

American Recovery and Reinvestment Act: Key Healthcare Provisions and Implementation

NOTE: Unless explicitly referenced in statute, projected implementation dates and the means by which these provisions may be implemented are subject to change, pending further clarification from Executive Agencies.

DIVISION A – APPROPRIATIONS PROVISIONS – TITLE VIII DEPARTMENTS OF LABOR, HEALTH & HUMAN SERVICES, AND EDUCATION AND RELATED AGENCIES		
SECTION/DIVISION	DESCRIPTION	STATUTORY IMLPEMENTATION DATE
Health Resources & Services Administration (HRSA)	The provision provides for an additional \$2.5 billion in funds for HRSA-administered programs, of which \$1.5 billion is to be made available for grants for “construction, renovation, and equipment, and for the acquisition of health information technology systems,” for community health centers and health center networks.	Presumably upon enactment or pending clarification from the Agency.
National Institutes of Health (NIH)	The provision provides for an additional \$1.3 billion in funds for the NIH National Center for Research Resources, of which \$1 billion is to be made available for grants or contracts to “construct, renovate, or repair existing non-federal research facilities.”	Presumably upon enactment or pending clarification from the Agency.
Agency for Healthcare Research & Quality (AHRQ)	The provision provides for an additional \$1.1 billion in funds to be used to conduct comparative effectiveness research, of which \$300 million is to be administered by AHRQ, \$400 million to NIH, and \$400 million to be administered at the Secretary’s discretion.	Presumably upon enactment or pending clarification from the Agency.
Office of the National Coordinator for Health Information Technology (ONCHIT)	The provision provides for an additional \$2 billion in funds for health IT management and oversight activities.	Presumably upon enactment or pending clarification from the Agency.
Office of the Inspector General (OIG)	The provision provides for an additional \$17 million in funds to remain available until September 30, 2012.	Presumably upon enactment or pending clarification from the Agency.
Public Health and Social Services Emergency Fund	The provision provides for an additional \$50 million in funds to improve information technology security at HHS.	Presumably upon enactment or pending clarification from the Agency.
Prevention and Wellness Funds	The provision provides \$1 billion in funds for the Prevention and Wellness Fund. Portions of funding may be transferred to other appropriation accounts of HHS as determined by the Secretary.	Presumably upon enactment or pending clarification from the Agency.



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DIVISION A – TITLE XIII – HEALTH INFORMATION TECHNOLOGY		
SECTION	DESCRIPTION	STATUTORY IMLPEMENTATION DATE
<i>Subtitle A – Promotion of Health Information Technology</i>		
3001 – Office of the National Coordinator for Health Information Technology	Section 3001 outlines the duties of the HHS Office of the National Coordinator for Health Information Technology (ONCHIT), in addition to mandating within 12 months after the date of enactment (i.e., on or around February 17, 2010) that the National Coordinator submit a report to Congress on whether any additional funding or authority is needed to implement these provisions, in addition to requiring the Secretary to appoint a Chief Privacy Officer.	None specified, though the associated report to Congress and the appointment of the Chief Privacy Officer must be done within 12 months after the date of enactment (i.e., on or around February 17, 2010).
3002 – HIT Policy Committee	Section 3002 establishes a HIT Policy Committee to make policy recommendations to the National Coordinator relating to the implementation of a nationwide health IT infrastructure, including implementation of a strategic plan. The Secretary is authorized to appointment members if membership has not been filled within 45 days after enactment (i.e., on or around April 3, 2009) .	None specified, though the Secretary is authorized to begin appointing members to the Committee within 45 days of enactment (i.e., on or around April 3, 2009) if committee capacity has not been reached. The Secretary is required to post such information in the <i>Federal Register</i> as well as on the dedicated ONCHIT website.
3003 – HIT Standards Committee	Section 3003 establishes a HIT Standards Committee to recommend to the National Coordinator standards, implementation specifications, and certification criteria for the electronic exchange and use of health information for purposes of adoption. Not later than 90 days after the date of enactment (i.e., on or around May 17, 2009) , the HIT Standards Committee is required to develop a schedule for the assessment of policy recommendations developed by the HIT Policy Committee.	None specified, though the Committee is required to develop a schedule to assess the policy recommendations developed by the HIT Policy Committee not later than 90 days after the date of enactment (i.e., on or around May 17, 2009). The Secretary is required to post such information in the <i>Federal Register</i> as well as on the dedicated ONCHIT website.
3004 – Process for Adoption of Endorsed	Section 3004 requires the Secretary, within 90 days of receiving the standards, implementation specification, or certification criteria from	The Secretary is required to determine – within 90 days of receipt of the standards, implementation, and certification criteria –

