

Healthcare Czar in ObamaCare

Patient Protection and Affordable Care Act - HR 3590

“Secretary” Mentions in Law *

“Secretary”	3267 times
“Secretary shall”	1051 times
“by the Secretary”	651 times
“Secretary may”	371 times
“Secretary determines”	222 times
“Secretary under”	80 times
“Secretary in consultation”	39 times

New HHS Authority to Promulgate Regulations

Section	Topic	Section Title	Actual Language in ObamaCare	Page
1001	Insurance Coverage for children under age 26.	AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT.	“SEC. 2714. EXTENSION OF DEPENDENT COVERAGE... (B) REGULATIONS. —The Secretary shall promulgate regulations to define the dependents to which coverage shall be made available under subsection (a).”	14
1001	“Quality reporting” by insurers on benefits or reimbursement structures that ‘improve health outcomes’ through a variety of activities, prevent readmissions, implement ‘appropriate use of best clinical practices, evidence based medicine, and health information technology’ and ‘implement wellness and health promotion activities’	AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT.	“SEC. 2717. ENSURING THE QUALITY OF CARE... (a) QUALITY REPORTING.— “(1) IN GENERAL. —Not later than 2 years after the date of enactment of the Patient Protection and Affordable Care Act, the Secretary, in consultation with experts in health care quality and stakeholders, shall develop reporting requirements for use by a group health plans, and a health insurance issuer offering group or individual health insurance coverage... “(c) REGULATIONS. — Not later than 2 years after the date of enactment of the Patient Protection and Affordable Care Act, the Secretary shall promulgate regulations that provide criteria for determining whether a reimbursement structure is described in subsection (a).”	17 - 18
1104	Operating rules for each health information transaction	ADMINISTRATIVE SIMPLIFICATION.	“(C) EXPEDITED RULEMAKING. — The Secretary shall promulgate an interim final rule applying any standard or operating rule recommended by the National	28 and

* Most mentions of “Secretary” are related to the Secretary of Health and Human Services (HHS)

			<p>Committee on Vital and Health Statistics pursuant to paragraph (3). The Secretary shall accept and consider public comments on any interim final rule published under this subparagraph for 60 days after the date of such publication.</p> <p>“(5) COMPLIANCE WITH REVISED STANDARDS AND OPERATING RULES.— (A) IN GENERAL.—A health plan...shall file a statement with the Secretary, in such form as the Secretary may require, certifying that the data and information systems for such plan are in compliance with any applicable revised standards and associated operating rules...</p>	32
1104	Unique Health Plan Identifier	ADMINISTRATIVE SIMPLIFICATION.	(c) PROMULGATION OF RULES. — (1) UNIQUE HEALTH PLAN IDENTIFIER.— The Secretary shall promulgate a final rule to establish a unique health plan identifier.	35
1104	Electronic Funds Transfer Standard by January 1, 2012	ADMINISTRATIVE SIMPLIFICATION.	(c) PROMULGATION OF RULES. — (2) ELECTRONIC FUNDS TRANSFER.— The Secretary shall promulgate a final rule to establish a standard for electronic funds transfers...ensuring that such standard is effective not later than January 1, 2014.	35
1104	Establish operating rules for health claims	ADMINISTRATIVE SIMPLIFICATION.	(c) PROMULGATION OF RULES. — (3) HEALTH CLAIMS ATTACHMENTS.— The Secretary shall promulgate a final rule to establish a transaction standard and a single set of associated operating rules for health claims attachments...that is consistent with the X12 Version 5010 transaction standards...ensuring that such standard is effective not later than January 1, 2016.	35
1201	Enrollment periods for Guaranteed Coverage	AMENDMENT TO THE PUBLIC HEALTH SERVICE ACT.	“SEC.2702. GUARANTEED AVAILABILITY OF COVERAGE. ... (B) ENROLLMENT—... (3) REGULATIONS.—The Secretary shall promulgate regulations with respect to enrollment periods under paragraphs (1) and (2).	38
1311	Establish criteria for “qualified health plan”	AFFORDABLE CHOICES OF HEALTH BENEFIT PLANS.	(c) RESPONSIBILITIES OF THE SECRETARY.— (1) IN GENERAL.—The Secretary shall, by regulation, establish criteria for the certification of health plans as qualified health plans.	56
1322	Consumer Operated and Oriented Plans (CO-OP) program	FEDERAL PROGRAM TO ASSIST ESTABLISHMENT AND OPERATION OF NONPROFIT, MEMBER-RUN HEALTH INSURANCE ISSUERS.	(3) GOVERNANCE REQUIREMENTS.—... (C) as provided in regulations promulgated by the Secretary, the organization is required to operate with a strong consumer focus, including timeliness, responsiveness, and accountability to members.	71
1323	Community Health Insurance	COMMUNITY HEALTH	(7) SOLVENCY.—The Secretary shall establish a Federal solvency standard to be	76

