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1	Issue	In HR 3590/HR 4872	Timeline
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3	<i>Issues From AAPM&amp;R January Letter:</i>		
4	<b>Insurance Market Reforms:</b>		
5	Provide universal coverage	<b>Partial. Does not provide universal coverage but provides coverage to many people through the new exchanges and expansions to public programs (CHIP, Medicaid).</b>	Interim High Risk Pool starts in 2010; Children up to 26 can be covered through parents plans. Increased Medicaid coverage in 2014. Exchanges and benefits package protections in 2014.
6	Eliminate pre-existing condition exclusions	<b>Yes. Sec. 2704</b>	Oct 23, 2010, children covered with pre-existing conditions. In 2014, covers adults as well - with high risk pool coverage for adults until then.
7	Eliminate discrimination based on health status or disability in determining insurability or premium levels	<b>Yes. Sec. 2705</b>	As of 2014.
8	Guarantee issue and renewability of insurance policies	<b>Yes. Secs. 2702 &amp; 2703</b>	As of 2014.
9	Prohibit annual and lifetime caps in benefits	<b>Yes. Sec. 2711</b>	As of 2014.
10	Cap out-of-pocket expenses on health insurance premiums and cost-sharing requirements	<b>Yes. Sec. 1302</b>	As of 2014.
11	Prohibit the increase in premium rates and denial of coverage based on health status or disability	<b>Yes. Secs. 1302 &amp; 1557.</b>	As of 2014; Immediate non-discrimination through protection against benefits denials or participation exclusions.
12	Ensure that health benefits in all plans cover inpatient and outpatient rehabilitation and habilitation services in other settings of post acute care, including: pain care services, pain management, as well as assistive and adaptive devices such as orthotics, prosthetics, power wheelchairs, and other devices that improve function in patients with medical diagnoses	<b>Partial. Sec. 1302. The final bill did not include the full description of "devices" that was sought but AAPM&amp;R and which was included in the House bill.</b>	As of 2014.
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14	<b>Investment in Research, etc.:</b>		
15	Increase support for Comparative Effectiveness Research (CER) and other similar investments in research to improve the quality and decrease the costs for individuals with disabilities and those at risk for disabling conditions	<b>Yes. Sec. 6301, Sec. 10602</b>	As of 2010.

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16	Ensure that the use of evidence-based research does not supplant the ability of the physician to preserve individual physician – patient relationships	<b>Yes.</b> Sec. 6301, Sec. 10602	As of 2010.
17	Underlying these and all our priorities in this letter is a core principal for our members, namely, incorporating measurements of function and functional improvements into the health care system that will provide the tools to evaluate interventions, including physiatry services and care, and their impact on patient outcomes and cost-effectiveness	<b>Yes.</b> Not specifically covered but referenced throughout all the other provisions advocated for in this bill.	N/A.
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19	<b>Medicare Reforms:</b>		
20	Repealing the Medicare Sustainable Growth Rate (SGR) formula and the impending 21 percent cut in FY 2010 which threatens access to care for seniors and people with disabilities	<b>No. Secs. 3101/ 10310.</b> To be addressed this Spring but unclear if election-year politics will allow Congress to pass a complete SGR repeal or another 1-2 year fix.	N/A.
21	Protecting seniors and patients with disabilities from unintended consequences of “bundled” payments, particularly including post-acute care services, in any pilot testing of the Continuing Care Hospital (CCH) concept.	<b>Partial.</b> Secs. 3023/ 10308. The full post-acute bundle provision was watered down to a pilot project. CCH concept was added to the bundle. (Also Sec. 2704-Medicaid demo).	Pilot by 2013; Expansion by 2016.
22	Avoid empowering any independent commission or other entity to mandate payment cuts for physicians and other providers subject to expenditure targets and other potential payment reductions as a result of payment formulas	<b>No.</b> Sec. 3403/ 10320. The IPAB provision was included in the final bill.	As of Jan 15, 2014.
23	Increase new Medicare supported residency positions (graduate medical education), including in underserved areas, to ensure that we have enough physicians and that medical students continue to have adequate residency opportunities	<b>Yes.</b> Secs. 5503-5506, 5606, 10501(I)(m1)(n1). Various tweaks to GME.	Various effective dates depending on the provision; from 3/23/10 to 2015 and later.
24	Either completely repeal the current therapy caps or permanently extend the related exceptions process	<b>Yes.</b> Sec. 3103. 1-year extension of exceptions process.	1-year extension through 2010.

