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Fact Sheet

H.R. 6111: Tax Relief and Health Care Act of 2006

(Updated: January 6, 2007)

Call to Action

On September 19, 2006, Rep. Ellen O. Tauscher (R-CA) introduced H.R. 6111, the Tax Relief and Health Care Act of 2006, into the U.S. House of Representatives to amend the Internal Revenue Code of 1986 to extend expiring provisions, including healthcare provisions, and for other purposes. The legislation was passed by the House by voice vote on December 5 and the Senate by unanimous consent on December 7. This legislation was signed into law by the President on December 20 and is now Public Law 109-432.

Division B of the final version of H.R. 6111 focuses on Medicare and other health provisions:

- **Section 101** provides for a one-year increase in the Medicare Physician Fee Schedule Conversion Factor by the percentage increase in the MEI.

This section also implements a system for the reporting of consensus-based physician quality measures under the Physician Voluntary Reporting Program (<http://www.cms.hhs.gov/PVRP/Downloads/PVRPQualityMeasuresList.pdf>) beginning July 1, 2007 through December 31, 2007. For 2008, updated quality measures are to be created by the Secretary of Health and Human Services not later than November 15, 2007. A transitional bonus incentive payment of 1.5% shall be paid for quality measure reporting in 2007.

This section also establishes a Physician Assistance and Quality Initiative Fund for physician payment and quality improvement initiatives. \$1.35 billion shall be provided for this new fund from the Federal Supplementary Medical Insurance Trust Fund. \$60 million for each year of 2007, 2008, and 2009 will be provided to the Centers for Medicare and Medicaid Services to implement this program.

- **Section 102** extends the floor on the Medicare Work Geographic Adjustment (Sustainable Growth Rate) to resolve this dilemma before January 1, 2008 instead of January 1, 2007.
- **Sections 103 through 110** focuses on other miscellaneous health provisions concerning specialized services.

Closing Remarks

HIMSS supports reimbursement methodologies that provide incentives for higher quality of care and enable health improvements through information technology. HIMSS is pleased that the U.S. Congress has provided relief to clinicians while consensus is sought to provide quality incentives and correct the sustainable growth rate methodology. Questions on this fact sheet should be addressed to Dave Roberts, FHIMSS, HIMSS Vice President for Government Relations, at 703.837.9811 or via email at droberts@himss.org.