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DIVISION A – TITLE XIII – HEALTH INFORMATION TECHNOLOGY		
SECTION	DESCRIPTION	STATUTORY IMLPEMENTATION DATE
Recommendations; Adoption of Initial Set of Standards, Implementation Specifications, and Certification Criteria	the National Coordinator, to determine whether or not to propose adoption of such standards, specification, or criteria. In addition, not later than December 31, 2009 , the Secretary is required to adopt, through the rule-making process, an initial set of standards, specifications, and criteria.	whether or not to propose adoption of such. And subsequent to the Secretary’s review, the Secretary must publish, through the rule-making process, an initial set of standards, specifications and criteria no later than December 31, 2009 . NOTE: The legislation provides the Secretary with the discretion to issue such criteria on an interim, final basis .
3005 – Application and Use of Adopted Standards and Implementation Specifications by Federal Agencies	Section 3005 simply refers to the section pertaining to the coordination of federal activities with adopted standards and implementation specifications.	N/A
3006 – Voluntary Application and Use of Adopted Standards and Implementation Specifications by Private Entities	In general, section 3006 requires that the application and use of adopted standards and implementation specifications be voluntary for private entities.	N/A
3007 – Federal Health Information Technology	Section 3007 requires the National Coordinator to support the development and routine updating of qualified EHR technology and make available such technology unless the Secretary and HIT Policy Committee determine that providers’ needs and demands are being met through the marketplace.	N/A
3008 – Transitions	Section 3008 simply clarifies that nothing in section 3001(in which ONCHIT is codified) should be construed as requiring the creation of a new entity, nor does it prohibit the National eHealth Collaborative from modifying its charter, duties, membership, and any other structure or function required to be consistent with the requirements	N/A

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DIVISION A – TITLE XIII – HEALTH INFORMATION TECHNOLOGY		
SECTION	DESCRIPTION	STATUTORY IMLPEMENTATION DATE
	of a voluntary consensus standards body.	
3009 – Miscellaneous Provisions	In general, section 3009 specifies that nothing in this title shall be construed as having any effect on the authorities of the Secretary under HIPAA privacy and security law.	N/A
<i>Part 2 – Application and Use of Adopted Health Information Technology Standards; Reports</i>		
13111 – Coordination of Federal Activities with Adopted Standards and Implementation Specifications	Section 13111 requires federal agencies to utilize, where available, health IT systems and products meeting adopted standards and implementation specifications when implementing, acquiring, or upgrading health IT systems for the direct exchange of individually identifiable health information. In addition, the section requires the President ensure that federal activities involving the broad collection and submission of health information are consistent with such standards or implementation specifications within 3 years after the date of adoption.	None specified.
13112 – Application to Private Entities	Section 13112 specifies that federal agencies require in contracts or agreements with health care providers, health plans, or health insurance insurers that each provider, plan , or issuer utilize, where available, health IT systems and products meeting adopted standards and implementation specifications when implementing, acquiring, or upgrading health IT systems.	None specified.

