients** who require financial assistance for hospital **care**; **and** (3) refrain from taking extraordinary collection actions against a **patient** until the hospital has made reasonable efforts to determine whether the **patient** is eligible for financial assistance. Imposes a penalty tax on hospitals who fail to comply with the requirements of this **Act**.

Requires the Secretary of the Treasury to report to Congress on information with respect to private tax-exempt, taxable, **and** government-owned hospitals regarding levels of charity **care** provided, bad debt expenses, unreimbursed costs, **and** costs for community benefit activities.

(Sec. 9008) Imposes an annual fee on the branded prescription drug sales exceeding \$5 million of manufacturers **and** importers of such drugs beginning in 2010. Requires the HHS, VA, **and** DOD Secretaries to report to the Secretary of the Treasury on the total branded prescription drug sales within government programs within their departments.

(Sec. 9009, as modified by section 10904) Imposes an annual fee on the gross sales receipts exceeding \$5 million of manufacturers **and** importers of certain medical devices beginning in 2011.

(Sec. 9010, as modified by section 10905) Imposes on any entity that provides health insurance for any United States health risk an annual fee beginning in 2011. Defines "United States health risk" as the health risk of an individual who is a U.S. citizen or resident or is located in the United States with respect to the period the individual is so located. Exempts entities whose net premiums written are not more than \$25 million. Requires all entities subject to such fee to report to the Secretary of the Treasury on their net written premiums **and** imposes a penalty for failure to report.

(Sec. 9011) Requires the VA Secretary to study **and** report to Congress by December 31, 2012, on the effect of fees assessed by this **Act** on the cost of medical **care** provided to veterans **and** on veterans' access to medical devices **and** branded prescription drugs.

(Sec. 9012) Eliminates the tax deduction for expenses for determining the subsidy for employers who maintain prescription drug plans for Medicare Part D eligible retirees.

(Sec. 9013) Increases the adjusted gross income threshold for claiming the itemized deduction for medical expenses from 7.5% to 10% beginning after 2012. Retains the 7.5% threshold through 2016 for individual taxpayers who have attained age 65 before the close of an applicable taxable year.

(Sec. 9014) Imposes a limitation after December 31, 2012, of \$500,000 on the deductibility of remuneration paid to officers, directors, employees, **and** service providers of health insurance issuers who derive at least 25% of their gross premiums from providing health insurance coverage that meets the minimum essential coverage requirements established by this **Act**.

(Sec. 9015, as modified by section 10906) Increases after December 31, 2012, the hospital insurance tax rate by .9% for individual taxpayers earning over \$200,000 (\$250,000 for married couples filing joint tax returns).

(Sec. 9016) Requires Blue Cross or Blue Shield organizations or other nonprofit organizations that provide health insurance to reimburse at least 85% of the cost of clinical services provided to their enrollees to be eligible for special tax benefits currently provided to such organizations.

Subtitle B: Other Provisions - (Sec. 9021) Excludes from gross income the value of certain health benefits provided to members of Indian tribes, including: (1) health services or benefits provided or purchased by IHS; (2) medical **care** provided by an Indian tribe or tribal organization to a member of an Indian tribe; (3) accident or health plan coverage provided by an Indian tribe or tribal organization for medical **care** to a member of an Indian tribe **and** dependents; **and** (4) any other medical **care** provided by an Indian tribe that supplements, replaces, or substitutes for federal programs.

(Sec. 9022) Establishes a new employee benefit cafeteria plan to be known as a Simple Cafeteria Plan, defined as a plan that: (1) is established **and** maintained by an employer with an average of 100 or fewer employees during a two-year period; (2) requires employers to make contributions or match employee contributions to the plan; **and** (3) requires participating employees to have at least 1,000 hours of service for the preceding plan year; **and** (4) allows such employees to elect any benefit available under the plan.

