

## REPAIRING OUR HEALTH QUALITY INFRASTRUCTURE

In 2019, the QIN-QIO program was slashed by ~65%, leaving fewer technical assistance resources to help patients, doctors, nursing homes, hospitals and community stakeholders than any point in the program's history.

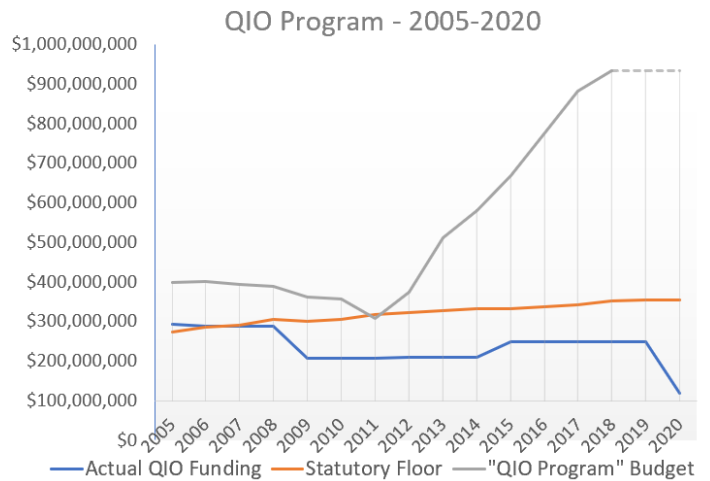
Our national health quality infrastructure was utterly crippled when the country was struck by the COVID-19 pandemic.

"60 Minutes" highlighted the tragedy of health care providers reaching out to CMS for assistance to no avail during the pandemic. Those calls would have been answered on Day 1 had the QIN-QIO program been adequately funded.

### AHQA RECOMMENDATIONS:

Congress can restore the quality infrastructure and ensure we are never unprepared again by:

- Establishing a funding floor for technical assistance to health care providers within the QIO Program. This funding floor represents as little as ¼ of the overall QIO Program budget.
- Creating an Administrative overhead cap, specific to the TA funding floor, to ensure that resources are deployed in the field to help patients and providers.
- Clarifying language mandating technical assistance, education & outreach.



### ABOUT QIOS

The QIO program is the permanent health quality infrastructure for Medicare.

Quality Innovation Network QIOs (QIN-QIOs) operate in all states and territories to provide technical assistance, outreach and education to health care providers, Medicare beneficiaries and community stakeholders.

The QIN-QIO program has saved the Medicare Trust Funds billions of dollars.

QIOs must meet strict standards to ensure that they are independent and can be trusted as unbiased arbiters of quality across all care settings.

**ESTABLISHING FUNDING FLOOR & OVERHEAD CEILING FOR PROVIDER TECHNICAL ASSISTANCE:**

(a) In general - Section 1159 of the Social Security Act (42 U.S.C. 1320c-8) is amended—

(1) by inserting “(a)” before “Expenses incurred”; and

(2) by adding at the end the following new subsection:

“(b) Minimum funding for technical assistance, outreach and education to health care providers and suppliers through contracts with quality improvement organizations shall be as follows:

(1) The aggregate annual funding for contracts under this part for quality improvement and provider technical assistance activities described in 1154(a)(18) of the Social Security Act (42 U.S.C. 1320c-3(a)(18)) that begin after January 1, 2021, shall not be less than \$250,000,000 (to be adjusted annually for inflation). In addition, there are authorized to be apportioned for contract periods in subsequent years such additional amounts as may be necessary to adequately fund any resource needs in excess of the amount provided under the previous sentence.

“(2) At least 80 percent of the minimum annual funding level established in paragraph (1) shall be expended to directly fund the contracts held by Quality Improvement Organizations.”

**CLARIFYING REQUIREMENT FOR QIN-QIO PROGRAM QUALITY IMPROVEMENT & TECHNICAL ASSISTANCE FUNCTIONS:**

Section 1154(a)(18) of the Social Security Act (42 U.S.C. 1320c-3(a)(18)) is amended by inserting “quality improvement activities, technical assistance for health care providers and suppliers, educational outreach and” after “terms of the contract,”