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DIVISION A – TITLE XIII – HEALTH INFORMATION TECHNOLOGY		
SECTION	DESCRIPTION	STATUTORY IMLPEMENTATION DATE
13133 – Studies and Reports	Section 13133 requires that the Secretary report to Congress – not later than 2 years after the date of enactment (i.e., on or around February 17, 2011) – on the following: (1) the adoption of a nationwide system; (2) methods to create efficient reimbursement incentives for improving healthcare quality in FQHCs, RHCs, and free clinics; and (3) the potential use of a new aging services technology.	Reports required under this section are due to Congress not later than 2 years after the date of the legislation’s enactment (i.e., on or around February 17, 2011).
<i>Subtitle B – Testing of Health Information Technology</i>		
13201 – National Institute for Standards and Technology Testing	Section 13201 requires the Director of the National Institute for Standards and Technology (NIST), in coordination with the HIT Standards Committee, to test HIT standards and implementation specifications to assure the efficient implementation and use of such standards and specifications.	None specified.
13202 – Research and Development Programs	Section 13202 requires the Director of NIST, in consultation with the Director of the National Science Foundation (NSF) and other appropriate federal agencies, to establish a program of assistance to higher education institutions to establish multidisciplinary Centers for Health Care Information Enterprise Integration.	None specified.
<i>Subtitle C – Grants and Loans Funding</i>		
3011 – Immediate Funding to Strengthen the Health Information Technology Infrastructure	Section 3011 authorizes the Secretary to use funds appropriated under section 3018 to “invest in the infrastructure necessary to allow for and promote the electronic exchange and use of health information for each individual in the United States...”	Presumably upon enactment or pending clarification from the Agency.
3012 – Health Information	Section 3012 requires the Secretary, acting through the Office of the	A draft description of HHS’ program for establishing regional

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DIVISION A – TITLE XIII – HEALTH INFORMATION TECHNOLOGY		
SECTION	DESCRIPTION	STATUTORY IMPLEMENTATION DATE
Technology Implementation Assistance	National Coordinator, to establish a health information technology extension program “to assist providers to adopt, implement, and effectively use certified EHR technology.” In addition, not later than 90 days after enactment (i.e., on or around May 17, 2009) , the Secretary is required to publish in the <i>Federal Register</i> a draft description of the program for establishing regional centers under this section.	centers under this section must be published in the <i>Federal Register</i> no later than 90 days after enactment (i.e., on or around May 17, 2009) .
3013 – State Grants to Promote Health Information Technology	Section 3013 authorizes the Secretary, acting through the National Coordinator, to make available planning and implementation grants to a state or state-qualified entity to promote health IT. Grants awarded under this section require a specified match from states.	None specified, though the state match is mandated as early as FY 2011 for receipt of federal funds under this section, so presumably these provisions would take effect in FY 2011 with the application process beginning much sooner.
3014 – Competitive Grants to States and Indian Tribes for the Development of Loan Program to Facilitate the Widespread Adoption of Certified EHR Technology	Section 3014 authorizes the National Coordinator to award competitive grants to states and Indian tribes for the development of loan programs for healthcare providers to, among other things, adopt certified EHR technology. The Secretary may not make an award under this section prior to January 1, 2010.	None specified, except that awards may not be made under this section prior to January 1, 2010 .
3015 – Demonstration Program to Integrate Information Technology into Clinical Education	Section 3015 authorizes the Secretary to establish a demonstration program for purposes of awarding grants to medical, dental, nursing schools, and other graduate health education programs to integrate HIT into clinical education of professionals. Matching funds are required. The Secretary is required to report – within 1 year of enactment (i.e., on or around February 17, 2010) and annually thereafter – a report on the provisions of this section.	None specified, except that the report to Congress on the provision’s implementation is due within 1 year of enactment (i.e., on or around February 17, 2010) .
3016 – Information Technology Professionals in Health Care	Section 3016 requires the Secretary, in consultation with the Director of NSF, to provide assistance to higher education institutions to establish or expand medical health informatics education programs.	None specified.

