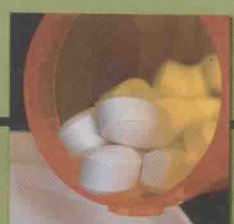


CCH[®]

CCH's Law, Explanation and Analysis of the Patient Protection and Affordable Care Act

Including Reconciliation Act Impact



Volume 1



Wolters Kluwer
Law & Business

CCH[®]
Aspen Publishers
MediRegs[®]

CCH®

D19136.712

6415

**Law, Explanation and Analysis
of the Patient Protection
and Affordable Care Act**

Including Reconciliation Act Impact

Law, Explanation and Analysis

Volume 1

Editorial Staff Publication



Wolters Kluwer
Law & Business

This publication is designed to provide accurate and authoritative information in regard to the subject matter covered. It is sold with the understanding that the publisher is not engaged in rendering legal, accounting, or other professional service. If legal advice or other expert assistance is required, the services of a competent professional person should be sought.

ISBN 978-0-8080-2287-9

©2010 CCH. All Rights Reserved.

4025 W. Peterson Ave.
Chicago, IL 60646-6085
1 800 248 3248
business.cch.com
health.cch.com
hr.cch.com

No claim is made to original government works; however, within this Product or Publication, the following are subject to CCH's copyright: (1) the gathering, compilation, and arrangement of such government materials; (2) the magnetic translation and digital conversion of data, if applicable; (3) the historical, statutory and other notes and references; and (4) the commentary and other materials.

Printed in the United States of America



**SUSTAINABLE
FORESTRY
INITIATIVE**

Certified Chain of Custody

Promoting Sustainable
Forest Management

www.sfiprogram.org

¶2 Table of Contents

Volume 1

- ¶1 Features of This Publication
- ¶5 Highlights

EXPLANATION

¶105	Chapter 1	Insurance Market Reforms
¶205	Chapter 2	Coverage Choices
¶305	Chapter 3	Affordability of Coverage
¶405	Chapter 4	Coverage Responsibilities
¶505	Chapter 5	Public Programs: Medicaid & Children's Health Insurance Program
¶605	Chapter 6	Maternal and Child Health Services
¶705	Chapter 7	Health Care Quality Improvement
¶805	Chapter 8	Medicare Improvements for Patients and Providers
¶905	Chapter 9	Rural Protections
¶1005	Chapter 10	Medicare Payment Accuracy Improvements
¶1105	Chapter 11	Provisions Relating to Medicare Part C
¶1205	Chapter 12	Medicare Part D Improvements
¶1305	Chapter 13	Medicare Sustainability
¶1405	Chapter 14	Disease Prevention and Wellness
¶1505	Chapter 15	Health Care Workforce Improvements
¶1605	Chapter 16	Medicare and Medicaid Transparency and Enforcement
¶1705	Chapter 17	Patient-Centered Outcomes Research
¶1805	Chapter 18	Medicare, Medicaid, and CHIP Program Integrity
¶1905	Chapter 19	Elder Justice Act
¶2005	Chapter 20	Access to Innovative Medical Therapies
¶2105	Chapter 21	CLASS Act
¶2205	Chapter 22	Revenue Provisions
¶2305	Chapter 23	Indian Health Care Act
¶2405	Chapter 24	Miscellaneous Provisions

Volume 2

LAW

- ¶5000 Text of the Patient Protection and Affordable Care Act
- ¶9500 Text of the Health Care and Education Reconciliation Act of 2010
- ¶9605 Text of Executive Order 13535: Ensuring Enforcement and Implementation of Abortion Restrictions in the Patient Protection and Affordable Care Act

COMMITTEE REPORT

- ¶10,001 Technical Explanation of the Revenue Provisions of the “Reconciliation Act of 2010,” as Amended, in Combination with the “Patient Protection and Affordable Care Act” (JCX-18-10)

SPECIAL TABLES

Effective Dates Tables

- ¶20,001 Social Security Act Sections
- ¶20,005 Employee Retirement Income Security Act Sections
- ¶20,010 Internal Revenue Code Sections