(Sec. 9023) Allows a 50% tax credit for investment in any qualifying therapeutic discovery project, defined as a project that is designed to: (1) treat or prevent diseases by conducting pre-clinical activities, clinical trials, **and** clinical studies, or carrying out research projects to approve new drugs or other biologic products; (2) diagnose diseases or conditions to determine molecular factors related to diseases or conditions; or (3) develop a product, process, or technology to further the delivery or administration of therapeutics. Directs the Secretary of the Treasury to award grants for 50% of the investment in 2009 or 2010 in such a project, in lieu of the tax credit.

Title X: Strengthening Quality, Affordable Health Care for All Americans - Subtitle A: Provisions Relating to Title I - (Sec. 10101) Revises provisions of or related to Subtitles A, B, **and** C of Title I of this **Act** (as reflected in the summary of those provisions).

(Sec. 10104) Revises provisions of or related to Subtitle D of Title I of this **Act** (as reflected in the summary of those provisions). Makes changes to the False Claims **Act** related to the public disclosure bar on filing civil claims.

(Sec. 10105) Revises provisions of or related to Subtitles E, F, **and** G of Title I of this **Act** (as reflected in the summary of those provisions).

(Sec. 10108) Requires an offering employer to provide free choice vouchers to each qualified employee. Defines "offering employer" to mean any employer who offers minimum essential coverage to its employees consisting of coverage through an eligible employer-sponsored plan **and** who pays any portion of the costs of such plan. Defines "qualified employee" as an employee whose required contribution for such coverage **and** household income fall within a specified range. Requires: (1) a Health Insurance Exchange to credit the amount of any free choice voucher to the monthly premium of any qualified health plan in which the employee is enrolled; **and** (2) the offering employer to pay any amounts so credited to the Exchange. Excludes the amount of any free choice voucher from the gross income of the employee. Permits a deduction by employers for such costs.

(Sec. 10109) Amends the SSA to require the HHS Secretary to seek input to determine if there could be greater uniformity in financial **and** administrative health **care** activities **and** items.

Requires the Secretary to: (1) task the ICD-9-CM Coordination **and** Maintenance Committee to convene a meeting to receive input regarding **and** recommend revisions to the crosswalk between the Ninth **and** Tenth Revisions of the International Classification of Diseases; **and** (2) make appropriate revisions to such crosswalk.

Subtitle B: Provisions Relating to Title II - Part I: Medicaid and CHIP - (Sec. 10201) Revises provisions of Subtitles A through L of Title II of this **Act** (as reflected in the summary of those provisions).

Amends SSA title XIX (Medicaid) to set the FMAP for the state of Nebraska, with respect to all or any portion of a fiscal year that begins on or after January 1, 2017, at 100% (thus requiring the federal government to pay 100% of the cost of covering newly-eligible individuals in Nebraska).

Directs the Comptroller General to study **and** report to Congress on whether the development, recognition, or implementation of any specified health **care** quality guideline or other standards would result in the establishment of a new cause of action or claim.

(Sec. 10202) Creates a State Balancing Incentive Payments Program to increase the FMAP for states which offer home **and** community-based services as a long-term **care** alternative to nursing homes.

(Sec. 10203) Amends SSA title XXI (CHIP) to make appropriations for CHIP through FY2015 **and** revise other CHIP-related requirements.

Part II: Support for Pregnant and Parenting Teens and Women - (Sec. 10212) Requires the Secretary to establish a Pregnancy Assistance Fund for grants to states to assist pregnant **and** parenting teens **and** women.

(Sec. 10214) Authorizes appropriations for FY2010-FY2019.

Part III: Indian Health Care Improvement - (Sec. 10221) Enacts into law the Indian Health **Care** Improvement Reauthorization **and** Extension **Act** of 2009 (S. 1790) as reported by the Senate Committee on Indian Affairs in December 2009 **and** with the following changes.