	Option	INSURANCE OPTIONS.	<p>applied with respect to a community health insurance option. A community health insurance option shall also be subject to the solvency standard of each State in which such Community health insurance option is offered...</p> <p>(8) REQUIREMENTS ESTABLISHED IN PARTNERSHIP WITH INSURANCE COMMISSIONERS.— (A) IN GENERAL.— The Secretary, in collaboration with the National Association of Insurance Commissioners...may promulgate regulations to establish additional requirements for a community health insurance option.</p>	
1332	Waiver of all requirements for coverage	WAIVER FOR STATE INNOVATION.	<p>(a) APPLICATION.—...(4) WAIVER CONSIDERATION AND TRANSPARENCY.—...(B) REGULATIONS.—Not later than 180 days after the date of enactment of the Act, the Secretary shall promulgate regulations relating to waivers under this section</p>	86
1333	Health Care Choice Compacts	PROVISIONS RELATING TO OFFERING OF PLANS IN MORE THAN ONE STATE.	<p>(3) PLAN REQUIREMENTS.—...(G) the issuer clearly notifies consumer that the policy may not contain some benefits otherwise mandated for plans in the State in which the purchaser resides and provides a detailed statement of the benefits offered and the benefit differences in that State, in accordance with rules promulgated by the Secretary.</p>	90
1413	Forms for Medicaid, CHIP and Subsidies	STREAMLINING OF PROCEDURES FOR ENROLLMENT THROUGH AN EXCHANGE AND STATE MEDICAID, CHIP AND HEALTH SUBSIDY PROGRAMS.	<p>(a) IN GENERAL.—The Secretary shall establish a system meeting the requirements of this section under which residents of each State may apply for enrollment in, receive a determination of eligibility for participation in, and continue participation in, applicable State health subsidy programs.</p> <p>(b)(1)(B) STATE AUTHORITY TO ESTABLISH FORM.—A State may develop and use its own single, streamlined form as an alternative to the form developed under subparagraph (A) if the alternative form is consistent with standards promulgated by the Secretary under this section.</p>	116
1413	Data Matching to determine eligibility for Medicaid, CHIP	STREAMLINING OF PROCEDURES FOR ENROLLMENT THROUGH AN EXCHANGE AND STATE MEDICAID, CHIP AND HEALTH SUBSIDY PROGRAMS.	<p>(c) REQUIREMENTS RELATING TO ELIGIBILITY BASED ON DATA EXCHANGES.—...(4) SECRETARIAL STANDARDS.—The Secretary shall, after consultation with persons in possession of the data to be matched and representatives of applicable State health subsidy programs, promulgate standards governing the timing, contents and procedures for data matching...</p> <p>(d) ADMINISTRATIVE AUTHORITY.—(1) AGREEMENTS.—Subject to section 1411 and section 6103(1)(21) of the Internal Revenue Code of 1986 and any other requirement providing safeguards of privacy and data integrity, the Secretary may establish model agreements, and enter into agreements, for the sharing of data under this section.</p>	116 and 117