Other Tables

- ¶25,001 Social Security Act Sections to CCH Explanations
- ¶25,005 Employee Retirement Income Security Act Sections to CCH Explanations
- ¶25,010 Internal Revenue Code Sections to CCH Explanations
- ¶25,015 Social Security Act Sections Added, Amended or Repealed
- ¶25,020 Employee Retirement Income Security Act Sections Added, Amended or Repealed
- ¶25,025 Internal Revenue Code Sections Added, Amended or Repealed
- ¶25,030 Act Sections Amending Social Security Act Sections
- ¶25,035 Act Sections Amending Employee Retirement Income Security Act Sections
- ¶25,040 Act Sections Amending Internal Revenue Code Sections

¶3 Detailed Table of Contents

CHAPTER 1. INSURANCE MARKET REFORMS

INDIVIDUAL AND GROUP MARKET REFORMS

- ¶105 No Lifetime or Annual Coverage Limits
- ¶107 Prohibition on Rescission
- ¶109 Preventive Health Services Coverage
- ¶111 Extension of Dependent Coverage
- ¶113 New Uniform Standards for Health Plan Summary of Benefits and Coverage
- ¶115 Additional Information Regarding Transparency in Coverage
- ¶117 Prohibition on Discrimination in Favor of Highly Compensated Individuals
- ¶119 Quality Of Care, Individual and Group Markets
- ¶121 Insurer Cost Reductions Through Constraints on Loss Ratios
- ¶123 Claims Appeals Process
- ¶125 Patient Protections
- ¶130 Health Insurance Consumer Information
- ¶133 Review of Premium Increases

IMMEDIATE ACTIONS TO PRESERVE AND EXPAND COVERAGE

- ¶135 Insurance Access for Individuals With Pre-Existing Conditions
- ¶137 Reinsurance for Early Retirees
- ¶140 Internet Portal for Health Coverage Information
- ¶145 Administrative Simplification for Electronic Health Care Transactions

ADDITIONAL REFORMS

- ¶150 Insurance Premium Rates Limitations
- ¶155 Guaranteed Availability and Renewal
- ¶165 Preexisting Condition Exclusion
- ¶170 Prohibiting Discrimination Based on Health Status
- ¶175 State Prohibitions On Discrimination Against Health Care Providers
- ¶180 Comprehensive Health Insurance Coverage
- ¶181 Prohibition on Excessive Waiting Periods
- ¶183 Coverage For Individuals Participating in Approved Clinical Trials
- ¶185 Grandfathered Plans in the Individual and Group Health Markets
- ¶190 Annual Report on Self-Insured Plans

¶195 Health Plan Market Study

CHAPTER 2. COVERAGE CHOICES

QUALIFIED HEALTH PLANS

¶205 Contents of Essential Health Benefits Package

¶210 Special Rules Relating to Abortion Coverage

HEALTH BENEFIT EXCHANGES

¶215 Establishment of American Health Benefit Exchanges

¶220 Health Insurance Exchange Eligibility Rules

¶225 Financial Integrity Rules for Health Insurance Exchanges

STATE FLEXIBILITY RELATING TO EXCHANGES

¶230 State Operation and Enforcement of Health Insurance Exchanges

¶235 Nonprofit Health Insurance Issuers

¶240 Exempt Status Available to Nonprofit Health Insurance Issuers

¶245 Level Playing Field for Private Insurance Issuers

STATE FLEXIBILITY TO ESTABLISH ALTERNATIVE PROGRAMS

¶250 State Basic Health Programs for Low-Income Individuals Not Eligible for Medicaid

¶255 State Waiver of Requirements Relating to Qualified Health Plans

¶260 Interstate Health Care Choice Compacts

¶265 Multi-State Plans

REINSURANCE AND RISK ADJUSTMENT

¶270 Transitional Reinsurance Program for Individual Markets

¶275 Transitional Risk Corridors for Plans in Individual and Small Group Markets

¶280 Risk Adjustment for Plans in Individual and Small Group Markets

CHAPTER 3. AFFORDABILITY OF COVERAGE

PREMIUM CREDITS AND COST-SHARING REDUCTIONS

¶305 Health Insurance Premium Assistance Refundable Credit

¶310 Cost-Sharing Reductions

¶315 Procedures for Determining Eligibility

¶320 Advance Determinations and Payments

¶325 Streamlined Health Program Enrollment Procedures

¶330 Disclosures to Carry Out Eligibility Requirements for Certain Programs

¶335 Premium Assistance Tax Credit and Cost-Sharing Reduction Payments Disregarded for Federal Assistance Programs