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SECTION	DESCRIPTION	STATUTORY IMLPEMENTATION DATE
3017 – General Grant and Loan Provisions	Section 3017 authorizes the Secretary to require grantees, within 1 year of receiving an award, to report on the effectiveness of the efforts for which funds were provided and the impact on healthcare quality and safety.	None specified, except that grantees must provide a report within 1 year of receipt of the funds.
3018 – Authorization of Appropriations	Section 3018 authorizes such sums as necessary to implement provisions under Subtitle C for each of FYs 2009-2013.	N/A
<i>Subtitle D – Privacy</i>		
<i>Part I – Improved Privacy Provisions and Security Provisions</i>		
13401 – Application of Security Provisions and Penalties to Business Associates of Covered Entities; Annual Guidance on Security Provisions	Section 13401 applies the HIPPA security standards and associated civil and criminal penalties to business associates of a covered entity (e.g., providers and health plans) in the same manner that they apply to the covered entities. In addition, the section requires the Secretary – for the first year beginning after the date of enactment (i.e., 2010) and annually thereafter – to issue guidance on the effective and appropriate safeguards for protecting electronic health information.	Except as otherwise specifically provided, the provision is effective on the date that is 12 months after enactment (i.e., on or around February 17, 2010) .
13402 – Notification in the Case of Breach	Section 13402 requires covered entities, in the case of a breach of information, to notify – no later than within 60 days – each individual whose unsecured protected health information has been, or is reasonably believed by the covered entity to have been, accessed, acquired, or disclosed as a result of such breach. In addition, the Secretary is required – not later than 60 days after the date of enactment (i.e., on or around April 17, 2009) and annually update thereafter – to issue guidance “specifying the technologies and	In general and unless otherwise specified (in bold), the Secretary is required to promulgate interim, final regulations pertaining to these provisions not later than 180 days after enactment (i.e., on or around August 17, 2009) .

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DIVISION A – TITLE XIII – HEALTH INFORMATION TECHNOLOGY		
SECTION	DESCRIPTION	STATUTORY IMPLEMENTATION DATE
	methodologies that render protected health information unusable, unreadable, or indecipherable to unauthorized individuals...” The Secretary is also required – not later than 12 months after enactment (i.e., February 17, 2010) and annually thereafter – to report to Congress on the above breaches of information.	
13403 – Education on Health Information Privacy	Section 13403 requires the Secretary – not later than 6 months after enactment (i.e., on or around August 17, 2009) – to designate an individual in each HHS regional office to provide guidance and education related to federal privacy and security requirements. In addition, not later than 12 months after the date of enactment (i.e., on or around February 17, 2010) , the HHS Office for Civil Rights (OCR) must develop and maintain a national education initiative regarding the uses of protected health information.	The Secretarial HHS regional office designees must be selected within 6 months of enactment (i.e., on or around August 17, 2009) and the national education initiative must be undertaken within 12 months of enactment (i.e., on or around February 17, 2010) .
13404 – Application of Privacy Provisions and Penalties to Business Associates of Covered Entities	Section 13404 applies the HIPPA privacy provisions and penalties to business associates of covered entities.	Except as otherwise specifically provided, the provision is effective on the date that is 12 months after enactment (i.e., on or around February 17, 2010) .
13405 – Restrictions on Certain Disclosures and Sales of Health Information; Accounting of Certain Protected Health Information Disclosures; Access to Certain Information in Electronic Format	Section 13405 outlines restrictions on certain disclosures and sales of health information. The section also requires covered entities to limit the use, disclosure, or request of personal health information to “the minimum necessary to accomplish the intended purpose of such use, disclosure, or request, respectively.” The requirement sunsets upon the Secretary’s issuance of guidance on what constitutes “minimum necessary” and such guidance must be issued no later than 18 months after the date of enactment (i.e., August 17, 2010) . In addition, the section outlines requirements pertaining to the accounting of certain	Effective dates vary throughout section – refer to dates listed in bold .