Amends the Indian Health **Care** Improvement **Act**, as amended by the Indian Health **Care** Improvement Reauthorization **and** Extension **Act** of 2009, to make an exception to the requirement that a national Community Health Aide Program exclude dental health aide therapist services. Declares that the exclusion of dental health aide therapist services from services covered under the national program shall not apply where an Indian tribe or tribal organization, located in a state (other than Alaska) in which state law authorizes the use of dental health aide therapist services or midlevel dental health provider services, elects to supply such services in

accordance with state law.

Subtitle C: Provisions Relating to Title III - (Sec. 10301) Revises provisions of Subtitles A through G of Title III of this **Act** (as reflected in the summary of those provisions).

(Sec. 10323) Amends SSA title XVIII (Medicare) to deem eligible for Medicare coverage certain individuals exposed to environmental health hazards.

Directs the Secretary to establish a pilot program for **care** of certain individuals residing in emergency declaration areas.

Amends SSA title XX (Block Grants to States for Social Services) to direct the Secretary to establish a program for early detection of certain medical conditions related to environmental health hazards. Makes appropriations for FY2012-FY2019.

(Sec. 10324) Establishes floors: (1) on the area wage index for hospitals in frontier states; (2) on the area wage adjustment factor for hospital outpatient department services in frontier states; **and** (3) for the practice expense index for services furnished in frontier states.

(Sec. 10325) Revises the SNF prospective payment system to delay specified changes until FY2011.

(Sec. 10326) Directs the Secretary to conduct separate pilot programs, for specified kinds of hospitals **and** hospice programs, to test the implementation of a value-based purchasing program for payments to the provider.

(Sec. 10327) Authorizes an additional incentive payment under the physician quality reporting system in 2011 through 2014 to eligible professionals who report quality measures to CMS via a qualified Maintenance of Certification program. Eliminates the Medicare Advantage Regional Plan Stabilization Fund.

(Sec. 10328) Requires Medicare part D prescription drug plans to include a comprehensive review of medications as part of their medication therapy management programs. Requires automatic quarterly enrollment of qualified beneficiaries, with an allowance for them to opt out.

(Sec. 10329) Requires the Secretary to develop a methodology to measure health plan value.

(Sec. 10330) Directs the Secretary to develop a plan to modernize CMS computer **and** data systems.

(Sec. 10331) Requires the Secretary to: (1) develop a Physician Compare website with information on physicians enrolled in the Medicare program **and** other eligible professionals who participate in the Physician Quality Reporting Initiative; **and** (2) implement a plan to make information on physician performance public through Physician Compare, particularly quality **and patient** experience measures.

Authorizes the Secretary to provide financial incentives to Medicare beneficiaries furnished services by high quality physicians.

(Sec. 10332) Directs the Secretary to make available to qualified entities standardized extracts of Medicare claims data for the evaluation of the performance of service providers **and** suppliers.

(Sec. 10333) Amends the Public Health Service **Act** to authorize the Secretary to award grants to eligible entities to support community-based collaborative **care** networks for low-income populations.

(Sec. 10334) Transfers the Office of Minority Health to the Office of the Secretary. Authorizes appropriations for FY2011-FY2016.

Establishes individual offices of minority health within HHS.

Redesignates the National Center on Minority Health **and** Health Disparities in NIH as the National Institute on Minority Health **and** Health Disparities.

(Sec. 10336) Directs the Comptroller General to study **and** report to Congress on the impact on Medicare beneficiary access to high-quality dialysis services of including specified oral drugs furnished to them for the treatment of end stage renal disease in the related bundled prospective payment system.

Subtitle D: Provisions Relating to Title IV - (Sec. 10401) Revises provisions of or related to Subtitles A, B, C, D, **and** E of Title IV of this **Act** (as reflected in the summary of those provisions).

(Sec. 10407) Catalyst to Better Diabetes **Care Act** of 2009 - Requires the Secretary to prepare biennially a national diabetes report card **and**, to the extent possible, one for each state.

