

Explanation of Changes Reflected in the Chairman's Amendment in the Nature of a Substitute

(Compared with H.R. 876, NOTICE Act of 2015, as introduced)

February 26, 2015

The Chairman's amendment in the nature of a substitute modifies H.R. 876.

Page 2: Line 16. Before "in" insert "beginning 12 months after the date of the enactment of this subparagraph" and after "hospital" insert "or critical access hospital, with respect" and strike "to provide"

The effective date was changed to allow sufficient time for the Centers for Medicare and Medicaid Services (CMS) to carry out rulemaking and follow applicable rules of the Paperwork Reduction Act.

This subsection was changed to include Critical Access Hospitals (CAHs) based on a report from the Inspector General of the Department of Health and Human Services suggesting beneficiaries have been paying disproportionately large amounts of out of pocket costs when receiving outpatient services in CAHs.

Page 2: Line 17,18. Strike "is entitled to benefits under Part A and who the hospital classifies" and insert receives observation services as an outpatient at such hospital or critical access hospital"

Page 2: Line 19. Strike "as an outpatient under observation status or any other similar status, as the Secretary determines appropriate (or to a person acting on the individual's behalf)" and insert "to provide to such individual"

Page 2: Line 22,23. Strike "of such classification of"

Page 2: Line 23. Strike "under" and insert "begins receiving"

Page 2: Line 23. Strike "status" and insert "services"

Page 2: Line 24,25. Strike "discharge), an adequate oral and written notification (as defined by the Secretary pursuant to rulemaking and containing such language as the Secretary prescribes consistent with this paragraph) which" and insert "release)" Then insert "(i) such oral explanation of the written notification described in clause (ii), and such documentation of the provision of such explanation, as the Secretary determines to be appropriate; (ii) a written notification (as specified by the Secretary pursuant to rulemaking and containing such language as the Secretary prescribes consistent with this paragraph) which—"

This subsection was changed to more accurately reflect the terminology used in statute and regulations to describe these services. Additional changes were made to streamline

the notification requirement to allow for effective implementation of such by CMS and hospitals.

Page 3: Line 3. Strike “(i)” and insert “(I)”

Page 3: Line 4. Strike “under such” and insert “receiving”

Page 3: Line 4,5. Strike “status or any other such similar status” and insert “services”

Page 3: Line 6. After “hospital” insert “or critical access hospital and the reasons for such status of such individual”

This subsection was changed to more accurately reflect the terminology used in statute and regulations to describe these services.

Page 3: Strike Lines 7-8

Strike Page 3: Line 9 - Page 5: Line 9 and insert

“(II) explains the implications of such status on services furnished by the hospital or critical access hospital (including services furnished on an inpatient basis), such as implications for cost-sharing requirements under this title and for subsequent eligibility for coverage under this title for services furnished by a skilled nursing facility;

(III) includes such additional information as the Secretary determines appropriate;

(IV) either—

(aa) is signed by such individual or a person acting on such individual’s behalf to acknowledge receipt of such notification; or

(bb) if such individual or person refuses to provide the signature, described in item (aa), is signed by the staff member of the hospital or critical access hospital who presented the written notification and includes the name and title of such staff member, a certification that the notification was presented, and the date and time the notification was presented; and

(V) is written and formatted using plain language and is made available in appropriate languages as determined by the Secretary”

The notification requirements were modified to correlate with current requirements and language used by CMS and existing statute. Additional changes were made to more accurately reflect the terminology used in statute and regulations and to streamline the notification requirement to allow for effective implementation of such by CMS and hospitals.