Subsec. (c)(2)(B)(vii). Pub. L. 111–148, §10320(a)(1)(C), added cl. (vii).

Subsec. (c)(3). Pub. L. 111–148, §10320(a)(1)(D)(i), substituted ''Submission of Board proposal to Congress and the President'' for ''Transmission of Board proposal to President'' in heading.

Subsec. (c)(3)(A)(i). Pub. L. 111–148, §10320(a)(1)(D)(ii), substituted ''submit a proposal under this section to Congress and the President'' for ''transmit a proposal under this section to the President''.

Subsec. (c)(3)(A)(ii). Pub. L. 111–148, §10320(a)(1)(D)(iii), inserted ''or'' at end of subcl. (I), substituted a period for ''; or'' at end of subcl. (II), and struck out subcl. (III), which read as follows: ''for proposal year 2019 and subsequent proposal years, a year in which the Chief Actuary of the Centers for Medicare & Medicaid Services makes a determination in the determination year that the growth rate described in paragraph (8) exceeds the growth rate described in paragraph (6)(A)(i).''

Subsec. (c)(4). Pub. L. 111–148, §10320(a)(1)(E), struck out ''the Board under paragraph (3)(A)(i) or'' before ''the Secretary'' and substituted ''within 2 days'' for ''immediately''.

Subsec. (c)(5). Pub. L. 111–148, §10320(a)(1)(F), in introductory provisions, substituted ''but'' for ''to but'' and inserted ''Congress and'' after ''submit a proposal to''.

Subsec. (c)(6)(B)(i). Pub. L. 111–148, §10320(a)(1)(G), substituted ''(calculated as the sum of per capita spending under each of parts A, B, and D)'' for ''per unduplicated enrollee''.

Subsec. (d)(1)(A). Pub. L. 111–148, §10320(a)(2)(A), inserted ''the Board or'' after ''a proposal is submitted by'' and ''subsection (c)(3)(A)(i) or'' after ''the Senate under''.

Subsec. (d)(2)(A). Pub. L. 111–148, §10320(a)(2)(B), inserted ''the Board or'' after ''a proposal is submitted by''.

Subsec. (e)(1). Pub. L. 111–148, §10320(a)(3)(A), inserted ''the Board or'' after ''a proposal submitted by''.

Subsec. (e)(3). Pub. L. 111–148, §10320(a)(3)(B), substituted ''Exceptions'' for ''Exception'' in par. heading, designated existing provisions as subpar. (A) and inserted heading, substituted ''The Secretary shall not implement the recommendations contained in a proposal submitted in a proposal year by the Board or'' for ''The Secretary shall not be required to implement the recommendations contained in a proposal submitted in a proposal year by'', redesignated former subpars. (A) and (B) as cls. (i) and (ii), respectively, of subpar. (A) and realigned margins, and added subpar. (B).

Subsec. (f)(3)(B). Pub. L. 111–148, §10320(a)(4), substituted '', advisory reports, or advisory recommendations'' for ''or advisory reports to Congress'' and inserted ''or produce the public report under subsection (n)'' after ''this section''.

Subsecs. (n), (*o*). Pub. L. 111–148, §10320(a)(5), added subsecs. (n) and (*o*).

CHANGE OF NAME

Pub. L. 111–148, title X, §10320(b), Mar. 23, 2010, 124 Stat. 952, provided that: ''Any reference in the provisions of, or amendments made by, section 3403 [enacting this section and section 1395kkk–1 of this title and amending section 1395b–6 of this title and section 207 of Title 18, Crimes and Criminal Procedure] to the 'Independent Medicare Advisory Board' shall be deemed to be a reference to the 'Independent Payment Advisory Board'.''

CONSTRUCTION

Pub. L. 111–148, title X, §10320(c), Mar. 23, 2010, 124 Stat. 952, provided that: ''Nothing in the amendments made by this section [amending this section] shall preclude the Independent Medicare Advisory Board [now Independent Payment Advisory Board], as established under section 1899A of the Social Security Act (as added by section 3403) [42 U.S.C. 1395kkk], from solely using data from public or private sources to carry out the amendments made by subsection (a)(4).''

§ 1395kkk–1. GAO study and report on determination and implementation of payment and coverage policies under the Medicare program

(1) Initial study and report

(A) Study

The Comptroller General of the United States (in this section referred to as the ''Comptroller General'') shall conduct a study on changes to payment policies, methodologies, and rates and coverage policies and methodologies under the Medicare program under title XVIII of the Social Security Act [42 U.S.C. 1395 et seq.] as a result of the recommendations contained in the proposals made by the Independent Payment Advisory Board under section 1899A of such Act [42 U.S.C. 1395kkk] (as added by subsection (a)),[1] including an analysis of the effect of such recommendations on—

(i) Medicare beneficiary access to providers and items and services;

(ii) the affordability of Medicare premiums and cost-sharing (including deductibles, coinsurance, and copayments);

(iii) the potential impact of changes on other government or private-sector purchasers and payers of care; and

(iv) quality of patient care, including patient experience, outcomes, and other measures of care.

(B) Report

Not later than July 1, 2015, the Comptroller General shall submit to Congress a report containing the results of the study conducted under subparagraph (A), together with recommendations for such legislation and administrative action as the Comptroller General determines appropriate.

