**Medical Reimbursement Data Centers**

**Summary:** For plan years beginning in 2010, the Secretary and States will establish a process for the annual review of increases in premiums for health insurance coverage. Provides $250 million in funding to States from 2010 until 2014 to assist States in providing information and recommendations to the Secretary, reviewing and, if appropriate under State law, approving premium increases for health insurance coverage, and establishing medical reimbursement data centers.

**Next steps:**
- Secretary must establish program to provide funding for States for 2010 – 2014.

**Additional information:**
- Grant announcement (June 7, 2010) -- [http://www.grants.gov/search/search.do;jsessionid=qQ1pMN4DbnDmKwyCNlf81JqHPmr19mv9Y8thvDC2LYqn2n5Tb11Nj-913550241?oppId=55017&mode=VIEW](http://www.grants.gov/search/search.do;jsessionid=qQ1pMN4DbnDmKwyCNlf81JqHPmr19mv9Y8thvDC2LYqn2n5Tb11Nj-913550241?oppId=55017&mode=VIEW)

**Long summary:**
Sec. 1003. Ensuring that consumers get value for their dollars (as modified by sec. 10101).
PHS Act sec. 2794. Ensuring that consumers get value for their dollars (as modified by sec. 10101).
For plan years beginning in 2010, the Secretary and States will establish a process for the annual review of increases in premiums for health insurance coverage. Provides $250 million in funding to States from 2010 until 2014 to assist States in reviewing and, if appropriate under State law, approving premium increases for health insurance coverage, in providing information and recommendations to the Secretary, and establishing medical reimbursement data centers. Effective 3/23/2010.

*Medical Reimbursement Data Centers.* As part of the grants to states, states shall establish centers at academic or other nonprofit institutions to (1) collect medical reimbursement information from health insurance issuers, (2) analyze and organize such information, and (3) make such information available to such issuers, providers, health researchers, health policy makers and the general public. Specifies functions of the medical reimbursement data centers, including (1) developing and updating fee schedules and other database tools that reflect market rates for medical services and geographic differences in those rates; (2) using best available statistical methods and data processing technology to develop those fee schedules, (3) regularly update such fee schedules and other database tools to reflect changes in charges for medical services; (4) make health care cost information readily available to the public through an Internet website that allows consumers to understand the amounts that health care providers in their area charge for particular medical services; and (5) regularly publish...
information concerning the statistical methodologies used by the center to analyze health charge data and make such data available to researchers and policy makers. Requires a center to adopt bylaws to ensure against conflicts of interest. Clarifies that this provision does not compel health insurance issuers to provide data to the center.

**Legislative text:**

SEC. 1003. ENSURING THAT CONSUMERS GET VALUE FOR THEIR DOLLARS.

‘‘(c) GRANTS IN SUPPORT OF PROCESS.—
‘‘(1) PREMIUM REVIEW GRANTS DURING 2010 THROUGH 2014.— The Secretary shall carry out a program to award grants to States during the 5-year period beginning with fiscal year 2010 to assist such States in carrying out subsection (a), including—
‘‘(A) in reviewing and, if appropriate under State law, approving premium increases for health insurance coverage; ‘‘(B) in providing information and recommendations to the Secretary under subsection (b)(1); and ‘‘(C) in establishing centers (consistent with subsection (d)) at academic or other nonprofit institutions to collect medical reimbursement information from health insurance issuers, to analyze and organize such information, and to make such information available to such issuers, health care providers, health researchers, health care policy makers, and the general public.

‘‘(2) FUNDING.—
‘‘(A) IN GENERAL.—Out of all funds in the Treasury not otherwise appropriated, there are appropriated to the Secretary $250,000,000, to be available for expenditure for grants under paragraph (1) and subparagraph (B).

‘‘(B) FURTHER AVAILABILITY FOR INSURANCE REFORM AND CONSUMER PROTECTION.—If the amounts appropriated under subparagraph (A) are not fully obligated under grants under paragraph (1) by the end of fiscal year 2014, any remaining funds shall remain available to the Secretary for grants to States for planning and implementing the insurance reforms and consumer protections under part A.

‘‘(C) ALLOCATION.—The Secretary shall establish a formula for determining the amount of any grant to a State under this subsection. Under such formula—
‘‘(i) the Secretary shall consider the number of plans of health insurance coverage offered in each State and the population of the State; and

‘‘(ii) no State qualifying for a grant under paragraph (1) shall receive less than $1,000,000, or more than $5,000,000 for a grant year.

‘‘(d) MEDICAL REIMBURSEMENT DATA CENTERS.—
‘‘(1) FUNCTIONS.—A center established under subsection (c)(1)(C) shall—

‘‘(A) develop fee schedules and other database tools that fairly and accurately reflect market rates for medical services and the geographic differences in those rates;

‘‘(B) use the best available statistical methods and data processing technology to develop such fee schedules and other database tools;

‘‘(C) regularly update such fee schedules and other database tools to reflect changes in charges for medical services;

‘‘(D) make health care cost information readily available to the public through an Internet website that allows consumers to understand the amounts that health care providers in their area charge for particular medical services; and

‘‘(E) regularly publish information concerning the statistical methodologies used by the center to analyze health charge data and make such data available to researchers and policy makers.

‘‘(2) CONFLICTS OF INTEREST.—A center established under subsection (c)(1)(C) shall adopt by-laws that ensures that the center (and all members of the governing board of the center) is independent and free from all conflicts of interest. Such by-laws shall ensure that the center is not controlled or influenced by, and does not have any corporate relation to, any individual or entity that may make or receive payments for health care services based on the center’s analysis of health care costs.

‘‘(3) RULE OF CONSTRUCTION.—Nothing in this subsection shall be construed to permit a center established under subsection (c)(1)(C) to compel health insurance issuers to provide data to the center.’’.