

provide data for timely national estimates of health care use and expenditures, private and public health insurance coverage, and the availability, costs, and scope of private health insurance benefits. This activity also provides data for analysis of changes in behavior as a result of market forces or policy changes on health care use, expenditures, and insurance coverage; develops cost/savings estimates of proposed changes in policy; and identifies the impact of changes in policy for subgroups of the population. Increased funding will allow AHRQ to support a sample size robust enough to continue to collect statistically significant data for racial and ethnic minority population subgroups.

Program Support

For Program Support, the Committee provides \$2,700,000, which is the same as fiscal year 2009 funding level and the budget request. This activity supports the overall direction and management of the agency.

CENTERS FOR MEDICARE AND MEDICAID SERVICES

GRANTS TO STATES FOR MEDICAID

The Committee provides \$220,962,473,000 for the Federal share of current law State Medicaid costs, which is \$31,107,439,000 above the fiscal year 2009 funding level and the same as the budget request. This amount does not include \$71,700,038,000 which was advance funded in the fiscal year 2009 appropriation for the first quarter of fiscal year 2010. In addition, the Committee provides an advance appropriation of \$86,789,382,000 for program costs in the first quarter of fiscal year 2011. The Committee has also included indefinite budget authority for unanticipated costs in fiscal year 2010.

Medicaid is projected to provide health care to 53.3 million people in fiscal year 2010, an increase of 4.3 percent. This represents 17.2 percent of the U.S. population. Medicaid will provide coverage to 26.2 million children. Non-disabled adults under age 65 and children will represent 74 percent of the Medicaid population, but account for 35 percent of Medicaid benefit outlays. In contrast, the elderly and disabled populations are estimated to make up 26 percent of the Medicaid population, yet account for approximately 65 percent of Medicaid benefit outlays. Medicaid is the largest payer for long-term care in America.

PAYMENTS TO THE HEALTH CARE TRUST FUNDS

The Committee provides \$207,296,070,000 for the Payments to the Health Care Trust Funds account, which supports Medicare Part B and prescription drug benefits for 46.6 million Medicare beneficiaries. This amount is \$9,552,070,000 above the fiscal year 2009 funding level and \$65,000,000 above the budget request. This entitlement account includes the general fund subsidy to the Federal Supplementary Medical Insurance Trust Fund for Medicare Part B benefits, Medicare drug benefits and administration, and State high risk pools as well as other reimbursements to the Federal Hospital Insurance Trust Fund for benefits and related administrative costs, which have not been financed by payroll taxes or premium contributions. The increase over the budget request is due

to the reimbursement to the trust fund for the high risk pools initiative funded in the Program Management account. The Committee continues bill language requested by the Administration providing indefinite authority to pay the general revenue portion of the Medicare Part B premium match and provides resources for the Medicare Part D drug benefit program in the event that the annual appropriation is insufficient.

PROGRAM MANAGEMENT

The Committee makes available \$3,463,362,000 in trust funds for Federal administration of the Medicare and Medicaid programs, which is \$147,976,000 above the fiscal year 2009 funding level and \$2,138,000 below the budget request. This activity supports the two largest Federal health care programs, Medicare and Medicaid, along with the Children's Health Insurance Program (CHIP) and the Medicare prescription drug program. The Centers for Medicare and Medicaid Services (CMS) is the largest purchaser of health care in the U.S., serving approximately 98 million Medicare, Medicaid, and CHIP beneficiaries.

Research, Demonstration, and Evaluation

The Committee provides \$31,600,000 for Research, Demonstration and Evaluation, which is \$1,408,000 above the fiscal year 2009 funding level and \$25,378,000 below the budget request. These funds support a variety of studies and demonstrations in such areas as monitoring and evaluating health system performance; improving health care financing and delivery mechanisms; modernization of the Medicare program; the needs of vulnerable populations in the areas of health care access, delivery systems, and financing; and information to improve consumer choice and health status. The Committee includes the full request of \$14,800,000 for the Medicare Current Beneficiary Survey. Funding for Real Choice Systems Change grants is not included.

The Committee encourages CMS to conduct a demonstration program comparing Type II diabetes therapies to determine which of them optimally assist people with Medicare in weight control while reaching and maintaining target blood glucose levels. The Committee encourages CMS to submit to the Committees on Appropriations of the House of Representatives and the Senate a report on the demonstration no later than January 1, 2011.