1511	Automatic enrollment in Health Plan	AUTOMATIC ENROLLMENT FOR EMPLOYEES OF LARGE EMPLOYERS.	“SEC. 18A.... “In accordance with regulations promulgated by the Secretary, an employer to which this Act applies that has more than 200 full-time employees and that offers employees enrollment in 1 or more health benefits plans shall automatically enroll new full-time employees in one of the plans offered...and to continue the enrollment of current employees in a health benefits plan offered through the employer.	134
1512	Notice to Employees of existence of Exchange, Employer Plan’s share of total allowed costs, and loss of employer contribution if purchase through the Exchange	EMPLOYER REQUIREMENT TO INFORM EMPLOYEES OF COVERAGE OPTIONS.	“SEC. 18B. NOTICE TO EMPLOYEES. (a) IN GENERAL.—In accordance with regulations promulgated by the Secretary, an employer to which this Act applies, shall provide to each employee at the time of hiring (or with respect to current employees, not later than March 1, 2013), written notice...	134
1557	No discrimination unless allowed under this title	NONDISCRIMINATION.	(c) REGULATIONS.—The Secretary may promulgate regulations to implement this section.	142
2402	Non-institutional care	REMOVAL OF BARRIERS TO PROVIDING HOME AND COMMUNITY-BASED SERVICES.	(a) OVERSIGHT AND ASSESSEMENT OF THE ADMINISTRATION OF HOME AND COMMUNITY-BASED SERVICES.—The Secretary of Health and Human Services shall promulgate regulations to ensure that all States develop services systems that are designed to...	183
2702	No Payments for Hospital-Acquired infections.	PAYMENT ADJUSTMENT FOR HEALTH CARE-ACQUIRED CONDITIONS.	(c) MEDICARE PROVISIONS.—In carrying out this section, the Secretary shall apply to State plans (or waivers) under title XIX of the Social Security Act the regulations promulgated pursuant to section 1886(d)(4)(D) of such Act (42 U.S.C. 1395ww(d)(4)(D)) relating to the prohibition of payments based on the presence of a secondary diagnosis code specified by the Secretary in such regulations, as appropriate for the Medicaid program. The Secretary may exclude certain conditions identified under title XVIII of the Social Security Act for non-payment under title XIX of such Act when the Secretary finds the inclusion of such conditions to be inapplicable to beneficiaries under title XIX.	201
3001	Linking Hospital Payment to Quality Outcomes.	HOSPITAL VALUE-BASED PURCHASING PROGRAM.	(a) PROGRAM.—... “(12) PROMULGATION OF REGULATIONS.—The Secretary shall promulgate regulations to carry out the Program, including the selection of measures under paragraph (2), the methodology developed under paragraph (5) that is used to calculate hospital performance scores, and the methodology used to determine the amount of value-based incentive payments under paragraph (6).”	241
3137	Amending Hospital Wage Index after amending health care laws from 2006, 2007 and 2008.	HOSPITAL WAGE INDEX IMPROVEMENT.	(a) EXTENSION OF SECTION 508 HOSPITAL RECLASSIFICATIONS.—...(2) USE OF PARTICULAR WAGE INDEX IN FISCAL YEAR 2010.—For purposes of implementation of the amendment made by this subsection during fiscal year 2010, the Secretary shall use the hospital wage index that was promulgated by the Secretary in the Federal Register on August 27, 2009 (74 Fed. Reg. 43754), and any subsequent corrections.	320

3307	Drug Formularies	IMPROVING FORMULARY REQUIREMENTS FOR PRESCRIPTION DRUG PLANS AND MA-PD PLANS WITH RESPECT TO CERTAIN CATEGORIES OR CLASSES OF DRUGS.	(a) IMPROVING FORMULARY REQUIREMENTS.—Section 1860D–4(b)(3)(G) of the Social Security Act is amended to read as follows: “(G) REQUIRED INCLUSION OF DRUGS IN CERTAIN CATEGORIES AND CLASSES.— ... “(iii) IMPLEMENTATION.—The Secretary shall establish the criteria under clause (ii)(II) and any exceptions under clause (i)(II) through the promulgation of a regulation which includes a public notice and comment period.	354
3507	Risks and Benefits of prescription drugs	PRESENTATION OF PRESCRIPTION DRUG BENEFIT AND RISK INFORMATION.	(d) AUTHORITY.—If the Secretary determines under subsection (a) that the addition of quantitative summaries of the benefits and risks of prescription drugs in a standardized format (such as a table or drug facts box) to the promotional labeling or print advertising of such drugs would improve health care decisionmaking by clinicians and patients and consumers, then the Secretary, not later than 3 years after the date of submission of the report under subsection (c), shall promulgate proposed regulations as necessary to implement such format.	412
4203	Minimum technical criteria for medical diagnostic equipment	REMOVING BARRIERS AND IMPROVING ACCESS TO WELLNESS FOR INDIVIDUALS WITH DISABILITIES.	“SEC. 510. ESTABLISHMENT OF STANDARDS FOR ACCESSIBLE MEDICALDIAGNOSTIC EQUIPMENT. ...“(c) REVIEW AND AMENDMENT.—The Architectural and Transportation Barriers Compliance Board, in consultation with the Commissioner of the Food and Drug Administration, shall periodically review and, as appropriate, amend the standards in accordance with the Administrative Procedure Act (2 U.S.C. 551et seq.).”.	452
4205	Restaurant Food Labeling	NUTRITION LABELING OF STANDARD MENU ITEMS AT CHAIN RESTAURANTS.	“(H) RESTAURANTS, RETAIL FOOD ESTABLISHMENTS, AND VENDING MACHINES.—...(x) REGULATIONS.— “(I) PROPOSED REGULATION.—Not later than 1 year after the date of enactment of this clause, the Secretary shall promulgate proposed regulations to carry out this clause. “(II) CONTENTS.—In promulgating regulations, the Secretary shall—“(aa) consider standardization of recipes and methods of preparation, reasonable variation in serving size and formulation of menu items, space on menus and menu boards, inadvertent human error, training of food service workers, variations in ingredients, and other factors, as the Secretary determines; and “(bb) specify the format and manner of the nutrient content disclosure requirements under this subclause.	457
4302	Health Disparities Data Collection	UNDERSTANDING HEALTH DISPARITIES: DATA COLLECTION AND ANALYSIS.	“(e) PROTECTION AND SHARING OF DATA.— “(1) PRIVACY AND OTHER SAFEGUARDS.—The Secretary shall ensure (through the promulgation of regulations or otherwise) that—“(A) all data collected pursuant to subsection (a) is protected— “(i) under privacy protections that are at least as broad as those that the Secretary	462

