

Issue	Requested Outcome	House response (Bill reference section) ¹	Senate bill response (Bill reference section) ²	President Obama's proposal (Released on Feb. 22, 2010)	House reconciliation bill (As it passed the House March 21, 2010)
SGR	(1) Rebase the SGR (2) Provide a small update (3) Don't penalize specialty care at the expense of primary care	Not rebasing and no update but does provide an increase to primary care services (sec. 1721, starting on p. 1055 and sec. 1303, starting on p. 693)	(1) No rebasing (2) No update for 2010 (Section 3101, starting on p. 783 and section 10310, starting on p. 2191) (3) Additional funds for primary care (but not at the expense of specialty care) (Section 5501, starting on p. 1413 and the repeal of budget neutrality on p. 2338, l. 5-6)	Senate bill therefore no rebasing, no update for 2010, and additional funds for primary care	No changes to Senate bill
IMAC	Don't include	Not included but does have some payment "fast forward" provisions under sections 1159 (IOM geographic variation/high value care study/recommendations) and 1160 (implementation of high value care recommendations), starting on p. 502	Included (section 3403, starting on p. 982 and further amended by section 10320, starting on p. 2210)(Now called the "Independent Payment Advisory Board")	Senate bill therefore included	No changes to Senate bill
Geo Variation	Don't include	Included (along with a new IoM study)(sections 1157 -1160, starting on p. 497) Also includes an extension of the geographic index (sec. 1125, starting on p. 408)	Includes an extension of the geographic index (sec. 3102, starting on p. 784)	Senate bill therefore includes an extension of the geographic index	Adjusts the physician practice expense geographic adjustment for 2010
Value-based purchase	(1) Don't implement in budget neutral manner (2) Need adequate time to develop/ implement effective quality modifier	Sec 1159 & 1160, IOM recommendations and automatic implementation stopped only by Congress passing Joint Resolution of disapproval Final implementation plan submitted to Congress must not increase Medicare expenditures over 10 year budget window	Beyond PQRI changes, additional VBP under section 3007 (starting on p. 670) which creates a value-based payment modifier under the physician fee schedule, value-based payments for ambulatory surgical centers (Section 10301, starting on p. 2176), and a pay for performance provision (section 10326, starting on p. 2242)	Senate bill therefore includes VBP under section 3007, value-based payment modifier and other provisions	No changes to Senate bill
PQRI	(1) Not punitive (2) More timely feedback (3) Establish a Public-	Included (1) and (2) but not (3) and (4) (section 1124, starting on p. 406)	Included (2) only (Note: MOC and value-based modifier provision)(sec. 3002, starting on p. 642 with additional MOC provisions starting on p. 2249)	Senate bill therefore includes more timely feedback	No changes to Senate bill

¹ Keyed to HR 3962 which was introduced on October 29, 2009.

² Keyed to HR 3590, as it passed the Senate on December 24, 2009.

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PQRI (con.)	private partnership to establish registries (4) Reward docs who report to registries				
CER	(1) Separate entity (2) liability protections for following guidelines (3) Don't use CER to establish coverage decisions	Not a separate entity, but has some language to limit its scope (section 1401, starting on p. 733 and section 1802, starting on p. 1162; best practices language in section 2401, starting on p. 1322)	Included as a separate entity with no liability protections and some "patient safeguards" to prohibit "the Secretary using the research to ration care" (Subtitle D, starting on p. 1617), with additional changes allowing further data sharing and adding more physicians to the review panel included in section 10602 starting on p. 2359	Senate bill therefore includes a separate entity	No changes to Senate bill
HIT	Adjust timelines	Not included but does require the integration of PQRI and "meaningful user" within ARRA (section 1124, starting on p. 406)	No timeline adjustment but has similar language to House re: "meaningful user" (under PQRI section) and requiring a ICD coding crosswalk in the manager's amendment (beginning on p.2123, l 8)	Senate bill therefore no timeline adjustment	No changes to Senate bill
ACOs	(1) Explicitly include specialists (2) Thoroughly test before expanding	(1) Includes Eshoo language stating "regardless of specialty." (2) Requires some study before expanding (Section 1301, starting on p. 653)	(1) No explicit mention but all physicians are eligible (2) Current language does not discuss expansion of program Two additional provisions: <ul style="list-style-type: none"> • Section 3022 regarding a "shared savings program", starting on p. 728 with additional changes in section 10307 starting on p. 2186 • a new pediatric demo in sec. 2706, starting on p. 538 	Senate bill therefore all physicians are eligible and does not discuss expansion of the program	No changes to Senate bill
Physician Sunshine	(1) Model like the Senate bill (2) Physicians correct inaccuracies (3) Exclude CME (4) pre-empt State law	(1) No major changes (2) Clarifies that physicians aren't responsible for changes (3) Includes CME (4) Some pre-emption (section 1421, starting on p. 889) (Note: See advanced imaging study.)	(1) Base = Senate bill (2) Allows for corrections (3) Does not appear to include CME (4) Some pre-emption (section 6002, starting on p. 1542 with changes related to prescription drug samples in section 6004, starting on p. 1535 and SNF changes in section 6102, starting on p. 1549)	Senate bill	No changes to Senate bill

