Section-by-Section Analysis
Changes Made by Title X Included within Titles I – IX, Where Appropriate

The Patient Protection and Affordable Care Act has some provisions related to health information technology, in addition to those established through the HITECH Act. Parts of Title X amended provisions in Titles I – IX and these changes are reflected in the section that was amended. Provisions of Title X that did not amend the previous nine titles are described separately at the end of the document.

BILL SUMMARY:

Sec. 4302. Understanding health disparities: data collection and analysis. This requires HHS to ensure that all federally-funded health and public health programs collect data on race, sex, ethnicity, primary language, and disability status at the smallest geographic level possible. It also requires HHS to develop privacy standards at least as broad as HIPAA, authorizes such sums as may be necessary, but does not require data collection unless a specific appropriation has been made. No appropriation has been made to date.

This section of the bill appears to align well with meaningful use incentives for health IT adoption, which require collecting demographic data through electronic health records. However, it is unclear whether new privacy requirements will apply to the collection of public health data or only healthcare data.

Sec. 4304. Epidemiology and laboratory capacity grants. This formally establishes an Epidemiology and laboratory capacity grant program to support states and some cities, as defined by the CDC Director, to:

- Strengthen epidemiologic capacity to identify and monitor the occurrence of infectious diseases and other conditions of public health importance
- Enhance laboratory practice, as well as systems, to report test orders and results electronically
- Improve information systems, including developing and maintaining an information exchange using national guidelines and complying with capacities and functions determined by an advisory council established and appointed by the Director
- Develop and implement prevention and control strategies.

Assuming funding is appropriated annually and that $190 is allocated for this by Congress, at least $95 million would go to epidemiology capacity, prevention and control of disease; $60 million to informatics capacity; and $32 million to laboratory capacity.

Funding is authorized for $190 million but no appropriation has been made. In FY 2010 the program was funded at $49 million and additional funding was added through the American Recovery and Reinvestment Act for healthcare-associated infection programs.

QUALITY REPORTING AND HEALTH INDICATORS

Sec. 3015. Data Collection; Public Reporting. This requires HHS to collect and aggregate consistent data on quality and resource use measures, from information systems used to support healthcare delivery, and may award grants or contracts for this purpose. The Act authorizes such sums as may be necessary.
to implement the program, but no appropriation has been made. A 1-to-5 match of non-federal funding is required from grantees. Requires HHS to align collection and aggregation efforts with the requirements previously established for the expansion and interoperability of health information technology systems. As amended by Section 10305, HHS must develop a strategic framework for public reporting of healthcare performance data from hospitals and physicians. HHS will collect and aggregate data from information systems that support healthcare, in a way that is aligned with programs already in existence, to support the adoption of health information technology.

State-level Health Information Exchanges (HIE), including Regional Health Information Organizations (RHIO), are excellent examples of opportunities for states to use these grants. The requirement to align data collection with established efforts integrates well with the requirements of meaningful use, state health information exchanges, and other elements of the HITECH Act. Meaningful use incentives established by the Act require electronic health records to collect data on quality measures within hospitals and eligible provider practices. This section of the bill integrates well with those requirements.

**Section 5605. Key national indicators.** Establishes a commission on national health indicators that will oversee the Key National Indicators program within 30 days of enactment. The National Academy of Sciences (NAS) will either develop the National Indicators System itself or contract with a nonprofit to develop it. The NAS or the contracted nonprofit will identify and select issue areas to be covered by key national indicators, identify and select indicators used to measure these issues, identify and select data sources for indicators, establish a website to allow access to indicators, and develop a quality assurance framework for data.

**Sec. 10303. Development of outcome measures.** This requires HHS to develop provider-level outcome measures for chronic diseases, primary and preventive care, and hospital acquired conditions within 3 years. Sec. 10331 requires HHS to make this information available on a new “Physician Compare” website. Sections 3001, 3008 and 3025 require HHS to make facility-level data available on the existing “Hospital Compare” website.

Some of the data referenced above would likely be derived from the National Healthcare Safety Network (NHSN), CDC’s healthcare associated infection surveillance system, or state healthcare associated infection reporting systems. NHSN data is currently entered manually by hospitals and is sent directly to CDC. States also receive data if they are designated by hospitals. Twenty-one states require the use of NHSN for hospital infection reporting.

For questions regarding health reform, please contact infocenter@astho.org or James Kirkwood jkirkwood@astho.org.