			<p>applies to other health data under the regulations promulgated under section 264(c) of the Health Insurance Portability and Accountability Act of 1996 (Public Law 104–191; 110Stat. 2033); and</p> <p>“(ii) from all inappropriate internal use by any entity that collects, stores, or receives the data, including use of such data in determinations of eligibility (or continued eligibility) in health plans, and from other inappropriate uses, as defined by the Secretary; and</p> <p>“(B) all appropriate information security safeguards are used in the collection, analysis, and sharing of data collected pursuant to subsection (a).</p> <p>“(2) DATA SHARING.—The Secretary shall establish procedures for sharing data collected pursuant to subsection (a), measures relating to such data, and analyses of such data, with other relevant Federal and State agencies including the agencies, centers, and entities within the Department of Health and Human Services specified in subsection (c)(1)..</p>	
5508	Payments for Medical Education	INCREASING TEACHING CAPACITY.	<p>(a) TEACHING HEALTH CENTERS TRAINING AND ENHANCEMENT.— Part C of title VII of the Public Health Service Act (42 U.S.C. 293k et. seq.), as amended by section 5303, is further amended by inserting after section 749 the following: “SEC. 749A. TEACHING HEALTH CENTERS DEVELOPMENT GRANTS....(c) PAYMENTS TO QUALIFIED TEACHING HEALTH CENTERS.— Part D of title III of the Public Health Service Act (42 U.S.C. 254b et seq.) is amended by adding at the end the following:</p> <p>“SEC. 340H. PROGRAM OF PAYMENTS TO TEACHING HEALTH CENTERS THAT OPERATE GRADUATE MEDICAL EDUCATION PROGRAMS....“(i) REGULATIONS.—The Secretary shall promulgate regulations to carry out this section.</p>	555
6001	Certificate of Need	LIMITATION ON MEDICARE EXCEPTION TO THE PROHIBITION ON CERTAIN PHYSICIAN REFERRALS FOR HOSPITALS.	<p>“(B) LIMITATION ON EXPANSION OF FACILITY CAPACITY.— Except as provided in paragraph (3), the number of operating rooms, procedure rooms, and beds for which the hospital is licensed at any time on or after the date of the enactment of this subsection is no greater than the number of operating rooms, procedure rooms, and beds for which the hospital is licensed as of such date.</p> <p>“(3) EXCEPTION TO PROHIBITION ON EXPANSION OF FACILITY CAPACITY.—“(A) PROCESS.—“(i) ESTABLISHMENT.—The Secretary shall establish and implement a process under which an applicable hospital (as defined in subparagraph (E)) may apply for an exception from the requirement under paragraph (1)(B). ...</p> <p>“(iv) REGULATIONS.—Not later than July 1, 2011, the Secretary shall promulgate</p>	569