Requires the Secretary, **acting** through the Director of CDC, to: (1) promote the education **and** training of physicians on the importance of birth **and** death certificate data **and** on how to properly complete these documents; (2) encourage state adoption of the latest standard revisions of birth **and** death certificates; **and** (3) work with states to reengineer their vital statistics systems in order to provide cost-effective, timely, **and** accurate vital systems data. Allows the Secretary to promote improvements to the collection of diabetes mortality data.

Directs the Secretary to conduct a study of the impact of diabetes on the practice of medicine in the United States **and** the level of diabetes medical education that should be required prior to licensure, board certification, **and** board recertification.

(Sec. 10408) Requires the Secretary to award grants to eligible employers to provide their employees with access to comprehensive workplace wellness programs.

(Sec. 10409) Cures Acceleration Network **Act** of 2009 - Amends the Public Health Service **Act** to require the Secretary, **acting** through the Director of NIH, to implement the Cures Acceleration Network under which grants **and** contracts will be awarded to accelerate the development of high need cures. Defines "high need cure" as a drug, biological product, or device: (1) that is a priority to diagnose, mitigate, prevent, or treat harm from any disease or condition; **and** (2) for which the incentives of the commercial market are unlikely to result in its adequate or timely development. Establishes a Cures Acceleration Network Review Board.

(Sec. 10410) Establishing a Network of Health-Advancing National Centers of Excellence for Depression **Act** of 2009 or the ENHANCED **Act** of 2009 - Requires the Secretary, **acting** through the Administrator of the Substance Abuse **and** Mental Health Services Administration, to: (1) award grants to establish national centers of excellence for depression; **and** (2) designate one such center as a coordinating center. Requires the coordinating center to establish **and** maintain a national, publicly available database to improve prevention programs, evidence-based interventions, **and** disease management programs for depressive disorders using data collected from the national centers.

(Sec. 10411) Congenital Heart Futures **Act** - Authorizes the Secretary, **acting** through the Director of CDC, to: (1) enhance **and** expand infrastructure to track the epidemiology of congenital heart disease **and** to organize such information into the National Congenital Heart Disease Surveillance System; or (2) award a grant to an eligible entity to undertake such activities.

Authorizes the Director of the National Heart, Lung, **and** Blood Institute to expand, intensify, **and** coordinate research **and** related Institute activities on congenital heart disease.

(Sec. 10412) Reauthorizes appropriations for grants for public access defibrillation programs. Requires an information clearinghouse to increase public access to defibrillation in schools established under such program to be administered by an organization that has substantial expertise in pediatric education, pediatric medicine, **and** electrophysiology **and** sudden death.

(Sec. 10413) Young Women's Breast Health Education **and** Awareness Requires Learning Young **Act** of 2009 or the EARLY **Act** - Requires the Secretary, **acting** through the Director of CDC, to conduct: (1) a national education campaign to increase awareness of young women's knowledge regarding breast health **and** breast cancer; (2) an education campaign among physicians **and** other health **care** professionals to increase awareness of breast health of young women; **and** (3) prevention research on breast cancer in younger women.

Requires the Secretary, **acting** through the Director of NIH, to conduct research to develop **and** validate new screening tests **and** methods for prevention **and** early detection of breast cancer in young women.

Directs the Secretary to award grants for the provision of health information to young women diagnosed with breast cancer **and** pre-neoplastic breast diseases.

Subtitle E: Provisions Relating to Title V - (Sec. 10501) Revises provisions of or related to Title V of this **Act** (as reflected in the summary of those provisions).

Requires the Secretary, **acting** through the Director of CDC, to establish a national diabetes prevention program targeted at adults at high risk for diabetes.

Directs the Secretary to develop a Medicare prospective payment system for payment for services furnished by federally qualified health centers.