¶340 Application of Geographic Variations in Determining Federal Poverty Level

- ¶345 Small Employer Health Insurance Credit
- ¶350 Free Choice Vouchers in Employer Plans
- ¶355 Free Choice Vouchers Employer Tax Credit

CHAPTER 4. COVERAGE RESPONSIBILITIES

INDIVIDUALS

- ¶405 Penalty for Failing to Carry Health Insurance
- ¶410 Health Care Coverage Reporting

EMPLOYERS

- ¶415 Automatic Enrollment for Employees of Large Employers
- ¶425 Shared Responsibility for Employers Regarding Health Coverage
- ¶430 Employer Health Insurance Coverage Reporting
- ¶435 Exchange-Participating Qualified Health Plans Offered Through Cafeteria Plans

CHAPTER 5. PUBLIC PROGRAMS: MEDICAID & CHILDREN'S HEALTH INSURANCE PROGRAM

MEDICAID COVERAGE AND ELIGIBILITY

- ¶505 New Groups Required to be Covered by Medicaid
- ¶506 Benchmark Benefits for the Newly Eligible
- ¶507 Use of Modified Gross Income to Determine Income Eligibility for Nonelderly
- ¶509 Premium Assistance Under Medicaid
- ¶511 Mandatory Coverage of Former Foster Children
- ¶513 Medicaid Payment Increases for the U.S. Territories
- ¶515 Increases in FMAP for Disaster Recovery States
- ¶517 Recision of Appropriations to Medicaid Improvement Fund

EXPANSION OF MEDICAID SERVICES

- ¶519 Medicaid Coverage of Free-Standing Birth Center Services
- ¶521 Hospice Care for Children
- ¶523 New Optional Coverage for Family Planning
- ¶525 Definition of Medical Assistance

OPTIONS FOR STATES TO PROVIDE LONG-TERM SERVICES AND SUPPORTS

- ¶530 Community First Choice Option to Provide Medicaid Coverage of Community-Based Attendant Services
- ¶533 Removal of Barriers to Home- and Community-Based Services
- ¶534 Optional Coverage of Higher-Income Beneficiaries and Reports of Medicaid Enrollment

- ¶535 Money Follows the Person Rebalancing Demonstration
- ¶536 Maintenance of Eligibility for Medicaid
- ¶537 Protection of Home- and Community-Based Services Recipients from Spousal Impoverishment
- ¶539 Expansion of State Aging and Disability Resource Centers
- ¶541 Sense of the Senate Regarding Long-Term Care

MEDICAID PRESCRIPTION DRUG COVERAGE

- ¶543 Medicaid Prescription Drug Rebates
- ¶545 Elimination of Medicaid Exclusion of Certain Drugs
- ¶547 Adequate Pharmacy Reimbursement

MEDICAID QUALITY IMPROVEMENT

- ¶550 Quality Measures for Maternity and Adult Care
- ¶553 Medicaid Nonpayment for Health Care-Acquired Conditions
- ¶555 Health Home Option for Medicaid Beneficiaries with Chronic Conditions
- ¶557 Demonstration Projects Towards Improving the Quality of Medicaid

DUAL ELIGIBILITY UNDER MEDICARE AND MEDICAID

- ¶559 Five-Year Period for Demonstration Projects
- ¶561 Creation of the Federal Coordinated Health Care Office

ENROLLMENT SIMPLIFICATION FOR MEDICAID AND CHIP

- ¶563 Medicaid Enrollment Simplification and Coordination
- ¶564 Qualified Plans and CHIP
- ¶565 Presumptive Eligibility Determinations by Hospitals
- ¶566 Extension of Children’s Health Insurance Program

OTHER PROVISIONS

- ¶567 Disproportionate Share Hospital Payments
- ¶570 MACPAC Changes to Duties, Reporting Requirements, Membership, Powers and Funding
- ¶573 Special Rules Applying to Indians
- ¶575 Reimbursement for Part B Services Furnished by Indian Hospitals and Clinics
- ¶577 Medicaid Matching Funds for Assistance to Newly Eligible
- ¶580 Increased Matching Funds for CHIP
- ¶585 Technical Corrections to CHIPRA
- ¶590 Long-Term Care Balancing Incentive
- ¶597 Demonstration on Access to Affordable Care