The Committee recognizes that the Medicare Modernization Act of 2003 included a Welcome to Medicare physical exam benefit for new Medicare enrollees. However, despite clinical data showing hepatitis B and C are a major health problem in the United States, a hepatitis B and C screening benefit currently is not covered under the Medicare program. To assist in determining whether Congress should add a hepatitis B and C screening benefit to the Welcome to Medicare physical exam, the Committee encourages the Secretary to conduct a three-year hepatitis B and C screening and treatment demonstration project and to submit to the Committees on Appropriations of the House of Representatives and the Senate a report on the demonstration no later than December 31, 2013.

The bill includes \$1,600,000 for the following projects in the following amounts:

Project	Committee recommendation
Bi-State Primary Care Association, Montpelier, VT to treat uninsured patients	\$100,000
County of Ventura Health Care Agency, Ventura, CA for Medicaid enrollment programs	200,000
Fond du Lac County, WI for the Save a Smile Program	400,000
Jewish Healthcare Foundation, Pittsburgh, PA for program to increase involvement of pharmacists in chronic disease management	100,000
PACE Greater New Orleans, New Orleans, LA for facilities and equipment	500,000
Patient Advocate Foundation, Newport News, VA for a patient assistance program for the uninsured	300,000

Medicare Operations

The Committee provides \$2,323,862,000 to support Medicare claims processing contracts, which is \$58,147,000 above the fiscal year 2009 funding level and \$40,000,000 below the budget request.

The Committee includes bill language as proposed in the budget request that extends the availability of \$65,600,000 through September 30, 2011 for Medicare contracting reform activities. The Committee also includes bill language as proposed in the budget request providing \$35,681,000 for the Healthcare Integrated General Ledger Accounting System, to remain available through September 30, 2011. The bill does not include language proposed in the budget request to provide extended availability for funds related to the Medicare Improvements for Patients and Providers Act of 2008.

Within the total, the Committee provides \$45,000,000 for the State Health Insurance Program (SHIP), which is the same as the fiscal year 2009 funding level and \$5,000,000 above the budget request. The Committee believes SHIP is an important vehicle to help the 46.6 million Medicare beneficiaries grapple with changes in coverage and prescription drug plans. SHIP provides one-on-one counseling to those who have trouble accessing the internet or the toll-free hotlines.

The Committee notes that the CMS Medicaid policy on coverage for routine HIV Testing is unclear, and should be updated to reflect the Revised Recommendations for HIV Testing of Adults, Adolescents, and Pregnant Women in Healthcare Settings issued in September 2006 by the Centers for Disease Control and Prevention (CDC).

State Survey and Certification

The Committee provides \$346,900,000 for State inspections of facilities serving Medicare and Medicaid beneficiaries, which is \$53,772,000 above the fiscal year 2009 funding level and the same as the budget request.

This program supports the certification and periodic inspection of facilities receiving Medicare funding, such as nursing homes, hospitals, hospices, and rehabilitation centers. These inspections target quality of care, appropriateness of staffing, and patient safety. In 2010, more than 83,000 initial, recertification and complaint surveys are expected to be conducted.

The Committee has provided sufficient funding for survey and certification activities to provide surveys of all types of facilities at least once every six years. Some types of facilities are currently reviewed as infrequently as once every 11.5 years, including ambulatory surgery centers (prior to Recovery Act funding). These types of facilities have been implicated in past outbreaks of healthcare-associated infections (HAI). Greater frequency of surveys is ex-

pected to increase awareness of and reduction in the occurrence of HAIs. The Committee also directs CMS to train all State inspectors on CDC's revised HAI interpretative guidelines. With the increased frequency of inspections, surveyors must be equipped to detect evidence of HAIs or faulty procedures that could result in HAIs.

Because of the growth in the number of facilities seeking survey and certification so that they are permitted to participate in CMS programs, the Committee encourages CMS to explore the use of alternative licensure activities to provide additional resources for initial survey and certification activities. The Committee understands this is particularly acute for dialysis facilities and urges CMS to direct the States to triage first-time applications by length of wait time and remoteness of facility.