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25	Refrain from wasting federal resources to again research the cost effectiveness of allowing physical therapists to evaluate and treat Medicare patients without a requirement for a physician referral	<b>Partial.</b> Secs. 3021/ 10306. Full Direct Access provision was watered down to a proposal for new CMS payment innovation center to consider studying this payment model.	As of 2011.
26	Maintain patient choice and access to the most appropriate power mobility device by maintaining the first month purchase option	<b>Partial.</b> Sec. 3136. 1st month purchase option (for patients) eliminated but exempts complex rehab power wheelchairs.	As of 2011.
27	Expanding Medicaid eligibility to improve access to affordable and comprehensive insurance for low-income individuals with chronic conditions and disabilities	<b>Yes.</b> Secs. 2001 & (RA) 1201 (and others). Establishes 133% of FPL as new eligibility threshold. Other provisions expand coverage and benefits in other ways.	As of 2014. Some tangential provisions have access begin in 2013 or other (premium assistance, improved access to preventive services).
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30	<b><i>Other Issues Advocated by AAPM&amp;R:</i></b>		
31	Prohibit plans from discriminating against providers by denying participation.	<b>Yes.</b> Sec. 2706. But not an "any willing provider" provision.	As of 2014.
32	Establish standards of accessibility for medical diagnostic equipment to individuals with disabilities.	<b>Yes.</b> Sec. 4203.	As of Mar. 23, 2012.
33	Establishes optional Medicaid benefit for community-based attendant services and supports to beneficiaries with disabilities who would otherwise require SNF care.	<b>Yes.</b> Secs. 2401/ RA - 1205.	As of Oct. 1, 2011.
34	Allows states to provide more types of home and community based services without resorting to the waiver process.	<b>Yes.</b> Sec. 2402.	As of Apr. 1, 2010.
35	Creates financial incentives for states to shift beneficiaries from SNFs to home and community based services.	<b>Yes.</b> Sec. 10202.	From Oct. 1, 2011 - Sept. 30, 2015.
36	Sense of the Senate (non-binding) guaranteeing seniors and the disabled access to long term care services and supports.	<b>Yes.</b> Sec. 2406.	N/A.
37	Expand state option to provide Medicaid diagnostic, screening, preventive and rehabilitative services.	<b>Yes.</b> Sec. 4106.	As of 2013.

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38	Establishes the CLASS Act - a new, voluntary, self-funded public long-term care insurance program for the purchase of community living assistance services and supports by individuals with functional limitations	Yes. Sec. 8002.	As of 2011.
39	Various secondary medical malpractice revisions.	Secs. 6801/10607/10608.	As of Mar. 23, 2010 and Oct. 1, 2010.
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42	<b><i>Issues of Interest to AAPM&amp;R:</i></b>		
43	Require payment to primary care physicians be no less than 100% of Medicare payment rate in 2013 and 2014.	Sec. RA - 1202.	As of 2013.
44	Medicaid DSH payment increases.	Secs. 2551/ RA- 1203. Various tweaks.	As of 2014.
45	PQRI Program (pay for performance) enhancements.	Sec. 3002, 3007.	As of 2014 (Sec. 3007 is phased-in).
46	Creates similar quality (p4p) program for IRFs.	Sec. 3004.	As of 2014.
47	Primary care payment bonus (10% for five years).	Secs. 5501/ 10501(h).	As of 2011.
48	Extends PE GPCI (geographic adjustment).	Secs. 3102/ RA-1108.	As of 2012.
49	Various hospital payment adjustments.	Secs. 3008, 3025, 3137, 3141, RA-1109, 3026, 3001.	Various.
50	Medicare DSH lowered by 75% and subsequently increased in relation to percent of uninsured served and uncompensated care provided.	Secs. 3133/10316/RA-1104.	As of 2015.
51	HHS/CMS to regularly review physician fee schedule rates for accuracy and "misvalued" rates.	Sec. 3134.	As of Mar. 23, 2010.
52	IRF market basket cuts - 2010-2011 – 0.25%; 2012-2013 – 0.1%; 2014 - 0.3%; 2015-2016 – 0.2%; 2017-2019 – 0.75%.	Secs. 3401/10319/RA-1105.	Various.
53	Expands the number of areas to be included in round two of the durable medical equipment competitive bidding program	Sec. 6410.	By 2016.
54	Establishes CMS Payment Innovation Center to study new payment and delivery arrangements.	Secs. 3021/ 10306.	As of 2011.
55	Extends CMS gainsharing demo through mid-2011	Sec. 3027.	As of mid-2011.
56	Prohibits physician-owned hospitals with limited exception for grandfathered hospitals.	Secs. 6001/10601/RA 1106.	As of Feb. 1, 2010.
57	Under the in-office ancillary exception, requires physicians to inform patients in writing that they may obtain services elsewhere.	Sec. 6003.	As of 2010.
58	Reduces to 12 months the maximum period for submitting claims.	Sec. 6404.	As of 2010.
59	Requires DME or home health services to be ordered by a physician.	Secs. 6405/10604.	As of July 1, 2010.

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60	Requires states to establish contracts with one or more RACs.	Sec. 6411.	By Dec. 31, 2010.
61	Eases current criteria to make the primary care student loan program more attractive to medical students	Sec. 5201.	Mar. 23, 2010.
62	Directs the Secretary to establish a grant program, and provides additional funding under the PHSA, to support new or expanded primary care residency programs	Sec. 5508.	As of FY 2010.
63	Authorizes funding for training in geriatrics.	Sec. 5305.	As of FY 2011.
64	Authorizes grants for disability sensitivity training.	Sec. 5307.	As of FY 2010.
65	Increased funding for National Health Service Corps	Secs. 10503/ RA-2303.	As of FY 2011.
66	Requires drug, device, biological and medical supply manufacturers to report transfers of value made to a physician, physician medical practice, a physician group practice, and/or a teaching hospital.	Sec. 6002.	As of Mar. 23, 2013.
67	New fraud and abuse provisions related to providers and suppliers participating in Medicaid.	Sec. 6401, 6402.	To be established by Secretary.
68	Accelerates adoption of uniform HIT standards for transactions between providers and health plans.	Sec. 1104	Varies as of 2013 and 2014.
69	Provides grants to long-term care facilities for the adoption of certified electronic health records technology	Sec. 6703.	As of Oct. 1, 2010.
70	Imposes a 2.3% tax on medical devices with exemptions for eyeglasses, contact lenses, hearing aids, and others as designated by the Secretary	Secs. 9009/10904/RA-1405.	As of 2013.