CHAPTER 6. MATERNAL AND CHILD HEALTH SERVICES

MATERNAL AND CHILD HEALTH SERVICES

- ¶605 Maternal, Infant, and Early Childhood Home Visiting Programs
- ¶610 Postpartum Depression
- ¶615 Personal Responsibility Education
- ¶620 Restoration of Funding for Abstinence Education
- ¶625 Foster Care Transition Planning

SUPPORT FOR PREGNANT AND PARENTING TEENS AND WOMEN

- ¶630 Pregnancy Assistance Fund
- ¶635 Permissible Uses of Funds

CHAPTER 7. HEALTH CARE QUALITY IMPROVEMENT

QUALITY ADJUSTED PAYMENTS

- ¶705 Hospital Value-Based Purchasing Program
- ¶707 Critical Access Hospitals Value-Based Purchasing Demonstration Program
- ¶708 Value-Based Purchasing for Skilled Nursing Facilities and Home Health Agencies
- ¶709 Physician Fee Schedule Value-Based Payment Modifier
- ¶710 Improvements to the Physician Quality Reporting System
- ¶713 Improvements to the Physician Feedback Program
- ¶715 Public Reporting of Physician Performance Information
- ¶717 Quality Reporting for Hospice Programs; LTC, Inpatient Rehabilitation, and Psychiatric Hospitals
- ¶719 Quality Reporting for PPS-Exempt Cancer Hospitals
- ¶725 Adjustment to Hospital Payments for Hospital Acquired Conditions

NATIONAL STRATEGY TO IMPROVE HEALTH CARE QUALITY

- ¶727 National Strategy Defined
- ¶729 Interagency Working Group on Health Care Quality
- ¶731 Quality Measure Development
- ¶733 Quality Measurement and Selection of Efficiency Measures
- ¶735 Collection of Data for Quality and Resource Measures
- ¶737 Medicare Data Availability for Performance Measurement Reports
- ¶739 Modernization of CMS' Computer and Data Systems

DEVELOPMENT OF NEW PATIENT CARE MODELS

- ¶741 New Center for Medicare and Medicaid Innovation to Test New Payment Models

- ¶743 Creation of Accountable Care Organizations Under the Medicare Shared Savings Program
- ¶745 National Pilot Program on Payment Bundling
- ¶747 Independence At Home Demonstration Program
- ¶749 Hospital Readmissions Reduction Program
- ¶751 Community-Based Care Transitions Program
- ¶753 Gainsharing Demonstration Program Extended Through 2011

OTHER PROVISIONS

- ¶755 Health Care Delivery System Research
- ¶757 Establishing Community Health Teams to Support the Patient-Centered Medical Home
- ¶759 Medication Management Services in Treatment of Chronic Diseases
- ¶761 Regionalized Emergency Care Systems
- ¶763 Trauma Care Center Grant Programs
- ¶765 Program to Facilitate Shared Decision Making
- ¶767 Prescription Drug Summaries
- ¶769 Demonstration Program to Improve Clinical Education of Health Professionals
- ¶771 Office of Women’s Health
- ¶773 Patient Navigator Program
- ¶775 Appropriations
- ¶777 GAO Study and Report on Causes of Action
- ¶779 Medicare Coverage for Individuals Exposed to Environmental Health Hazards
- ¶780 Early Detection Program for Medical Conditions Related to Environmental Health Hazards
- ¶781 State Grants to Providers
- ¶783 Procedural Requirements for Approval of Medicaid and CHIP Demonstration Projects
- ¶790 GAO Study on Medicare Beneficiary Access to Dialysis Services
- ¶795 Health Care Facility Infrastructure Funding
- ¶797 Appropriations for the Community Health Center Fund

CHAPTER 8. MEDICARE IMPROVEMENTS FOR PATIENTS AND PROVIDERS

PHYSICIAN FEE SCHEDULE

- ¶805 Extension of the Work Geographic Index Floor and Revisions to the Practice Expense Geographic Adjustment for Rural Access
- ¶810 Extension of Payment for Technical Component of Physician Pathology Services

