

Stimulus Bill Enacted

The House of Representatives and Senate passed H.R. 1, the American Recovery and Reinvestment Act of 2009 on February 13, 2009 and President Obama signed the bill on February 17. The following is a summary of the major health care provisions that have impact upon vascular surgery:

Comparative Effectiveness Research (CER) - \$1.1 Billion

- Establishes the Federal Coordinating Council for Comparative Effectiveness Research (FCC-CER), an advisory board that will be comprised of up to 15 representatives of federal agencies, with at least half being physicians or others with clinical expertise;
- The FCC-CER will coordinate CER to reduce duplication of efforts and encourage coordinated and complementary uses of resources, coordinate health services research and make recommendations to the President and Congress on CER infrastructure needs;
- The FCC-CER will not mandate coverage, reimbursement or other policies for public or private payers;
- CER will not include national clinical guidelines or coverage determinations;
- The Agency for Healthcare Research and Quality will receive \$700 million for CER and must transfer \$400 million to the National Institutes of Health (NIH) to conduct or support CER;
- The Secretary of Health and Human Services (HHS) will have the discretion to allocate the remaining \$400 million for CER to accelerate the development and dissemination of research assessing the comparative effectiveness of health care treatments and strategies;
- The HHS Secretary must contract with the Institute of Medicine to produce and submit a report to Congress and the Secretary by June 30, 2009 that includes recommendations on national priorities for CER.

Health Information Technology (HIT) - \$19 Billion for Medicare and Medicaid HIT Incentives over Five Years

- Establishes the Office of National Coordinator for HIT (ONCHIT) within HHS to promote the development of a nationwide interoperable HIT infrastructure;
- Establishes HIT Policy and Standards Committees that will be comprised of public and private stakeholders (including physicians) who will provide recommendations on the HIT policy framework, standards, implementation specifications and certification criteria by December 31, 2009;
- HHS will adopted through the rule-making process an initial set of standards, implementation specifications and certification criteria by December 31, 2009;
- ONCHIT will be authorized to make available an HIT system to providers for a nominal fee;
- Provides financial incentives through the Medicare program to encourage physicians and hospitals to adopt and use certified electronic health records (EHR) and authorizes ONCHIT to provide competitive grants to states for loans to providers;

- Physicians who do not adopt/use a certified HIT system will face reduction in their Medicare fee schedule of -1% in 2015, -2% in 2016 and -3% in 2017 and beyond.

NIH Research and Facilities - \$10 Billion

- Funding will be available beginning in 30 days for new research grants and renovations and construction at the NIH campuses;
- Funding can also be used to support already reviewed grants, challenge grants and provide supplements to current grants;
- The NIH priority is transformational projects.

Medicare Improvement Fund Modifications

- The Medicare Improvement Fund can be used to increase the physician conversion factor to address any projected shortfall in 2014 relative to the 2008 conversion factor and to adjust Medicare payments for Parts A and B items and services;
- Beyond 2020, any savings from HIT penalties will be applied to the Medicare Improvement Fund.

Prevention and Wellness - \$1 Billion

- Funding includes \$650 million for evidence-based clinical and community-based prevention and wellness strategies that deliver specific, measurable health outcomes addressing chronic disease rates.