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Health Benefits Advisory Cmte	(1) If included, a minimum of 3 physicians representing different specialties	Still just "at least one practicing physician or a health care professional" (section 123, starting on p. 111)	Not included	Senate bill therefore no HBAC	No changes to Senate bill
Mis-valued physician services	(1) Don't add anything more than the current RUC process	Includes provisions (section 1122, starting on p. 397)	Included (section 3134, starting on p. 832)	Senate bill therefore includes mis-valued physician services	No changes to Senate bill
Physician-owned hospitals	(1) Don't make any further changes to physician-owned hospital restrictions	Includes further restrictions (section 1156, starting on p. 481); additional self-referral disclosure protocol under section 1621, starting on p. 964	Includes further restrictions (section 6001, starting on p. 1500 with additional changes in section 10601, starting on p. 2358)	Senate bill therefore includes further restrictions	Changes to December 31, 2010 the date after which physician ownership of hospitals to which they self refer is prohibited and provides a limited exception to the growth restrictions for grandfathered physician owned hospitals that treat the highest percentage of Medicaid patients in their county (and are not the sole hospital in a county).
Quality	Don't rely solely on NQF ³	Some softening to allow for the adoption of other measures but maintains preference for NQF (section 1441 et seq, starting on p. 873)	Mentions NQF as a partner several times (sections 3011-3015, starting on p. 682), with additional changes in the manager's amendment to: <ul style="list-style-type: none"> • have Medical reimbursement data centers collect charge information, starting on p. 2055, l. 7 • requiring additional outcome measures, including public reporting of hospital acquired conditions, starting on p. 2180, l. 6 • Requiring the development of a physician compare website, section 10332, starting on p. 2260 	Senate bill	No changes to Senate bill

³ NQF is often mentioned as an entity under 1890(a) or a "qualified consensus-based entity as required under section 1890C."

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GME/ Workforce Strategy	(1) Okay to reallocate unused GME slots (2) Don't include a GAO study	Adds reallocation and GAO study (sections 1501-1505, starting on p. 683; section 1744, starting on p. 1103)	Reallocation (sec. 5503, starting on p. 1421 with additional changes on p. 1441, l. 3-5 and p. 1443, l. 3-8) & Commission (sec. 5101, starting on p. 1255 with additional changes in section 10501 starting on p. 2328) but without a GAO study (but GAO will perform periodic audits)	Senate bill	No changes to Senate bill
Imaging	Carve out X-Ray and other small \$	Limited to advanced as defined in section 1834(e)(1)(B) (section 1146, starting on p. 427)	Limited to advanced imaging equipment (as defined in section 1834(e)(1)(B)) Also adds (1) changes to the technical component of sequential imaging services, (2) changes to IOAE exception, and (3) a GAO study (section 3135, starting on p. 837; section 6003, starting on p. 1534)	Senate bill therefore limited to advanced imaging equipment	Limited to "expensive diagnostic imaging equipment" (as defined under 42 CFR 410 et al) (Note: Also changes the percentage to 75, one tier.) (p. 55)
Medical Liability reform	Include	Included State demo in Sec. 2531 (starting on p. 1431), CHC liability protections for volunteers (sec. 2586, starting on p. 1606)	SoS (sec. 6801, starting on p.1822) and State MLR demonstration programs, in section 10607 starting on p. 2369	Senate bill therefore includes a SoS, GAO study, and State MLR demo programs	No changes to Senate bill
Public plan/ CO-OP	(1) No mandatory participation of providers (rule of construction) (2) No linkage of payment to Medicare	(1) Medicare providers must opt-out and the Secretary establishes CoP (2) Negotiated payment rates which are not lower than Medicare and not higher than the average rates for QHBPs; (sections 323-325, starting on p. 216)	CO-OP and multi-state plans, and no discussion in the CO-OP or multi-state provisions regarding provider participation. No community health insurance option.	Senate bill therefore includes CO-OP and multi-state plans	No changes to Senate bill
RAC program		Not included	Extended to Medicare Parts C and D and Medicaid (sec. 6411, starting on p. 1742)	Senate bill therefore includes extension of RAC program	No changes to Senate bill
CMS Innovation Center		Included (sec. 1907, starting on p. 1198)	Included (sec. 3021, starting on p. 712) along with additional changes in section 10306 starting on p. 2182)	Senate bill therefore includes CMS Innovation Center	No changes to Senate bill
Biosimilar		Included (sec. 2575 – 2577, starting on p. 1528)	Included, beginning in sec. 7001 starting on p. 1823	Senate bill therefore includes Senate biosimilar provisions	No changes to Senate bill
FDA device registry		Included (sec. 2571, starting on p. 1501)	Not included	Senate bill therefore no device registry	No changes to Senate bill
Device tax/fee		Included as a tax (sec. 552, starting on p. 339)	Included as a fee (sec. 9009, starting on p. 1980), with additional changes to move back start one year to years after 2010 effective for	Includes a device tax similar to the Senate bill except that the medical device fee is converted	2.3% tax on devices, with some exceptions, effective December 31, 2012. (p. 98)

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			sales after 2009, raising the \$2 billion annual fee to \$3 billion after 2017, in section 10904 starting on p. 2389	to an excise tax (yielding the same revenue) that starts in 2013 to facilitate administration by the IRS.	
Resource-based feedback program, Payments for efficient areas		Included (sec. 1121 and 1123, starting on p. 393 and 403, respectively)	Not included	Senate bill therefore not included	No changes to Senate bill
Excise tax on elective cosmetic procedures		Not included	Not included but added a tanning tax in lieu of it (Sections 9017 starting on p. 2004 and section 10907 starting on p. 2397)	Senate bill therefore not included	No changes to Senate bill
Striking individual provider application fees		Not included	Included (section 10603, starting on p. 2360)	Senate bill therefore included	No changes to Senate bill
CMS computer upgrade		Not included	Included (section 10330, starting on p. 2254)	Senate bill therefore included	No changes to Senate bill