- ¶815 Extension of Physician Fee Schedule Mental Health Add-On
- PHYSICIAN ASSISTANT PROVISIONS**
- ¶820 New Authority for Physician Assistants
- ACCREDITATION REQUIREMENTS**
- ¶830 Pharmacy Accreditation Requirement Exemptions
- IMPROVED ACCESS TO BENEFITS**
- ¶835 Part B Special Enrollment Period and Waiver of Premium Increase for Disabled TRICARE Beneficiaries
- ¶840 Improved Access for Nurse Midwife Services
- ¶845 Medical Coverage for Individuals Exposed to Environmental Health Hazards
- OTHER PAYMENT AND BILLING PROVISIONS**
- ¶850 Extension of Therapy Caps Exceptions Process
- ¶855 Rural Ambulance Add-ons Extension
- ¶860 Extension of Payments for Long-Term Care Hospital Services and of Moratorium on the Establishment of Certain Hospitals and Facilities
- ¶865 Payment for Bone Density Tests
- ¶870 Revision to the Medicare Improvement Fund
- ¶875 Complex Diagnostic Laboratory Tests
- ¶877 Payment for Qualifying Hospitals

CHAPTER 9. RURAL PROTECTIONS

- ¶905 Additional Outpatient Reimbursement for Rural Hospitals
- ¶910 Rural Laboratory Test Payment Increase Reinstatement
- ¶915 Rural Community Hospital Demonstration Program Extension
- ¶917 Community Mental Health Centers Providing Partial Hospitalization Services
- ¶920 Medicare-Dependent Hospital Program Extension
- ¶925 Low-Volume Hospital Temporary Payment Improvements
- ¶930 Rural Demonstration Projects Expanded
- ¶935 MedPAC Study on Medicare Payments in Rural Areas
- ¶940 Critical Access Hospital Technical Corrections
- ¶945 Rural Hospital Flexibility Program Changes
- ¶950 Frontier States' Wage Index and Physician Practice Expense Index Floors

CHAPTER 10. MEDICARE PAYMENT ACCURACY IMPROVEMENTS

- ¶1005 Home Health Payments
- ¶1010 Hospice Care Payment Reforms

- ¶1015 Improvements to Medicare DSH Payments
- ¶1017 Skilled Nursing Facility Prospective Payment System
- ¶1020 Misvalued Codes Under the Physician Fee Schedule
- ¶1025 Payment for Advanced Imaging Services
- ¶1030 Power-driven Wheelchairs
- ¶1035 Improvement of Hospital Wage Index System
- ¶1040 Treatment of Certain Cancer Hospitals
- ¶1045 Payment for Biosimilar Biological Products
- ¶1050 Medicare Hospice Concurrent Care Demonstration Program
- ¶1055 Application of Budget Neutrality on a National Basis to the Hospital Wage Index Floor
- ¶1060 HHS Study on Urban Medicare-Dependent Hospitals
- ¶1065 Protecting Home Health Benefits
- ¶1070 Comparative Cost Adjustment Program

CHAPTER 11. PROVISIONS RELATING TO MEDICARE PART C

MEDICARE ADVANTAGE PAYMENT

- ¶1105 Medicare Advantage 2011 Rate Freeze and New Benchmark Computation
- ¶1110 Medicare Advantage Growth Percentage Reduction and Rebate Increase
- ¶1115 Medicare Advantage Bidding Requirements
- ¶1120 Medicare Advantage Local Plan Service Areas
- ¶1125 Care Management and Quality Performance Bonuses
- ¶1130 Grandfathering Supplemental Benefits For Current Enrollees
- ¶1135 Transitional Extra Benefits for MA Enrollees Under Competitive Bidding
- ¶1140 PACE Programs

BENEFIT PROTECTIONS AND OTHER IMPROVEMENTS

- ¶1145 Limitation on MA Beneficiary Cost Sharing for Some Essential Services
- ¶1150 Coding Intensity Adjustment for Medicare Advantage
- ¶1155 Open Enrollment Periods for MA and Part D Plans
- ¶1160 Special Needs Plans Enrollment, Extension
- ¶1165 Extension of Reasonable Cost Contracts
- ¶1170 Technical Correction: Service Area Waiver for MA Private Fee-For-Service Plans
- ¶1175 Permanent Senior Housing Facility Demonstration Project
- ¶1180 Authority to Deny MA Plan and PDP Sponsor Bids
- ¶1185 Development of New Standards for Medigap Plans
- ¶1195 Medicare Advantage Plans' Medical Loss Ratios

CHAPTER 12. MEDICARE PART D IMPROVEMENTS

PART D DRUG COVERAGE

- ¶1205 Medicare Part D Coverage Gap Discount Program
- ¶1210 Including Drugs of Critical Concern in Part D Prescription Drug Formularies
- ¶1215 Coverage Gap Rebate for 2010 and Closing the “Donut Hole”

