

Side-by-Side Summary of the House and Senate Economic Recovery Packages

** Please note this is a draft document and only provides a snapshot. Senate Finance will mark up their bill on January 27th and so the legislation may change as a result. This document is up to date as of January 27, 2009 at 9am.

Link to House legislation http://www.rules.house.gov/111/Legtext/111_hr1_text.pdf

Link to Senate legislation <http://finance.senate.gov/sitepages/legislation.htm>

Provision	HR 1	Senate Finance Mark
Enhanced Federal Medical Assistance Percentage (FMAP)	\$87 billion approximately	\$87 billion approximately
Hold harmless from previously scheduled decrease (Arizona, Arkansas, Florida, Hawaii, Idaho, Illinois, Louisiana, Mississippi, Montana, North Dakota, Oklahoma, Texas, Vermont, Washington)	Hold harmless	Hold harmless
Percentage increase to all states	4.9%	5.6%
Unemployment-related bonus	States with large increases in unemployment would receive an additional increase in FMAP directly related to the increase in their unemployment rates. This high unemployment percentage point adjustment would automatically adjust upward to reflect increases in state unemployment rates if the recession worsens.	States would be evaluated on a quarterly basis for the unemployment-related bonus, which would equal an additional percentage reduction in the state share. For example, after applying the 5.5 point increase provided to all states, a state with a FMAP of 50 percent (state share of 50 percent) would have an FMAP of 55.5 percent (state share of 44.5 percent). If the state share were further reduced by 10 percent because of the bonus, the state would receive an additional FMAP increase of 4.45 points ($44.5 * 0.10 = 4.45$). The state's total FMAP increase would be 9.95 points ($5.5 + 4.45 = 9.95$).
Duration	October 1, 2008 through December 31, 2010	October 1, 2008 through December 31, 2010
Rainy Day section	This language would not allow states to put Medicaid moneys obtained through enhanced FMAP into rainy day funds- hence forcing states to use these funds in their Medicaid program and not divert funds at a time of economic strain.	This language would not allow states to put Medicaid moneys obtained through enhanced FMAP into rainy day funds- hence forcing states to use these funds in their Medicaid program and not divert funds at a time of economic strain.
Maintenance of Effort	States must maintain eligibility	States must maintain eligibility
Moratorium on Medicaid regulations	Runs through June 30 th and adds hospital outpatient regulation.	Does not address
Prompt Pay	Does not address	Extends prompt pay requirements to nursing homes for April 1, 2009 through December 31, 2010.
HIT Health Care Provider definition	SNFs, NFs and "other long term care facility" specifically included (Section 3000)	
HIT definition	"Hardware, software, integrated	

	technologies and related licenses, intellectual property, upgrades, and package solutions sold as services that are specifically designed for use by health care entities for the electronic creation, maintenance, or exchange of health information” (Section 3000)	
HIT State Grant/Loan Program	States may compete for grants so that they may establish loan programs for health care providers to purchase EHR technology, “enhance the utilization of” such technology, train personnel, and “improve secure electronic exchange of health information” Loans are fully amortized in 10 years in and interest rate cannot exceed market interest rate (Section 3014)	
HIT Study	Requires HHS Secretary to run a feasibility study of payment incentives for providers (i.e. SNFs/NFs, HHA etc) receiving only minimal or no payment incentives through this Act – will examine adoption rates, clinical utility, pros and cons, and anything else the Secretary deems appropriate (Section 4314)	Requires HHS Secretary to run a feasibility study of payment incentives for providers (i.e. SNFs/NFs, HHA etc) receiving only minimal or no payment incentives through this Act – will examine adoption rates, clinical utility, pros and cons, and anything else the Secretary deems appropriate
HIT Medicaid NF Grant Program	Provides \$600 million for 10 state grants over 3 years, not to exceed 90% of costs of adoption and operation, giving priority to those “States with a high proportion of total national nursing facility days paid” under Medicaid. The participating States must then “target NFs with a significant percentage (but not less than the average in the State) of the facility’s” Medicaid patient volume. The grants may be used for adoption and “meaningful use of EHRs” as defined by the Secretary. The funding will be made available upon passage of the law and available until expended. There are no penalties, however participating NFs must “provide for training” of staff in use of EHRs and “improve quality and coordination of care” especially for “people who are repeatedly	

	admitted to acute care hospitals from the NF and persons who receive services across multiple medical and social services providers (including facility and community-based providers)". (Section 4322)	
3% Withholding on Government Contractors	Repealed	One year delay
Payments to Disabled and Elderly	One time payment of approximately \$450 for an individual and \$630 for a couple. This one time payment is to serve as an immediate economic stimulus as half of SSI recipients have no other form of income and the other half average income of less than \$450 a month.	
Nurse training	\$600 million- to address shortages and prepare the Country for Universal Health Care by training primary health care providers including doctors, dentists, and nurses	