(2) Subsequent studies and reports

The Comptroller General shall periodically conduct such additional studies and submit reports to Congress on changes to Medicare payments policies, methodologies, and rates and coverage policies and methodologies as the Comptroller General determines appropriate, in consultation with the Committee on Ways and Means and the Committee on Energy and Commerce of the House of Representatives and the Committee on Finance of the Senate.

(Pub. L. 111–148, title III, §3403(b), title X, §10320(b), Mar. 23, 2010, 124 Stat. 506, 952.)

REFERENCES IN TEXT

The Social Security Act, referred to in par. (1)(A), is act Aug. 14, 1935, ch. 531, 49 Stat. 620. Title XVIII of the Act is classified generally to this subchapter. For complete classification of this Act to the Code, see section 1305 of this title and Tables.

Subsection (a), referred to in par. (1)(A), means subsection (a) of section 3403 of Pub. L. 111–148, which enacted section 1395kkk of this title and amended section 207 of Title 18, Crimes and Criminal Procedure.

CODIFICATION

Section was enacted as part of the Patient Protection and Affordable Care Act, and not as part of the Social Security Act which comprises this chapter.

[1] See References in Text note below.

CHANGE OF NAME

''Independent Payment Advisory Board'' substituted for ''Independent Medicare Advisory Board'' on authority of section 10320(b) of Pub. L. 111–148, set out as a note under section 1395kkk of this title.

SUBCHAPTER XIX—GRANTS TO STATES FOR MEDICAL ASSISTANCE PROGRAMS

§ 1396. Medicaid and CHIP Payment and Access Commission

(a) Establishment

There is hereby established the Medicaid and CHIP Payment and Access Commission (in this section referred to as ''MACPAC'').

(b) Duties

(1) Review of access policies for all States and annual reports

MACPAC shall—

(A) review policies of the Medicaid program established under this subchapter (in this section referred to as ''Medicaid'') and the State Children's Health Insurance Program established under subchapter XXI (in this section referred to as ''CHIP'') affecting access to covered items and services, including topics described in paragraph (2);

(B) make recommendations to Congress, the Secretary, and States concerning such access policies;

(C) by not later than March 15 of each year (beginning with 2010), submit a report to Congress containing the results of such reviews and MACPAC's recommendations concerning such policies; and

(D) by not later than June 15 of each year (beginning with 2010), submit a report to Congress containing an examination of issues affecting Medicaid and CHIP, including the implications of changes in health care delivery in the United States and in the market for health care services on such programs.

(2) Specific topics to be reviewed

Specifically, MACPAC shall review and assess the following:

(A) Medicaid and CHIP payment policies

Payment policies under Medicaid and CHIP, including—

(i) the factors affecting expenditures for the efficient provision of items and services in different sectors, including the process for updating payments to medical, dental, and health professionals, hospitals, residential and long-term care providers, providers of home and community based services, Federally-qualified health centers and rural health clinics, managed care entities, and providers of other covered items and services;

(ii) payment methodologies; and

(iii) the relationship of such factors and methodologies to access and quality of care for Medicaid and CHIP beneficiaries (including how such factors and methodologies enable such beneficiaries to obtain the services for which they are eligible, affect provider supply, and affect providers that serve a disproportionate share of low-income and other vulnerable populations).

(B) Eligibility policies

Medicaid and CHIP eligibility policies, including a determination of the degree to which Federal and State policies provide health care coverage to needy populations.

(C) Enrollment and retention processes

Medicaid and CHIP enrollment and retention processes, including a determination of the degree to which Federal and State policies encourage the enrollment of individuals who are eligible for such programs and screen out individuals who are ineligible, while minimizing the share of program expenses devoted to such processes.

(D) Coverage policies

Medicaid and CHIP benefit and coverage policies, including a determination of the degree to which Federal and State policies provide access to the services enrollees require to improve and maintain their health and functional status.

(E) Quality of care

Medicaid and CHIP policies as they relate to the quality of care provided under those programs, including a determination of the degree to which Federal and State policies achieve their stated goals and interact with similar goals established by other purchasers of health care services.

(F) Interaction of Medicaid and CHIP payment policies with health care delivery generally

The effect of Medicaid and CHIP payment policies on access to items and services for children and other Medicaid and CHIP populations other than under this subchapter or subchapter XXI and the implications of changes in health care delivery in the United States and in the general market for health care items and services on Medicaid and CHIP.

(G) Interactions with Medicare and Medicaid

Consistent with paragraph (11), the interaction of policies under Medicaid and the Medicare program under subchapter XVIII, including with respect to how such interactions affect access to services, payments, and dual eligible individuals.

(H) Other access policies

The effect of other Medicaid and CHIP policies on access to covered items and services, including policies relating to transportation and language barriers and preventive, acute, and long-term services and supports.

(3) Recommendations and reports of State-specific data

MACPAC shall—

(A) review national and State-specific Medicaid and CHIP data; and

(B) submit reports and recommendations to Congress, the Secretary, and States based on such reviews.

(4) Creation of early-warning system

MACPAC shall create an early-warning system to identify provider shortage areas, as