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DIVISION A – TITLE XIII – HEALTH INFORMATION TECHNOLOGY		
SECTION	DESCRIPTION	STATUTORY IMLPEMENTATION DATE
	protected health information disclosures, noting that the Secretary must promulgate regulations – not later than 6 months after enactment (i.e., on or around August 17, 2009) – on what information shall be collected about each disclosure. Finally, the section requires that the Secretary – not later than 18 months after enactment (i.e., on or around August 17, 2010) – to promulgate regulations regarding the prohibition of the sale of EHRs or protected health information.	
13406 – Conditions on Certain Contacts as Part of Health Care Operations	Section 13406 outlines requirements regarding certain communication as part of health care options.	Except as otherwise specifically provided, the provision is effective on the date that is 12 months after enactment (i.e., on or around February 17, 2010) .
13407 – Temporary Breach Notification Requirement for Vendors of Personal Health Records and Other Non-HIPAA Covered Entities	Section 13407 outlines requirements with respect to notifying individuals when their personal health information has been breached.	Requires promulgation of interim final regulations not later than 180 days after enactment (i.e., on or around August 17, 2009) .
13408 – Business Associate Contracts Required for Certain Entities	Section 13408 requires organizations contracting with covered entities, for purposes of offering a personal health record (PHR) to patients as part of its EHR, to have business associate contracts with those providers or plans.	Except as otherwise specifically provided, the provision is effective on the date that is 12 months after enactment (i.e., on or around February 17, 2010) .
13409 – Clarification of Application of Wrongful Disclosures Criminal Penalties	Section 13409 clarifies that criminal penalties apply to individuals considered to have obtained or disclosed individually identifiable health information in violation of the HIPPA privacy regulation.	Except as otherwise specifically provided, the provision is effective on the date that is 12 months after enactment (i.e., on or around February 17, 2010) .
13410 – Improved Enforcement	Section 13410 requires the Secretary – not later than 18 months after enactment (i.e., on or around August 17, 2010) – to promulgate regulations implementing improved HIPPA enforcement.	In general, provisions under this section are due not later than 18 months after enactment (i.e., on or around August 17, 2010) .

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DIVISION A – TITLE XIII – HEALTH INFORMATION TECHNOLOGY		
SECTION	DESCRIPTION	STATUTORY IMLPEMENTATION DATE
	In addition, the section requires the Government Accountability Office (GAO) – not later than 18 months after enactment (i.e., August 17, 2010) to submit to the Secretary a report including recommendations regarding civil monetary penalties or monetary settlements collected under this provision.	
13411 – Audits	Section 13411 requires the Secretary to provide for periodic audits to ensure that covered entities and business associates that are 9 subject to the requirements of this subtitle and comply with the above-specified requirements.	Except as otherwise specifically provided, the provision is effective on the date that is 12 months after enactment (i.e., on or around February 17, 2010) .
<i>Part II – Relationship to Other Laws; Regulatory References; Effective Date; Reports [Only Applicable Sections Noted Below]</i>		
13424 – Studies, Reports, Guidance	Requires the following studies, reports, and guidance: (1) compliance report, detailing complains of alleged violations of privacy and security law – due for the first year beginning after the date of enactment (i.e., 2010) ; (2) study and report on the non-application of privacy and security requirements to non-HIPPA covered entities – due not later than the first year beginning after the date of enactment (i.e., 2010) ; (3) report on implementation specification to de-identify protected health information – due not later than 12 months after enactment (i.e., February 17, 2010) ; (4) GAO report on treatment disclosures – due not later than 1 year after enactment (i.e., February 17, 2010) ; (5) GAO report on the impact of any provisions on health insurance premiums, overall health care costs, adoption of EHR by providers, and reduction in medical errors and other quality improvements – due not later than 5 years after enactment (i.e., February 17, 2013) ; and (6) study of the definition of “psychotherapy	Effective dates vary throughout section – refer to dates listed in bold .



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DIVISION A – TITLE XIII – HEALTH INFORMATION TECHNOLOGY		
SECTION	DESCRIPTION	STATUTORY IMLPEMENTATION DATE
	notes” – due date not specified.	