			regulations to carry out the process under clause (i). “(B) FREQUENCY.—The process described in subparagraph (A) shall permit an applicable hospital to apply for an exception up to once every 2 years.	
6002	Reporting Physician Ownership	TRANSPARENCY REPORTS AND REPORTING OF PHYSICIAN OWNERSHIP OR INVESTMENT INTERESTS.	“SEC. 1128G. TRANSPARENCY REPORTS AND REPORTING OF PHYSICIAN OWNERSHIP OR INVESTMENT INTERESTS. “(a) TRANSPARENCY REPORTS.— ... “(b) PENALTIES FOR NONCOMPLIANCE.—“(1) FAILURE TO REPORT.— “(A) IN GENERAL.—Subject to subparagraph (B) except as provided in paragraph (2), any applicable manufacturer or applicable group purchasing organization that fails to submit information required under subsection (a) in a timely manner in accordance with rules or regulations promulgated to carry out such subsection... “(2) KNOWING FAILURE TO REPORT.— “(A) IN GENERAL.—Subject to subparagraph (B), any applicable manufacturer or applicable group purchasing organization that knowingly fails to submit information required under subsection (a) in a timely manner in accordance with rules or regulations promulgated to carry out such subsection...	573
6101	Nursing Home Ownership	REQUIRED DISCLOSURE OF OWNERSHIP AND ADDITIONAL DISCLOSABLE PARTIES INFORMATION.	“(c) REQUIRED DISCLOSURE OF OWNERSHIP AND ADDITIONAL DISCLOSABLE PARTIES INFORMATION.— ... “(3) REPORTING.— “(A) IN GENERAL.—Not later than the date that is 2 years after the date of the enactment of this subsection, the Secretary shall promulgate final regulations requiring, effective on the date that is 90 days after the date on which such final regulations are published in the Federal Register, a facility to report the information described in paragraph (2) to the Secretary in a standardized format, and such other regulations as are necessary to carry out this subsection. “(4) NO EFFECT ON EXISTING REPORTING REQUIREMENTS.— Nothing in this subsection shall reduce, diminish, or alter any reporting requirement for a facility that is in effect as of the date of the enactment of this subsection.	582
6102	Ethics for Nursing Homes	ACCOUNTABILITY REQUIREMENTS FOR SKILLED NURSING FACILITIES AND NURSING FACILITIES.	“SEC. 1128I. ACCOUNTABILITY REQUIREMENTS FOR FACILITIES. ...“(b) EFFECTIVE COMPLIANCE AND ETHICS PROGRAMS.— “(2) DEVELOPMENT OF REGULATIONS.—“(A) IN GENERAL.—Not later than the date that is 2 years after such date of the enactment, the Secretary, working jointly with the Inspector General of the Department of Health and Human Services, shall promulgate regulations for an effective compliance and ethics program for operating organizations, which may include a model compliance program.	585
6102	Quality Assurance and	ACCOUNTABILITY	“SEC. 1128I. ACCOUNTABILITY REQUIREMENTS FOR FACILITIES.	586

	Performance Improvement	REQUIREMENTS FOR SKILLED NURSING FACILITIES AND NURSING FACILITIES.	<p>...“(c) QUALITY ASSURANCE AND PERFORMANCE IMPROVEMENT PROGRAM.—“(1) IN GENERAL.—Not later than December 31, 2011, the Secretary shall establish and implement a quality assurance and performance improvement program (in this subparagraph referred to as the ‘QAPI program’) for facilities, including multi-unit chains of facilities. Under the QAPI program, the Secretary shall establish standards relating to quality assurance and performance improvement with respect to facilities and provide technical assistance to facilities on the development of best practices in order to meet such standards. Not later than 1 year after the date on which the regulations are promulgated under paragraph (2), a facility must submit to the Secretary a plan for the facility to meet such standards and implement such best practices, including how to coordinate the implementation of such plan with quality assessment and assurance activities conducted under sections 1819(b)(1)(B) and 1919(b)(1)(B), as applicable.</p> <p>“(2) REGULATIONS.—The Secretary shall promulgate regulations to carry out this subsection.”.</p>	
6401	Licensure checks, background checks and screening of Medicare providers for risk of fraud, waste, and abuse	PROVIDER SCREENING AND OTHER ENROLLMENT REQUIREMENTS UNDER MEDICARE, MEDICAID, AND CHIP.	<p>(a) MEDICARE.—Section 1866(j) of the Social Security Act (42 U.S.C. 1395cc(j)) is amended— ... (2) PROVIDER SCREENING.—</p> <p>“(B) LEVEL OF SCREENING.—The Secretary shall determine the level of screening conducted under this paragraph according to the risk of fraud, waste, and abuse, as determined by the Secretary, with respect to the category of provider of medical or other items or services or supplier. Such screening—</p> <p>“(i) shall include a licensure check, which may include such checks across States; and</p> <p>“(ii) may, as the Secretary determines appropriate based on the risk of fraud, waste, and abuse described in the preceding sentence, include—</p> <p style="padding-left: 40px;">“(I) a criminal background check;</p> <p style="padding-left: 40px;">“(II) fingerprinting;</p> <p style="padding-left: 40px;">“(III) unscheduled and unannounced site visits, including preenrollment site visits;</p> <p style="padding-left: 40px;">“(IV) database checks (including such checks across States); and</p> <p style="padding-left: 40px;">“(V) such other screening as the Secretary determines appropriate.</p> <p>...“(E) EXPEDITED RULEMAKING.—The Secretary may promulgate an interim final rule to carry out this paragraph.</p>	631
6402	Use of the Integrated Data Repository	ENHANCED MEDICARE AND MEDICAID	<p>“SEC. 1128J. MEDICARE AND MEDICAID PROGRAM INTEGRITY PROVISIONS. “(a) DATA MATCHING.— ...“(2) ACCESS TO CLAIMS AND</p>	636

