Summary: Requires the Government Accountability Office (GAO) to conduct a study regarding whether newly required guidelines or other standards result in the establishment of new causes of action or claim. GAO must submit to Congress its findings within 2 years after the date of enactment.

Status Update: On February 18, 2011, Rep. Phil Gingrey, MD (R-GA) introduced H.R. 816, the “Provider Shield Act of 2011.” This legislation clarifies federal law so that no new federal treatment guideline or other standard of care can be construed to establish the standard of care in a medical malpractice case. While the bill mentions specific sections from a required Government Accountability Office (GAO) report under section 3512 it is not limited to providing protections for those areas.

Next steps:
- February 18, 2011 – Rep. Phil Gingrey introduced H.R. 816, the “Provider Shield Act of 2011,” which references this section of law and repeals this GAO report.
- March 23, 2012 – GAO study due regarding this topic.

Additional information:
- Information on H.R. 816 -- http://hdl.loc.gov/loc.uscongress/legislation.112hr816

Long summary:
Sec. 3512. GAO study and report on causes of action.
The Government Accountability Office (GAO) must conduct a study regarding whether newly required guidelines or other standards result in the establishment of new causes of action or claim. Those specific provisions include section 2701 (adult health quality measures), section 2702 (payment adjustments for health care acquired conditions), section 3001 (Hospital Value-Based Purchase Program), section 3002 (improvements to the Physician Quality Reporting Initiative), section 3003 (improvements to the Physician Feedback Program), section 3007 (value based payment modifier under physician fee schedule), section 3008 (payment adjustment for conditions acquired in hospitals), section 3013 (quality measure development), section 3014 (quality measurement), section 3021 (establishment of Center for Medicare and Medicaid Innovation), section 3025 (hospital readmission reduction program), section 3501 (health care delivery system research, quality improvement), section 4003 (Task Force on Clinical and Preventive Services), and section 4301 (research to optimize deliver of public health services). GAO must submit to Congress its findings within 2 years after the date of enactment.
Legislative text:
SEC. 3512. GAO STUDY AND REPORT ON CAUSES OF ACTION.
(a) STUDY.—
(1) IN GENERAL.—The Comptroller General of the United States shall conduct a study of whether the development, recognition, or implementation of any guideline or other standards under a provision described in paragraph (2) would result in the establishment of a new cause of action or claim.
(2) PROVISIONS DESCRIBED.—The provisions described in this paragraph include the following:
(A) Section 2701 (adult health quality measures).
(B) Section 2702 (payment adjustments for health care acquired conditions).
(C) Section 3001 (Hospital Value-Based Purchase Program).
(D) Section 3002 (improvements to the Physician Quality Reporting Initiative).
(E) Section 3003 (improvements to the Physician Feedback Program).
(F) Section 3007 (value based payment modifier under physician fee schedule).
(G) Section 3008 (payment adjustment for conditions acquired in hospitals).
(H) Section 3013 (quality measure development).
(I) Section 3014 (quality measurement).
(J) Section 3021 (Establishment of Center for Medicare and Medicaid Innovation).
(K) Section 3025 (hospital readmission reduction program).
(L) Section 3501 (health care delivery system research, quality improvement).
(M) Section 4003 (Task Force on Clinical and Preventive Services).
(N) Section 4301 (research to optimize deliver of public health services).
(b) REPORT.—Not later than 2 years after the date of enactment of this Act, the Comptroller General of the United States shall submit to the appropriate committees of Congress, a report containing the findings made by the Comptroller General under the study under subsection (a).