Requires the Secretary, **acting** through the Administrator of the HRSA, to establish a grant program to assist accredited schools of allopathic or osteopathic medicine in: (1) recruiting students most likely to practice medicine in underserved rural communities; (2) providing rural-focused training **and** experience; **and** (3) increasing the number of recent allopathic **and** osteopathic medical school graduates who practice in underserved rural communities.

Directs the Secretary, **acting** through the Administrator of HRSA, to award grants or enter into contracts with eligible entities to provide training to graduate medical residents in preventive medicine specialties.

Reauthorizes appropriations for public health workforce activities.

Revises provisions related to fulfillment of service obligations under the National Health Service Corps related to half-time clinical practice **and** teaching.

(Sec. 10502) Authorizes appropriations to HHS for debt service on, or direct construction or renovation of, a health **care** facility that provides research, inpatient tertiary **care**, or outpatient clinical services **and** that meets certain requirements, including that it is critical for the provision of greater access to health **care** within the state.

(Sec. 10503) Establishes a Community Health Center Fund to provide for expanded **and** sustained national investment in community health centers. Authorizes appropriations to such Fund.

(Sec. 10504) Requires the Secretary, **acting** through the Administrator of HRSA, to establish a demonstration project to provide access to comprehensive health **care** services to the uninsured at reduced fees.

Subtitle F: Provisions Relating to Title VI - (Sec. 10601) Revises provisions of Subtitles A through E of Title IV of this **Act** (as reflected in the summary of those provisions).

(Sec. 10606) Directs the U.S. Sentencing Commission to amend the Federal Sentencing Guidelines to provide two-level, three-level, **and** four-level increases in the offense level for any defendant convicted of a federal health **care** offense relating to a government health **care** program of a loss between \$1 million **and** \$7 million, between \$7 million **and** \$20 million, **and** at least \$20 million, respectively.

Provides that a person need not have actual knowledge of the prohibition against health **care** fraud nor specific intent to violate it in order to commit health **care** fraud.

Expands the scope of violations constituting a federal health **care** offense.

Amends the Civil Rights of Institutionalized Persons **Act** to authorize the Attorney General to require access to an institution by subpoena to investigate conditions depriving residents of specified constitutional or federal rights.

(Sec. 10607) Authorizes the Secretary to award demonstration grants to states for the development, implementation, **and** evaluation of alternatives to current tort litigation for resolving disputes over injuries allegedly caused by health **care** providers or health **care** organizations.

(Sec. 10608) Amends the Public Health Service **Act** to extend medical malpractice coverage to free clinics by deeming their officers, employees, board members, **and** contractors to be employees of the Public Health Service.

(Sec. 10609) Amends the Federal Food, Drug, **and** Cosmetic **Act** to set forth circumstances under which a generic drug may be approved with a label different from the listed drug.

Subtitle G: Provisions Relating to Title VIII - (Sec. 10801) Revises provisions of or related to Title VIII of this **Act** (as reflected in the summary of those provisions).

Subtitle H: Provisions Relating to Title IX: (Sec. 10901) Revises provisions of or related to Title IX of this **Act** (as reflected in the summary of those provisions).

(Sec. 10907) Amends the Internal Revenue Code to impose a 10% excise tax on any amount paid for indoor tanning services on or after July 1, 2010. Exempts phototherapy services performed by a licensed medical professional from the definition of "indoor tanning services."

(Sec. 10908) Excludes from gross income any payments under the National Health Service Corps Loan Repayment Program **and** any other state loan repayment or forgiveness programs intended to increase the availability of health **care** services in underserved or health professional shortage areas.

(Sec. 10909) Increases from \$10,000 to \$13,170 the dollar limitation on: (1) the tax credit for adoption expenses; **and** (2) the tax exclusion for employer-provided adoption assistance. Allows an inflation adjustment to such limitation after 2010. Makes such credit refundable. Extends through 2011 the general terminating date of the Economic Growth **and** Tax Relief Reconciliation **Act** of 2001 with respect to such credit **and** exclusion.