		PROGRAM INTEGRITY PROVISIONS.	PAYMENT DATABASES.—For purposes of conducting law enforcement and oversight activities and to the extent consistent with applicable information, privacy, security, and disclosure laws, including the regulations promulgated under the Health Insurance Portability and Accountability Act of 1996 and section 552a of title 5, United States Code, and subject to any information systems security requirements under such laws or otherwise required by the Secretary, the Inspector General of the Department of Health and Human Services and the Attorney General shall have access to claims and payment data of the Department of Health and Human Services and its contractors related to titles XVIII, XIX, and XXI.	
6402	National Provider ID Required	ENHANCED MEDICARE AND MEDICAID PROGRAM INTEGRITY PROVISIONS.	“(e) INCLUSION OF NATIONAL PROVIDER IDENTIFIER ON ALL APPLICATIONS AND CLAIMS.—The Secretary shall promulgate a regulation that requires, not later than January 1, 2011, all providers of medical or other items or services and suppliers under the programs under titles XVIII and XIX that qualify for a national provider identifier to include their national provider identifier on all applications to enroll in such programs and on all claims for payment submitted under such programs.”.	638
6402	Suspend Medicare and Medicaid payments pending Fraud Investigation	ENHANCED MEDICARE AND MEDICAID PROGRAM INTEGRITY PROVISIONS.	(h) SUSPENSION OF MEDICARE AND MEDICAID PAYMENTS PENDING INVESTIGATION OF CREDIBLE ALLEGATIONS OF FRAUD.— (1) MEDICARE.—Section 1862 of the Social Security Act (42 U.S.C. 1395y), as amended by subsection (g)(3), is amended by adding at the end the following new subsection: “(o) SUSPENSION OF PAYMENTS PENDING INVESTIGATION OF CREDIBLE ALLEGATIONS OF FRAUD.— ... “(3) PROMULGATION OF REGULATIONS.—The Secretary shall promulgate regulations to carry out this subsection and section 1903(i)(2)(C).”.	642
6403	Fraud Reports from Federal Agencies, Health Plans, States and Fraud Enforcement Agencies	ELIMINATION OF DUPLICATION BETWEEN THE HEALTHCARE INTEGRITY AND PROTECTION DATA BANK AND THE NATIONAL PRACTITIONER DATA BANK.	(d) TRANSITION PROCESS; EFFECTIVE DATE.— ... (2) REGULATIONS.—The Secretary shall promulgate regulations to carry out the amendments made by subsections (a) and (b).	648
6411	Expanding RAC to Medicaid	EXPANSION OF THE RECOVERY AUDIT	(a) EXPANSION TO MEDICAID.—... (2) COORDINATION; REGULATIONS.— (A) IN GENERAL.—The Secretary of Health and Human Services, acting through the	657

		CONTRACTOR (RAC) PROGRAM.	Administrator of the Centers for Medicare & Medicaid Services, shall coordinate the expansion of the Recovery Audit Contractor program to Medicaid with States, particularly with respect to each State that enters into a contract with a recovery audit contractor for purposes of the State’s Medicaid program prior to December 31, 2010. (B) REGULATIONS.—The Secretary of Health and Human Services shall promulgate regulations to carry out this subsection and the amendments made by this subsection, including with respect to conditions of Federal financial participation, as specified by the Secretary.	
6506	States to Correct Overpayments	OVERPAYMENTS.	(b) CORRECTIVE ACTION.—The Secretary shall promulgate regulations that require States to correct Federally identified claims overpayments, of an ongoing or recurring nature, with new Medicaid Management Information System (MMIS) edits, audits, or other appropriate corrective action.	659
6605	MEWAs – Multiple Employer Welfare Arrangements	ENABLING THE DEPARTMENT OF LABOR TO ISSUE ADMINISTRATIVE SUMMARY CEASE AND DESIST ORDERS AND SUMMARY SEIZURES ORDERS AGAINST PLANS THAT ARE IN FINANCIALLY HAZARDOUS CONDITION.	“SEC. 521. ADMINISTRATIVE SUMMARY CEASE AND DESIST ORDERS AND SUMMARY SEIZURE ORDERS AGAINST MULTIPLE EMPLOYER WELFARE ARRANGEMENTS IN FINANCIALLY HAZARDOUS CONDITION. ... “(f) REGULATIONS.—The Secretary may promulgate such regulations or other guidance as may be necessary or appropriate to carry out this section.	663
6607	Confidential ERISA communications amendment	PERMITTING EVIDENTIARY PRIVILEGE AND CONFIDENTIAL COMMUNICATIONS.	“(d) The Secretary may promulgate a regulation that provides an evidentiary privilege for, and provides for the confidentiality of communications between or among, any of the following entities or their agents, consultants, or employees: “(1) A State insurance department. “(2) A State attorney general. “(3) The National Association of Insurance Commissioners. “(4) The Department of Labor. “(5) The Department of the Treasury. “(6) The Department of Justice. “(7) The Department of Health and Human Services. “(8) Any other Federal or State authority that the Secretary determines is appropriate for the purposes of enforcing the provisions of this title. “(e) The privilege established under subsection (d) shall apply to communications related to any investigation, audit, examination, or inquiry conducted or coordinated by	664