State High-Risk Insurance Pools

The Committee provides \$65,000,000 through specific appropriations language to support the State High-Risk Insurance Pools Program, which is \$10,000,000 below the fiscal year 2009 funding level. The budget request does not include discretionary funding for high risk pools for fiscal year 2010, instead requesting \$75,000,000 in mandatory demonstration funding as part of a legislative proposal.

Thirty-five States currently operate high-risk pools that are the health insurers of last resort for almost 200,000 individuals who have lost or are ineligible for group insurance coverage, and who are medically high-risk and unable to purchase individual health insurance in the commercial market. High-risk pools represent a successful public/private partnership. All risk pool participants pay a monthly premium, capped at 125 to 200 percent of the average market premium. Insurers and health care providers support the program through assessments, and some States contribute to their pools. The Committee anticipates a declining need for State high-risk insurance pools as universal health care coverage becomes a reality.

Federal Administration

The Committee provides \$696,000,000 to support Federal administrative activities related to the Medicare and Medicaid programs, which is \$54,649,000 above the fiscal year 2009 funding level and \$1,760,000 below the budget request. The Committee does not continue bill language authorizing CMS to use funds for the Healthy Start, Grow Smart program for parents of children enrolled in the Medicaid program because of lagging State participation.

As part of its effort to combat HAIs, the Committee directs CMS to include in its "pay for reporting" system, which penalizes hospitals that fail to report quality data to Hospital Compare, two infection control measures developed by the Hospital Quality Alliance (HQA)— central line-associated bloodstream infections and a surgical site infection rate. These two measures have been agreed upon by the HQA membership, tested, and validated. If the measures are included in Hospital Compare, the public reporting of the data is likely to reduce HAI occurrence, an outcome demonstrated in previous research.

The Committee also directs CMS to add additional HAI measures in its next expansion of the "pay for performance" system in which

hospitals receive lower reimbursement for treatment of conditions that are not present upon admission. Of the 12 general conditions currently tracked under “pay for performance”, three are related to HAIs (catheter-associated urinary tract infection, vascular catheter-associated infection, and surgical site infections). The Committee directs CMS to report to the Committees on Appropriations of the House of Representatives and the Senate by May 1, 2010 outlining progress in this regard.

The Committee is concerned that language and cultural barriers inhibit many minority seniors from accessing Medicare and encourages CMS to expand multilingual help lines to improve access to eligible programs by underserved minority seniors.

The Committee encourages the Secretary to adopt quality measures for hepatitis B and C screening and treatment for use by dialysis providers and physicians who treat patients on dialysis. The Committee encourages the Secretary to include these quality measures and an analysis in the CMS Physician Quality Reporting Initiative.

HEALTH CARE FRAUD AND ABUSE CONTROL ACCOUNT

The Committee provides \$311,000,000 to be transferred from the Medicare trust funds for Health Care Fraud and Abuse Control activities conducted by CMS, the HHS Inspector General, and the Department of Justice, which is \$113,000,000 above the fiscal year 2009 funding level and the same as the budget request. This funding is in addition to \$1,156,000,000 that is provided as mandatory funding through authorizing bills. Funding will provide resources for expanded efforts for Medicaid program integrity activities, for safeguarding the Medicare prescription drug benefit and the Medicare Advantage program, and for program integrity efforts carried out by the Department of Justice.

ADMINISTRATION FOR CHILDREN AND FAMILIES

PAYMENTS TO STATES FOR CHILD SUPPORT ENFORCEMENT AND FAMILY SUPPORT PROGRAMS

The Committee provides \$3,571,509,000 for the Child Support Enforcement and Family Support programs, which is \$254,810,000 above the fiscal year 2009 funding level and the same as the budget request. The Committee also provides \$1,100,000,000 in advance funding, as requested, for the first quarter of fiscal year 2011 to ensure timely payments for Child Support Enforcement programs. These programs support State-administered programs of financial assistance and services for low-income families to promote their economic security and self-sufficiency. The Committee recommendation includes an estimated \$33,000,000 for payments to territories, which is the same as the comparable fiscal year 2009 funding level and the budget request.

LOW INCOME HOME ENERGY ASSISTANCE

The Committee provides \$5,100,000,000 for the Low Income Home Energy Assistance program (LIHEAP), the same as the comparable fiscal year 2009 funding level and \$1,900,000,000 above the discretionary budget request. The Administration’s fiscal year 2010 discretionary budget proposes \$3,200,000,000 for LIHEAP and, in