LOW-INCOME SUBSIDY PROGRAM IMPROVEMENTS

- ¶1220 Part D Low-Income Subsidy Benchmark Premium Calculation
- ¶1225 Voluntary *De Minimis* Policy for Subsidy-Eligible Individuals Under PDPs and MA-PD Plans
- ¶1230 Special Rule for Widows and Widowers Regarding Eligibility for Low-Income Assistance
- ¶1235 Improved Information for Subsidy Eligible Individuals Reassigned to PDP and MA-PD Plans
- ¶1240 Funding Outreach and Assistance for Low-Income Programs

OTHER PART D IMPROVEMENTS

- ¶1245 Reducing Medicare Part D Premium Subsidy for High-Income Beneficiaries
- ¶1250 Part D Cost-Sharing for Non-Institutionalized Full-Benefit Dual Eligible Individuals
- ¶1255 Improvement in Medicare Part D Therapy Management Programs
- ¶1260 Reducing Wasteful Dispensing of Outpatient Prescription Drugs in LTC Facilities under PDP and MA-PD Plans
- ¶1265 Improved Medicare PDP and MA-PDP Plan Complaint System
- ¶1270 Uniform Exceptions and Appeals Process for PDPs and MA-PD Plans
- ¶1280 OIG Studies and Reports on Medicare Part D
- ¶1290 Part D Drugs for AIDS and Indian Health Programs
- ¶1295 Developing Methodology to Assess Health Plan Value

CHAPTER 13. MEDICARE SUSTAINABILITY

MARKET BASKET REVISION

- ¶1305 Productivity Adjustment to Market Basket Update for Inpatient Acute Hospitals
- ¶1310 Productivity Adjustment to SNF Market Basket Index
- ¶1315 Productivity Adjustment to Long-Term Care Hospitals
- ¶1320 Productivity Adjustment for Inpatient Rehabilitation Facility Payment Rates
- ¶1325 Productivity Adjustment to Market Basket Update for Home Health Agencies
- ¶1330 Productivity Adjustment to Rates for Psychiatric Hospitals

- ¶1335 Productivity Adjustment to Market Basket Update of Hospice Care Rates
- ¶1340 Productivity Adjustment to Market Basket Update of ESRD Payments
- ¶1345 Productivity Adjustment to Rates for Hospital Outpatient Services
- ¶1350 Productivity Adjustment to Rates for Ambulance Services
- ¶1355 Productivity Adjustment to Rates for ASC Services
- ¶1360 Productivity Adjustment to Rates for Laboratory Services
- ¶1365 Productivity Adjustment to Rates for DME, Prosthetic Devices and Orthotics
- ¶1375 Productivity Adjustment to Rates for Miscellaneous Services
- OTHER SUSTAINABILITY METHODS**
- ¶1380 Adjustment to Part B Premium Calculation
- ¶1385 Independent Medicare Advisory Board
- ¶1390 Protecting and Improving Guaranteed Medicare Benefits
- ¶1395 No Cuts in Guaranteed Benefits

CHAPTER 14. DISEASE PREVENTION AND WELLNESS

MODERNIZING DISEASE PREVENTION AND PUBLIC HEALTH SYSTEM

- ¶1405 National Public Health Council
- ¶1407 Prevention and Public Health Fund
- ¶1409 Preventive Services Task Forces
- ¶1411 Health Education and Outreach Campaign

INCREASING ACCESS TO CLINICAL PREVENTIVE SERVICES

- ¶1413 School-Based Health Centers
- ¶1415 Oral Healthcare and Prevention Activities
- ¶1417 Medicare Coverage of Annual Wellness Examination as Part of Personalized Prevention Plan
- ¶1419 Removal of Barriers to Medicare Preventive Services
- ¶1421 Evidence-Based Coverage of Preventive Services in Medicare
- ¶1423 Access to Preventive Services for Adults
- ¶1425 Coverage of Drugs for Smoking Cessation
- ¶1427 Incentive Payments for Prevention of Chronic Diseases

CREATING HEALTHIER COMMUNITIES

- ¶1429 Community Transformation Grants
- ¶1431 Healthy Aging Programs
- ¶1433 Medical Diagnostic Equipment Standards
- ¶1435 Immunizations
- ¶1437 Calorie and Nutrition Labeling of Standard Menu Items
- ¶1439 Individualized Wellness Plan Pilot Program