			any of the agencies. A communication that is privileged under subsection (d) shall not waive any privilege otherwise available to the communicating agency or to any person who provided the information that is communicated.”.	
6703	Researcher Access to Data on Senior Citizens and Elder Abuse	ELDER JUSTICE.	“SEC. 2023. RESEARCH PROTECTIONS. “(a) GUIDELINES.—The Secretary shall promulgate guidelines to assist researchers working in the area of elder abuse, neglect, and exploitation, with issues relating to human subject protections.	671
6703	Data Collection on Nursing Home Patients	ELDER JUSTICE.	“SEC. 2041. ENHANCEMENT OF LONG-TERM CARE. ...“(b) CERTIFIED EHR TECHNOLOGY GRANT PROGRAM.—“(1) GRANTS AUTHORIZED.—The Secretary is authorized to make grants to long-term care facilities for the purpose of assisting such entities in offsetting the costs related to purchasing, leasing, developing, and implementing certified EHR technology (as defined in section 1848(o)(4)) designed to improve patient safety and reduce adverse events and health care complications resulting from medication errors. “(c) ADOPTION OF STANDARDS FOR TRANSACTIONS INVOLVING CLINICAL DATA BY LONG-TERM CARE FACILITIES.— ... “(3) REGULATIONS.—The Secretary shall promulgate regulations to carry out this subsection. Such regulations shall require a State, as a condition of the receipt of funds under this part, to conduct such data collection and reporting as the Secretary determines are necessary to satisfy the requirements of this subsection.	676
7102	Prescription prices	IMPROVEMENTS TO 340B PROGRAM INTEGRITY.	“(d) IMPROVEMENTS IN PROGRAM INTEGRITY.— “(1) MANUFACTURER COMPLIANCE.— ... “(B) IMPROVEMENTS.— ...“(vi) The imposition of sanctions in the form of civil monetary penalties, which— “(I) shall be assessed according to standards established in regulations to be promulgated by the Secretary not later than 180 days after the date of enactment of the Patient Protection and Affordable Care Act;...	707
7102	Claims Dispute Resolution for Overcharging for Drugs	IMPROVEMENTS TO 340B PROGRAM INTEGRITY.	“(3) ADMINISTRATIVE DISPUTE RESOLUTION PROCESS.— “(A) IN GENERAL.—Not later than 180 days after the date of enactment of the Patient Protection and Affordable Care Act, the Secretary shall promulgate regulations to establish and implement an administrative process for the resolution of claims by covered entities that they have been overcharged for drugs purchased under this section, and claims by manufacturers, after the conduct of audits as authorized by subsection (a)(5)(D), of violations of subsections (a)(5)(A) or (a)(5)(B), including appropriate procedures for the provision of remedies and enforcement of determinations made pursuant to such process through mechanisms and sanctions	708