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DIVISION B – TITLE III – PREMIUM ASSISTANCE FOR COBRA BENEFITS		
SECTION	DESCRIPTION	STAUTORY IMLPEMENTATION DATE
3001 – Premium Assistance for COBRA Benefits	Section 3001 provides eligible individuals with a 65% subsidy for COBRA health insurance premiums for a maximum period of 9 months. Note that individuals eligible for assistance under this provision include those who at any time during the period beginning September 1, 2008 and ending December 31, 2009 are eligible for COBRA continuation coverage. In addition, the section requires both an interim and final report from the Secretary of Treasury to Congress related to these provisions.	<p>The provisions of this section apply to taxable years ending after the date of the enactment.</p> <p>With respect to implementation, the section requires the Secretaries of HHS and the Treasury to promulgate regulations and other appropriate guidance to implement these provisions as necessary.</p>

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DIVISION B – TITLE IV – HEALTH INFORMATION TECHNOLOGY		
SECTION	DESCRIPTION	STAUTORY IMLPEMENTATION DATE
<i>Subtitle A – Medicare Incentives</i>		
4101 – Incentives for Eligible Professionals	<p>Beginning in 2011, non-hospital based physicians adopting and using certified electronic health record (EHR) technology are eligible to receive bonuses of up to \$44,000 over a 5-year period, with an additional 10% in incentive payments available to certain rural providers. Physicians waiting until after 2013 to first adopt EHR are subject to reduced incentives and those waiting until after 2014 are ineligible to receive incentive payments at all. Beginning in 2015 and subsequent years thereafter, physicians failing to adopt a certified EHR are subject to reduced fee schedule amounts. The provision specifies additional requirements for the application of incentives and penalties to certain Medicare Advantage (MA) organizations, with a report due to Congress on the methods for making such incentives and adjustments not later than 120 days upon enactment (i.e., June 17 2009).</p>	<p>Implementation dates vary throughout the section, but generally speaking and unless otherwise specified (in bold), the presumed earliest date of implementation for most provisions in this section is January 1, 2011, with the caveat that the report on the MA incentive structure is due to Congress by June 17, 2009.</p> <p>Note that it is possible that CMS may decide to effectuate these provisions in its annual calendar year (CY) update to the Medicare Physician Fee Schedule (PFS) rule, though may also opt to implement such provisions through a separate rule-making process.</p>
4102 – Incentives for Hospitals	<p>Beginning in fiscal year (FY) 2011 and subject to certain limitations, hospitals adopting and using certified EHR technology are eligible to receive incentive payments equal to the product of the following: the base amount plus the discharge related payment amount over a 12-month period, which is then multiplied by its Medicare share and reduced over time by a specified transition factor. Hospitals waiting until after 2013 to first adopt certified EHR are subject to reduced incentives and those waiting until after 2015 are ineligible to receive any incentive payment at all. Beginning in FY 2015 and subsequent years thereafter, hospitals that fail to adopt a certified EHR are</p>	<p>Implementation dates vary throughout the section, but generally speaking and unless otherwise specified (in bold), the presumed earliest date of implementation for most provisions in this section is FY 2011 – i.e., October 1, 2010.</p> <p>Note that it is possible that CMS may decide to effectuate these provisions in its annual FY update to the Medicare Inpatient Prospective Payment System (IPPS) regulation, though may also opt to implement such provisions through a separate rule-making process.</p>



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DIVISION B – TITLE IV – HEALTH INFORMATION TECHNOLOGY		
SECTION	DESCRIPTION	STAUTORY IMLPEMENTATION DATE
<i>Subtitle A – Medicare Incentives</i>		
	subject to having their annual market basket (MB) update reduced by specified percentages. The provision also outlines separate requirements for critical access hospitals (CAHs) and MA organizations.	
4104 – Studies and Reports on Health Information Technology	Section 4104 requires the Secretary to conduct studies and report to Congress on the following: (1) the application of Medicare and Medicaid incentives for providers not receiving incentive payments under the legislation – due not later than June 30, 2010 ; and (2) the availability of open source health information technology (“health IT”) systems – due not later than October 1, 2010 .	Studies and the associated reports to Congress are due not later than June 30, 2010 and October 1, 2010 , respectively.
<i>Subtitle B – Medicaid Incentives</i>		
4201 – Medicaid Provider HIT Adoption and Operation Payments; Implementation Funding	Section 4201 provides up to \$63,750 in Medicaid funding, through an enhanced federal match, to a limited group of eligible professionals to assist in the adoption and implementation of certified EHR technology. Payments to eligible hospitals are determined in the same manner as those payments under the Medicare incentive provision of the legislation (section 4102). In general, in <u>no</u> case may the Medicaid incentive payments be paid any year beginning after 2016 or over a period of more than 6 years. The section also requires periodic reports to Congress on the status of such payments.	Section 4201 does not specify an initial payment year, though implies that the incentives should be provided in or (more likely) before 2016 .