- ¶1441 Reasonable Break Time for Nursing Mothers
- ¶1443 Measures to Gather Additional Diabetes Statistics
- SUPPORT FOR PREVENTION AND PUBLIC HEALTH INNOVATION**
- ¶1445 Research Public Health Services and Systems
- ¶1447 Data Collection to Identify and Address Health Care Disparities
- ¶1451 CDC and Employer-Based Wellness Programs
- ¶1453 Small Employer Workplace Wellness Grant Program
- ¶1455 Epidemiology-Laboratory Capacity Grants
- ¶1460 Advancing Research and Treatment for Pain Care Management
- ¶1470 Effectiveness of Federal Health and Wellness Initiatives
- ¶1475 Cures Acceleration Network
- ¶1480 Centers of Excellence for Depression
- ¶1485 Congenital Heart Disease Programs
- ¶1490 Reauthorization of the Public Access Defibrillation Program
- ¶1495 Breast-Health Awareness in Young Women

CHAPTER 15. HEALTHCARE WORKFORCE IMPROVEMENTS

INNOVATIONS

- ¶1505 National Health Care Workforce Commission
- ¶1507 State Health Care Workforce Development Grant Program
- ¶1509 Assessment of the Health Care Workforce
- ¶1511 Interagency Access to Health Care in Alaska Task Force

INCREASING SUPPLY

- ¶1513 Primary Care Student Loans
- ¶1515 Nursing Student Loans
- ¶1517 Pediatric Specialty Loan Repayment Program
- ¶1519 Public Health Workforce Loan Repayment Program
- ¶1521 Allied Health Loan Forgiveness Program
- ¶1523 Grants for State and Local Mid-Career Training Programs
- ¶1525 National Health Service Corps Funding
- ¶1527 Grants to Nurse-Managed Health Clinics
- ¶1529 Elimination of Cap on Public Health Service Regular Corps Commissioned Officers
- ¶1531 Public Health Service Ready Reserve Corps

EDUCATION AND TRAINING

- ¶1533 Primary Care Training and Enhancement
- ¶1537 Training Opportunities for Direct Care Workers

- ¶1539 Training for Oral Health Professionals
- ¶1541 Demonstration Project for Alternative Dental Health Care Providers
- ¶1543 Geriatric Education and Training
- ¶1545 Training Grants for Mental and Behavioral Health Education
- ¶1547 Cultural Competency, Prevention, Public Health and Individuals with Disabilities Training
- ¶1549 Advanced Nursing Education Grants
- ¶1551 Nurse Education, Practice and Retention
- ¶1553 Loan Repayment and Scholarship Program
- ¶1555 Nurse Faculty Loan Program
- ¶1557 Authorization of Appropriations
- ¶1559 Grants to Promote the Community Health Workforce
- ¶1561 Fellowship Training in Public Health
- ¶1563 United States Public Health Sciences Track
- ¶1565 Demonstration Grants for Family Nurse Practitioner Training Programs

SUPPORTING THE EXISTING HEALTH CARE WORKFORCE

- ¶1567 Centers of Excellence
- ¶1569 Health Care Professionals Training for Diversity
- ¶1571 Area Health Education Centers
- ¶1573 Workforce Diversity Grants
- ¶1575 Primary Care Extension Program

STRENGTHENING PRIMARY CARE AND OTHER WORKFORCE IMPROVEMENTS

- ¶1577 Medicare Payment Bonus for Primary Care Practitioners and General Surgeons
- ¶1578 New Prospective Payment System for Federally Qualified Health Centers
- ¶1579 Unused Resident Positions
- ¶1581 Counting Resident Time in Nonprovider Settings
- ¶1583 Counting Resident Time for Scholarly and Other Activities
- ¶1585 Preservation of Resident Cap Positions from Closed Hospitals
- ¶1587 Health Professions Workforce Needs; Extension of Family-to-Family Health Information Centers
- ¶1589 Increasing Teaching Capacity
- ¶1590 Graduate Nurse Education Demonstration Project

IMPROVING ACCESS TO HEALTH CARE SERVICES

- ¶1591 Federal Grants for Qualified Health Centers
- ¶1593 Designating Medically Underserved Populations and Health Profession Shortage Areas: Negotiated Rulemaking