			described in paragraphs (1)(B) and (2)(B). “(C) FINALITY OF ADMINISTRATIVE RESOLUTION.—The administrative resolution of a claim or claims under the regulations promulgated under subparagraph (A) shall be a final agency decision and shall be binding upon the parties involved, unless invalidated by an order of a court of competent jurisdiction.	
8002	CLASS Act	ESTABLISHMENT OF NATIONAL VOLUNTARY INSURANCE PROGRAM FOR PURCHASING COMMUNITY LIVING ASSISTANCE SERVICES AND SUPPORT.	“SEC. 3202. DEFINITIONS. ...“(6) ELIGIBLE BENEFICIARY.— ...“(C) REGULATIONS.—The Secretary shall promulgate regulations specifying exceptions to the minimum earnings requirements under subparagraph (A)(ii) for purposes of being considered an eligible beneficiary for certain populations.	711
8002	CLASS Act	ESTABLISHMENT OF NATIONAL VOLUNTARY INSURANCE PROGRAM FOR PURCHASING COMMUNITY LIVING ASSISTANCE SERVICES AND SUPPORT.	“SEC. 3205. BENEFITS. ...“(B) REGULATIONS.—The Secretary shall promulgate regulations to develop an expedited nationally equitable eligibility determination process, as certified by a licensed health care practitioner, an appeals process, and a redetermination process, as certified by a licensed health care practitioner, including whether an active enrollee is eligible for a cash benefit under the program and if so, the amount of the cash benefit (in accordance the sliding scale established under the plan).	718
8002	CLASS Act	ESTABLISHMENT OF NATIONAL VOLUNTARY INSURANCEPROGRAM FOR PURCHASING COMMUNITY LIVING ASSISTANCE SERVICES AND SUPPORT.	“SEC. 3208. SOLVENCY AND FISCAL INDEPENDENCE; REGULATIONS; ANNUAL REPORT. ...“(c) REGULATIONS.—The Secretary shall promulgate such regulations as are necessary to carry out the CLASS program in accordance with this title. Such regulations shall include provisions to prevent fraud and abuse under the program.	718
10101	Control over Health Plan Premiums	AMENDMENTS TO SUBTITLE A.	“SEC. 2718. BRINGING DOWN THE COST OF HEALTH CARE COVERAGE. ...“(3) ENFORCEMENT.—The Secretary shall promulgate regulations for enforcing the provisions of this section and may provide for appropriate penalties.	769
10103	CO-OP Loans and Grants	AMENDMENTS TO SUBTITLE C.	“SEC. 1303. SPECIAL RULES. ... (l) Section 1322(b) of this Act is amended— ... (2) by inserting after paragraph (2), the following: “(3) REPAYMENT OF LOANS AND GRANTS.—Not later than July 1, 2013, and prior to awarding loans and grants under the CO–OP program, the Secretary shall promulgate regulations with respect to the repayment of such loans and grants in a manner that is consistent with State solvency regulations and other	784

			similar State laws that may apply. In promulgating such regulations, the Secretary shall provide that such loans shall be repaid within 5 years and such grants shall be repaid within 15 years, taking into consideration any appropriate State reserve requirements, solvency regulations, and requisite surplus note arrangements that must be constructed in a State to provide for such repayment prior to awarding such loans and grants.’’.	
10201	Demonstration Projects – Medicaid and Children’s Health Insurance Program (CHIP)	AMENDMENTS TO THE SOCIAL SECURITY ACT AND TITLE II OF THIS ACT.	(i) Section 1115 of the Social Security Act (42 U.S.C. 1315) is amended by inserting after subsection (c) the following: “(d)(1) An application or renewal of any experimental, pilot, or demonstration project undertaken under subsection (a) to promote the objectives of title XIX or XXI in a State that would result in an impact on eligibility, enrollment, benefits, cost-sharing, or financing with respect to a State program under title XIX or XXI (in this subsection referred to as a ‘demonstration project’) shall be considered by the Secretary in accordance with the regulations required to be promulgated under paragraph (2). “(2) Not later than 180 days after the date of enactment of this subsection, the Secretary shall promulgate regulations relating to applications for, and renewals of, a demonstration project...	804
10105	Prospective Payment System	AMENDMENTS TO THE PUBLIC HEALTH SERVICE ACT, THE SOCIAL SECURITY ACT, AND TITLE V OF THIS ACT.	“SEC. 399V–3. NATIONAL DIABETES PREVENTION PROGRAM. “(o) DEVELOPMENT AND IMPLEMENTATION OF PROSPECTIVE PAYMENT SYSTEM.— ... “(2) IMPLEMENTATION.— “(A) IN GENERAL.— Notwithstanding section 1833(a)(3)(A), the Secretary shall provide, for cost reporting periods beginning on or after October 1, 2014, for payments of prospective payment rates for Federally qualified health center services furnished by Federally qualified health centers under this title in accordance with the prospective payment system developed by the Secretary under paragraph (1). “(B) PAYMENTS.— ...“(ii) PAYMENTS IN SUBSEQUENT YEARS.—Payment rates in years after the year of implementation of such system shall be the payment rates in the previous year increased— “(I) in the first year after implementation of such system, by the percentage increase in the MEI (as defined in section 1842(i)(3)) for the year involved; and “(II) in subsequent years, by the percentage increase in a market basket of Federally qualified health center goods and services as promulgated through regulations , or if such an index is not available, by the percentage increase in the MEI...	880