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DIVISION B – TITLE V – STATE FISCAL RELIEF		
SECTION	DESCRIPTION	STAUTORY IMPLEMENTATION DATE
5001 – Temporary Increase of Medicaid FMAP	Section 5001 provides a temporary increase of Medicaid federal medical assistance percentage (FMAP), in part by preventing states from experiencing projected decreases in their regular FMAP for a certain period of time (i.e., “hold harmless” provision), providing an across-the-board 6.2% FMAP increase, and additional relief based on state unemployment. The section also provides for an increase in the cap on Medicaid payments to territories. States paid additional funds as a result of this section must submit, not later than September 30, 2011 , a report to the Secretary regarding how the additional federal funds were used. The section also outlines compliance with prompt pay requirements.	In general, the temporary FMAP increase is available to states for periods beginning on October 1, 2008 and ending December 31, 2010 . The associated report from states to the Secretary is due September 30, 2011 .
5002 – Temporary Increase in DSH Allotments During Recession	Section 5002 increases for FY 2009 states’ Disproportionate Share Hospital (DSH) allotments by 2.5% over the current amount, with an additional increase of 2.5% (over the FY 2009 amount) in FY 2010.	Presumably upon enactment, given the timeframe for the scheduled DSH increases.
5003 – Extension of Moratoria on Certain Medicaid Final Regulations	Section 5003 extends the moratoria pertaining to CMS implementation on 4 contentious Medicaid final regulations: (1) Targeted Case Management (TCM); (2) School-Based Services; (3) Provider Taxes, and (4) Outpatient Hospital Services. In addition, the conference agreement states the sense of the Congress that the Secretary should not promulgate as final the proposed regulations relating to: (1) Graduate Medical Education; (2) Cost Limit for Public Providers; and (3) Rehabilitation Services.	Presumably upon enactment or pending clarification from the Agency.
5004 – Extension of Transitional Medical Assistance (TMA)	Section 5004 extends for 18 months work-related TMA (through December 31, 2010). States have the flexibility to extend by an additional 12 months the initial eligibility period of Medicaid coverage	All provisions within the section take effect on July 1, 2009 .

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DIVISION B – TITLE V – STATE FISCAL RELIEF		
SECTION	DESCRIPTION	STAUTORY IMPLEMENTATION DATE
	for families transitioning from welfare to work. In addition, states have the option to waive the requirement that a family must have received Medicaid in at least 3 of the last 6 months in order to qualify. Finally, the section requires the Secretary to submit annual reports to Congress regarding TMA enrollment and participation rates.	
5005 – Extension of the Qualifying Individual (QI) Program	Section 5005 extends the QI program through December 31, 2010 (as opposed to through December 31, 2009) with additional funding provided.	Presumably upon enactment or pending clarification from the Agency.
5006 – Protections for Indians under Medicaid and CHIP	Section 5006 outlines a series of protections for Indians under Medicaid and SCHIP, including provisions related to premiums and cost-sharing, treatment of certain property and resources for eligibility purposes and Medicaid estate recovery, among other things.	Provisions under this section take effect on July 1, 2009 .
5007 – Funding for Oversight and Implementation	Section 5007 appropriates additional funding for oversight activities and implementation of the increased FMAP.	Presumably upon enactment or pending clarification from the Agency.
5008 – GAO Study and Report Regarding State Needs During Periods of National Economic Downturn	Section 5008 requires GAO – not later than April 1, 2011 – to study and report to Congress on state needs during periods of national economic downturn.	Report to Congress is due April 1, 2011 .